



FIRST REPORT OF THE

JOINT SELECT COMMITTEE ON

HUMAN RIGHTS, EQUALITY AND DIVERSITY

FIRST SESSION OF THE ELEVENTH PARLIAMENT (2015/2016)

on the

*Support Programs and Services for children
whose parent or guardian was the perpetrator
or victim of a violent offence*

Order to be Printed



Committee Mandate

The Joint Select Committee on Human Rights, Equality and Diversity was established under House of Representatives Standing Order 106 and Senate Standing Order 96 and shall have the duty of considering, from time to time, and reporting whenever necessary, on all matters related to:

- (a) compatibility of Acts of Parliament with human rights, and any matters relating to human rights in Trinidad and Tobago (but excluding consideration of individual cases);
- (b) Government compliance with national and international human rights instruments to which Trinidad and Tobago is a party;
- (c) the promotion of measures designed to enhance the equalization of opportunities and improvement in the quality of life and status of all peoples including marginalized groups on the basis of gender, age (elderly, youth, children) disability and the creation of an inclusive and more equitable society through greater social justice and sustainable human development within Trinidad and Tobago."

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Date Laid in HOR:

HOR Paper No:

PARL No: 14/3/41

Date Laid in Senate: July 7, 2016

Senate Paper No: 10 of 2016

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ABBREVIATIONS

Children Authority of Trinidad and Tobago

Child Protection Unit

Ministry of Education

Ministry of Social Development and Family Services

National Family Services Division

Office of the Prime Minister

Student Support Services Division

Trinidad and Tobago Police Service

Victim and Witness Support Unit

CATT

CPU

MOE

MSDFS

NFSD

OPM

SSSD

TTPS

VWSU

1. EXECUTIVE SUMMARY

1.1. The Committee resolved at its Third Meeting held on Wednesday February 24, 2016 to inquire into the support programs and services for children whose parent or guardian was the perpetrator or victim of a violent offence and agreed that the following three (3) objectives would guide the inquiry:

- **to understand the impact on children whose parent / guardian was the victim or perpetrator of a violent offence;**
- **to examine the adequacy of programmes and services to support children whose parent/guardian was the victim/perpetrator of a violent offence; and**
- **to identify and evaluate the current relationship among stakeholders of child support services.**

1.2. The Committee agreed that officials from the following agencies would be invited to a public hearing on Wednesday April 27, 2016:

- Ministry of Education;
- Office of the Prime Minister;
- Trinidad and Tobago Police Service (TTPS); and
- Ministry of Social Development and Family Services.

1.3. The Committee obtained both oral and written evidence based on the objectives listed above. The written evidence highlighted issues such as:

- *Children who are exposed to violence may continue to show signs of problems. Primary school age children may have more trouble with schoolwork and show poor concentration and focus. They tend not to do as well in school. In one study, 40 per cent had lower reading abilities than children from non-violent homes.*
- *Children who grow up with violence in the home learn early and powerful lessons about the use of violence in interpersonal relationships to dominate others and might even be encouraged in doing so.*

- Shaw (1987), states, “...if we do not attend to the effects of imprisonment on children, we run the risk of punishing innocent victims, neglecting a seriously at-risk group, and possibly causing crime in the next generation.”

1.4. Given the written evidence received, the Committee was concerned that the forgotten victims of crime and orphans of justice were not receiving the necessary attention and resources of the state.

1.5. Some of the significant issues raised during the public hearing were:

✓ Challenges:

- Insufficient number of social workers for at risk schools;
- Lack of standardization of the remuneration for social workers amongst Ministries;
- Insufficient resources for psycho-social services;
- Insufficient staffing and physical resources;

✓ Research and Studies:

- Absence of research on children whose parent or guardian was a victim or perpetrator of a violent offence;
- Average cost of research ranges from \$200,000 to \$250,000 in the Ministry of Social Development and Family Services and up to one million dollars at the Ministry of Education; and
- Children’s Authority of Trinidad and Tobago was allocated \$200,000 to conduct research.

✓ “Presenting conditions” for children whose parent or guardian was a victim or perpetrator of a violent offence include:

- Vicarious trauma;
- Internalizing behaviours;
- Externalizing behaviours;
- Attachment difficulties;
- Instrumental and emotional ‘parentification’;

- Triangulation into the intimate partner relational dysfunction;
 - Substance use disorders; and
 - Gender role stereotypes.
- ✓ Initiatives:
- A Children Registry is being established by the Children's Authority of Trinidad and Tobago to develop and devise strategies for a child by tracking each child from birth;
 - A "Draft Trinidad and Tobago National Child Abuse Protocol: A Guide for Stakeholders" has been prepared by the Children's Authority of Trinidad and Tobago and will be finalized upon meeting with stakeholders;
 - "A.V.A." or Addressing Victims Anywhere has been promoted by the Victim and Witness Support Unit in communities such as Sangre Grande, Chaguanas and San Fernando;
 - There are nine (9) support groups (one (1) in each Division) for parents and children to share with persons in like situations as part of the short and medium term development of a child;
- ✓ Statistics:
- Due to limited resources, the Children's Authority of Trinidad and Tobago have focused resources on emergency cases and 500 emergency cases (out of the 5,300 cases) need placement;
 - The Children's Authority of Trinidad and Tobago records indicate that there are currently:
 - i. 34 children whose parent or guardian was a victim of a violent offence;
 - ii. 41 children whose parent or guardian was a perpetrator of a violent offence;
 - iii. 105 children whose parent or guardian was a victim and a perpetrator of a violent offence;
 - The Ministry of Education's records indicate there are currently 283 students whose parent or guardian was a victim or perpetrator of a violent offence. The majority of these students are in the primary school system;
 - The Child Protection Unit has dealt with 2,123 reports from May 2015 to April 26, 2016;
- ✓ Current relationship and collaboration amongst stakeholders:

- The absence of an official mechanism for collaboration;
 - The gap in collaboration amongst key stakeholders;
- ✓ Treatments:
- The treatment of post-traumatic stress disorder for a child;
 - The behavioural assessment of a child is conducted by the Ministry of Education and the Ministry of Social Development and Family Services;
 - Follow-up structures for children once the parent has been re-introduced;
- ✓ Needs:
- The need for proactive mechanisms to assess a child, since children may not present outward signs and symptoms;
 - The need for transition placements for children;
 - The need for long term support for children;

1.6. The Committee submits its findings and recommendations with respect to support programs and services for children whose parent or guardian was the perpetrator or victim of a violent offence in Chapter 4.

2. INTRODUCTION

Human Rights and Quality of Life for a Child

2.1. The Constitution of the Republic of Trinidad and Tobago states that one of the fundamental human rights and freedoms is, “the right of the individual to life, liberty, security of the person and enjoyment of property and the right not to be deprived thereof except by due process in law”.

2.2. Trinidad and Tobago has signed and ratified the UN Convention on the Rights of the Child (1989) and A World Fit for Children (2002) which include provisions on the quality of life for a child. Article 27 of the UN Convention on the Rights of the Child states,

- *“State Parties recognize the right of every child to a standard of living adequate for the child’s physical, mental, spiritual, moral and social development.*
- *The parent(s) or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child’s development.*
- *States Parties, in accordance with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.”*

2.3. In the area of provision of quality education, Article 40(2) and 40(16) of A World Fit for Children respectively state¹,

- *“Promote innovative programmes that encourage schools and communities to search more actively for children who have dropped out or are excluded from school and from learning, especially girls and working children, children with special needs and children with disabilities, and help them enrol, attend, and successfully complete their education, involving*

¹ A World Fit for Children. UNICEF. http://www.unicef.org/specialsession/docs_new/documents/wffc-en.pdf

governments as well as families, communities and non-governmental organizations as partners in the educational process. Special measures should be put in place to prevent and reduce drop out due to, inter alia, entry into employment."

- *"Meet the specific learning needs of children affected by crises, by ensuring that education is provided during and after crises, and conduct education programmes to promote a culture of peace in ways that help to prevent violence and conflict and promote the rehabilitation of victims."*

Violent Offences – Trinidad and Tobago

2.4. The Annual Administrative Reports of the Ministry of National Security submitted to the Parliament for the years 2010, 2011 and 2012, violent offences referred to:

- murders
- kidnappings
- woundings and shootings
- burglaries and break-ins
- rapes, incest and other sexual offences
- robberies
- serious indecency

2.5. Therefore, for the purposes of this inquiry, violent offences refer to the above-mentioned seven (7) categories. Table 1 provides the violent offences statistics for the period 2010 to 2015.

Table 1
Violent Offences for the period 2010 to 2015

Violent Offences	2010 ²	2011	2012	2013 ³	2014	2015
Reported Murders	467	394	369	408	403	420
Woundings and Shootings	676	562	555	542	558	600
Reported Rape, incest and sexual offences	705	639	489	550	829	625
Serious Indecency	49	71	91	71	80	70
Reported Kidnapping	123	131	78	112	94	106
Reported Kidnapping for ransom	Not available	Not available	Not available	3	3	4
Burglaries and Break-ins	5552	4518	4352	2968	2592	2111
Robberies	5388	4148	4342	2958	2672	2469
Total	12960	10463	6276	7612	7231	6405

Children – Trinidad and Tobago

2.6. The Children Act, Chap. 46:01 defines a “child” as a person under the age of eighteen years. According to the 2011 Trinidad and Tobago Population and Housing Census, approximately twenty five percent (25%) of the population (330,102 persons) are children (i.e. persons aged 0-17 years).

² Violent offences 2010 to 2012. Ministry of National Security Administrative Report 2011 (Page 59) and 2012 (Page 66).

³ Total Crime by Month Reports from 2013 to 2015. Trinidad and Tobago Police Service.

<http://tts.gov.tt/Statistics/Crime-Totals-By-Month>

Child Support Services – Trinidad and Tobago

Student Support Services Division, Ministry of Education

2.7. The Ministry of Education's Annual Administrative Report for the period 2011 and 2012 indicated that its three (3) social programmes were the textbook loan programme, the school nutrition programme and student support services . According to the Ministry of Education's website, the Student Support Services Division (SSSD) provides ongoing support for all students to maximise their learning potential, do well at school, achieve to their capabilities and develop holistically and was established on January 29, 2004.

Assessment and Support Centres, Children's Authority of Trinidad and Tobago

2.8. The Assessment and Support Centres of the Authority are responsible for:

- the initial assessment and referral of children coming to the attention of the Authority; and
- liaising (where necessary) with support services and agencies for counselling, investigations and continued management of cases, and shall be staffed with social workers with experience in children's issues.

Victim and Witness Support Unit, Trinidad and Tobago Police Service

2.9. The Unit provides citizens with a space where they can express their feelings confidentially. It also assists in guiding the person through the criminal justice system as it applies to their particular situation.

Child Protection Unit, Trinidad and Tobago Police Service

2.10. The arm of child protection that investigates criminal acts perpetrated against children.

National Family Services Division, Ministry of Social Development and Family Services

2.11. The National Family Services Division (NFSD) is the primary institution in Trinidad and Tobago providing programs and services to promote healthy family functioning. The mission of this Division includes, the provision of individual, group and family counselling and responding and engaging in crisis intervention in cases of homicides, suicides and accidents.

Objectives of the Inquiry

2.12. At a meeting held on Wednesday April 6, 2016, the Committee agreed that the objectives of the inquiry were:

- **To understand the impact on children whose parent / guardian was the victim or perpetrator of a violent offence;**
- **To examine the adequacy of programmes and services to support children whose parent/guardian was the victim/perpetrator of a violent offence; and**
- **To identify and evaluate the current relationship among stakeholders of child support services.**

Conduct of the Inquiry

2.13. On Wednesday May 27, 2016 a public hearing was held with representatives of:

- ✓ Ministry of Education (MOE);
- ✓ Office of the Prime Minister (OPM);
- ✓ Trinidad and Tobago Police Service (TTPS); and
- ✓ Ministry of Social Development and Family Services (MSDFS).

2.14. At which time the Committee questioned the officials on the various matters based on the inquiry objectives. Prior to the public hearing, notice was given as to the general objectives of the inquiry and in response, written submissions were received from the

MOE, OPM, TTPS and MSDFS. These responses provided a frame of reference for the supplementary questions pursued at the hearing.

2.15. The Ministry of Education was represented by the following six (6) officials:

- | | |
|------------------------------|---|
| ✓ Ms. Gillian Macintyre | Permanent Secretary |
| ✓ Mr. Harrilal Secharan | Chief Education Officer |
| ✓ Dr. Kathy Bharratsingh | Manager, Student Support Services
Division |
| ✓ Mrs. Cheryl Ann Grant | Special Education Coordinator |
| ✓ Mrs. Sharon Francis-Gaines | Social Work Specialist |
| ✓ Mrs. Darlene Smith-Joseph | Guidance Officer II |

2.16. The Office of the Prime Minister was represented by the following four (4) officials:

- | | |
|--------------------------------|---|
| ✓ Ms. Jacqueline Johnson | Permanent Secretary (Ag.) |
| ✓ Mr. Learrie Barry | Manager, Policy Research and Planning |
| ✓ Mrs. Vandana Siew Sankar Ali | Assessment Manager (Ag.),
Children's Authority of Trinidad and
Tobago |
| ✓ Ms. Sharifa Ali-Abdullah | Director, Children's Authority of
Trinidad and Tobago |

2.17. The Trinidad and Tobago Police Service was represented by the following three (3) officials:

- | | |
|-------------------------------|---|
| ✓ Ms. Odette Lewis | Superintendent, Child Protection Unit |
| ✓ Mrs. Margaret Sampson-Brown | Manager, Victim & Witness Support
Unit |
| ✓ Ms. Beverly Paul | Inspector, Child Protection Unit |

2.18. The Ministry of Social Development and Family Services was represented by the following three (3) officials:

- | | |
|-----------------------------|----------------------------|
| ✓ Ms. Jacinta Bailey-Sobers | Permanent Secretary |
| ✓ Mr. Haimdath Ramoutar | Deputy Permanent Secretary |

✓ Ms. Sharon Winchester

Family Service Case Worker

2.19. The Committee also sought responses from six (6) stakeholders. However, written comments were only received from the Trinidad and Tobago National Council of Parent Teacher Association Inc. attached at Appendix VII.

2.20. The Minutes and Verbatim Notes are attached as Appendix I and Appendix II respectively.

2.21. This Report was approved at the Eighth Meeting of the Committee held on June 22, 2016.

3. EVIDENCE

Objective 1: Impact on children whose parent / guardian was the victim or perpetrator of violent offences

Statistics

3.1. The number of cases per school district with presenting problem data, compiled when School Social Workers first entered into the Secondary school system for the period 2014-2015 is provided in Table 2.

Table 2
Presenting Problem Cases Reviewed by School Social Workers for the period
2014 to 2015

District	School Level	Parent Victim	Parent Perpetrator	Total
Caroni	Primary	45	36	81
	Secondary	11	11	22
North Eastern	Primary	6	0	6
	Secondary	8	11	19
Port of Spain	Primary	36	30	66
	Secondary	14	14	28
St George East	Primary	6	7	13
	Secondary	4	3	7
St Patrick	Primary	10	5	15
	Secondary	0	2	2
Victoria	Primary	9	10	19
	Secondary	2	3	5
Total		151	132	283

3.2. The OPM, provided statistics on children affected by a parent or guardian who was a victim of a violent offence as:

- Approximately 15 children between ages 13-16 -St. Jude's (45% population);
- Approximately 50% children at St. Mary's (between ages 0-18); and
- Approximately 1% children at St. Dominic's.

3.3. The OPM also provided statistics on children affected by a parent or guardian who was a perpetrator of violent offences as:

- Approximately 15 children between ages 13-16 - St. Jude's(45% population);
- Approximately 60% children at St. Mary's (ages 0-18); and
- Approximately 20% children at St. Dominic's (ages 10-14).

Impact on the Child

3.4. According to the clinical findings⁴ of the CATT's multidisciplinary assessment team, children in such cases experienced the following psychological conditions:

- ✓ Vicarious trauma of having witnessed (directly seen/heard) the offence;
- ✓ Internalizing behaviours (e.g. anxiety, depression, fears, withdrawal, somatization etc.) resulting in psychological diagnoses of depression, anxiety disorders;
- ✓ Externalizing behaviours (for example anger, aggression, stealing, destruction of property, acting out, beyond control and other disruptive behaviours) which result in psychological diagnoses of conduct disorders, oppositional defiant disorders etc.;
- ✓ Attachment difficulties as parent victims/incarcerated parents are physically and emotionally unavailable/unresponsive to address the psychosocial needs of the children;
- ✓ Instrumental and emotional '*parentification*' in which children are placed in the role of taking responsibility for the home or being emotionally pitted against one parent in defence of the other;

⁴ Based on approximately 252 assessments conducted at Assessment Centres since May 2015.

- ✓ Triangulation into the intimate partner relational dysfunction;
- ✓ Substance use disorders;
- ✓ Gender role stereotypes are influenced (for example male as a dominator, female as submissive or vice versa);
- ✓ Development of maladaptive thought patterns about relationships, male/female roles, abuse scenarios, acceptance of victimhood and violence;
- ✓ Distorted views about family dynamics;
- ✓ Poor coping skills;
- ✓ School problems (for example learning problems, inattention, achievement difficulties, behavioural problems);
- ✓ Poor communication and social skills, resulting from poor parental models; and
- ✓ Problems with relationships and sexuality.

3.5. Both the MOE and the OPM indicated additional potential impacts of domestic violence for children at different ages which are provided in Table 3.

Table 3
Potential Impacts at Different Ages

Key Aspects of Development	Potential Impact of Domestic Violence
Preschoolers	
Learn how to express aggression and anger, as well as other emotions, in appropriate ways.	Learn unhealthy ways of expressing anger and aggression; possibly confused by conflicting messages.
Think in egocentric ways.	May attribute violence to something they have done.
Form ideas about gender roles based on social messages.	Learn gender roles associated with violence and victimization.
Increased physical independence (dressing self, etc.)	Instability may inhibit independence; may see regressive behaviours.
School-aged Children (6 to 11 years)	
Increased emotional awareness of self and others.	More awareness of own reactions to violence at home and of impact on others.
Increased complexity in thinking about right and wrong; emphasis on fairness and intent.	Possibly more susceptible to adopting rationalizations heard to justify violence.
Academic and social success at school has primary impact on self-concept.	Ability to learn may be decreased due to impact of violence; may miss positive statements or selectively attend to negatives or evoke negative feedback.
Increased same sex identification.	May learn gender roles associated with intimate partner abuse.
Adolescents	
Increased sense of self and autonomy from family.	Family skills for respectful communication and negotiation may be poorly developed due to violence; transition to adolescence may be more difficult for youth and family.
Physical changes brought on by puberty.	May try to physically stop violence; may use increased size to impose will with physical intimidation or aggression.
Increased peer group influence and desire for acceptance.	Possibly more embarrassed by violence at home; may try to escape violence by increasing time away from home; may use maladaptive coping to avoid violence.
Dating raising issues of sexuality, intimacy, relationship skills;	May have difficulty establishing health relationships; possibly at greater risk to become involved in dating violence.
Increased influence by media.	Possibly more influenced by negative media messages about violent behavior, gender role stereotypes.

Conduct of Studies to determine the Social and Psychological Effects

3.6. The clinical findings of the lead psychologists at the CATT's Assessment Centre are:

- ✓ Externalising behaviours (for example, aggression, petty crime, involvement in gangs);
- ✓ Attachment difficulties;
- ✓ Cognitive accommodation and normalization of violence;
- ✓ Pro-criminal attitudes and glorification of crime;
- ✓ Beyond control behaviours; and
- ✓ Substance use involvement.

3.7. The major contributing factors to the findings in these cases included, a lack of appropriate parental guidance, no appropriate parental model, lack of appropriate supervision and early exposure to criminal attitudes and behaviours.

Objective 2: Adequacy of programmes and services to support children whose parent/guardian was the victim /perpetrators of violent offences

Programmes and Services – Ministry of Education

3.8. The SSSD is the primary unit within the Ministry to address children whose parent/guardian was the victim/perpetrator of a violent offence. The MOE does not have a policy and a mechanism to receive direct notification of students whose parent/guardian was the victim/perpetrator of violent offences. However, the critical incidence report received from SSSD staff within a school provides a mechanism for notification.

3.9. Although there are currently no targeted programmes and services, once a child has been identified and their needs assessed, follow-up intervention and services can be provided as needed by the Ministry of Education to support children whose parent/guardian was the victim or perpetrator of a violent offence. Services that can be accessed through referral to the Student Support Services Division (SSSD) to support children are:

- | | |
|---|---|
| ✓ Parenting-in-Education Programme; | ✓ External Referral Service; |
| ✓ Individual, group and family counselling; | ✓ Consultations; |
| ✓ Group work; | ✓ Multi-Disciplinary Team; |
| ✓ After School Study Programmes; | ✓ Teacher Education/Sensitization Sessions; |
| ✓ Home and Family Intervention; | ✓ Classroom Debriefing Sessions; and |
| ✓ Psycho-educational Evaluation; | ✓ Home and Community Visits. |

3.10. The MOE identified the need for additional programmes and services such as Home Coaching Officers and more local community involvement in the Parenting-in-Education Programme. The MSDFS indicated consideration should be given to adjusting the school's curriculum to include Family Life Education and Human Sexuality as well

as the current teaching methods in literacy as it affects a student's self-esteem and is a precursor to disruptive behaviour.

3.11. The management structure for each programme follows a district level model where a multidisciplinary team (MDT) representing all Units case conference to address the needs of the child.

3.12. A referral can be done either indirectly through the school, educational district office or directly through the SSSD Head Office:

- ✓ Referral submitted to SSSD from the principal, parent, community member or student;
- ✓ Complete referral document submitted to SSSD;
- ✓ Individual intake and violence risk identification checklist used to assess the nature of the abuse, risks to the child posed by the abuser, risk of serious injury or death, abuse pattern of assault and coercive behaviors, impact of abuse on the parent, impact of the abuse on the child, impact of the abuse on the parenting roles, protective factors and supportive systems. Child is referred to clinical psychologist (DAIU) or mental health agency (Child Guidance Clinic/ Assessment Centre, St. Ann's);
- ✓ Case consultation/conferencing by multi-disciplinary team where student is suspected or diagnosed with a disability/special education need;
- ✓ Status report submitted to SSSW with recommendations. For example, trauma counselling, social skills training, transfer to another school, transition planning, special concessions, alternative placement and psycho-educational evaluation; and
- ✓ Case may be referred to external agencies. For example, Victim and Witness Support Unit, TTPS; National Family Services, MSPFS, Rape Crisis; Families in Action.

3.13. A multidisciplinary process model is currently used to treat with the holistic development of students regarding their psychosocial, academic and career development. Multi-disciplinary, refers to the professional arms of the SSSD, including

Guidance and Counselling, School Social Work and Special Education with input from Behavioural Specialists and Psychologists.

Budgetary Allocation

3.14. SSSD received an annual budget allocation of two million dollars for all Guidance, Social Work and Special Education Programmes in ECCE, primary and secondary school.

Effectiveness of Programmes and Services

3.15. Pre-test and post-test questionnaires, focus groups, session evaluations and interactive verbal feedback activities are used to assess the effectiveness of the programmes.

Achievements and Challenges

3.16. The MOE's programmes and services have had achievements such as a student reports of:

- ✓ improved coping, resilience and social functioning;
- ✓ improved parent/child relationships;
- ✓ positive impact on overall family development and interaction;
- ✓ decreased maladaptive behaviors; and
- ✓ improved, more positive relationship, with school and academic outcomes.

3.17. However, challenges in the area of funding, human resources, accommodation, and participation persist. In addition, sufficient staff training is not available for the continued professional development in areas such as trauma and brain development and the use of risk assessment tools.

Staffing

3.18. Currently 179 out of 279 established staff and 328 out of 626 contract staff are available at the SSSD. A breakdown of these positions is provided in Appendix III.

Services – Ministry of Social Development and Family Services

3.19. The Ministry of Social Development and Family Services is the lead state agency to implement social development objectives and the National Family Services Division is the key agency for the provision of services towards children.

3.20. If a child is placed with a capable and suitable relative, the relative can obtain a Public Assistance Grant for the child from the Social Welfare Division MSDFS. This relative must have been granted a Fit Person Order granted by the Court. National Family Services Division also provides free counselling services, family support and rehabilitation by call, walk-in and verbal or written referral. Referral is done by the CATT.

3.21. A community based Family Systems model is used, in which persons can access free services in their regions for a professional worker assigned to interview, assess and craft individual intervention plans for the client.

Budgetary Allocation

3.22. NFSD received an annual budgetary allocation of one million, five hundred and fifty-four thousand (\$1,554,000) for fiscal 2015-2016 to maintain its operations and to upkeep its Service Centers.

Effectiveness of Programmes and Services

3.23. Annual Administrative Reports are used as a guide to assess achievements and identify shortcomings of the programmes and services.

Achievements and Challenges

3.24. During fiscal 2014-2015 NFSD offered counselling to four thousand six hundred and forty eight (4,648) persons, engaged in one hundred and forty nine (149) crisis interventions and three hundred and eight (308) referrals. However, the main challenges were inadequate professional staff to provide direct services to clients, limited substantive positions and recruitment and retention challenges for contract staff.

Staffing

3.25. Specific staff training is required in the area for intervention for domestic violence; trauma counselling, crisis management is dependent on the annual budgetary allocation. The organizational structure for the National Family Services Division is outlined in Appendix IV.

Programmes and Services – Office of the Prime Minister

3.26. The Office of the Prime Minister drives the policy and strategies to treat with the overall care and protection of children, with the main implementing agency the CATT. Child Development Team, OPM works with the care plan team in each state community residence to develop a Care Plan for each child. The Care Development Team focuses on the development of programmes that address the immediate needs of the child. The care plans also include educational assessments and interventions focusing on trauma, parent training and outreach workshops, health care, and psychological wellbeing in relation to children and parents affected by violent offences.

3.27. Examples of programmes and services include:

- ✓ Preparation for Leaving Programme;
- ✓ Assistance from the Citizen's Security Programme;
- ✓ Assistance from the Peer Mediation Programme;
- ✓ Reunification of each child with their parents according to international and local guidelines and standards;
- ✓ Individual transition programs which are regular sessions with children, their caretakers and their parents/guardians;
- ✓ External programmers and referrals based on the needs of the child and family; and
- ✓ Visits to the parents and guardians of the children by the social workers.

3.28. The Deputy Manager of the Home (or otherwise appointed officer) is the head of the care plan team that develops the programmes. The members of the care plan team consist of the psychologist, social worker, nurse, educational officer, and the social welfare officer.

Financial Resources

3.29. The Manager at each community residence receive direct resources based on the needs of the client. For example, the services of a:

- In house psychologist - monthly salary between \$13,000 and \$14,000;
- External psychologist - rate per 1 hour session is approximately between \$300 and \$600 for counselling and approximately \$500 per test/assessment; and
- Psychiatric services are referred to public agencies while Music therapy and Art therapy are free of cost to some Community Residences.

Effectiveness of Programmes and Services

3.30. The Guidelines for Care-Plan Management provide the methodology for the assessment of the effectiveness of the Care Plans within statutory community residences.

3.31. The Care Plan helps to determine whether or not the treatment was beneficial. For example:

- Children taking more active involvement in their health and wellbeing;
- Improved mental and physical well-being; and
- Supporting children to reach the point of personal self-care.

Achievements and Challenges

3.32. The achievements for statutory community residences are improved child parent relationships, increased parent meeting attendance, improved family and societal reintegration and improved programming (engagement structure). However, the primary challenges facing programmes are:

- Finance – in particular, external service providers are required;
- Time;
- Staff shortage – trained care staff;
- Staff issues - contracts, discipline;
- Consistency – service quality; and
- Implementation - implementation of recommendations regarding service and operational issues.

Staffing

3.33. The Child Development Team provides staff training to state community residences staff in the area of:

- ✓ Care Plan training;
- ✓ Peer mediation training by external agencies;
- ✓ International training standards in youth justice, youth and families in conflict with the law;
- ✓ Trauma workshop;
- ✓ Substance abuse;
- ✓ Restorative Justice;
- ✓ Quality Circles for treatment of abuse victims and perpetrators; and
- ✓ DSM-5 training on new child family violence assessment.

3.34. A comprehensive evaluation exercise with respect to the qualification and experience of staff at the state community residences and statutory homes is currently being undertaken. The CATT has introduced the mandatory licensing of Community

Residences (specifically Rehabilitation Centres), this would help ensure the Centres has qualified staff that can assist in the child's development.

Programmes and Services – Children's Authority of Trinidad and Tobago, Office of the Prime Minister

3.35. The Child and Family Services Department, CATT was established under Section 5(2) of the Children's Authority Act Chap. 46:10 to provide for the provision of services to children assessed by the Authority to be in need of those services while they are living with their families:

"5(2) In the course of exercising its powers under subsection (1), the Authority may provide the following services to children assessed by the Authority to be in need of those services while they are living with their families:

- (a) advice, guidance and counselling;*
- (b) occupational, social, cultural or recreational activities;*
- (c) home help; and*
- (d) facilities for or assistance with travelling to and from home for the purpose of accessing any other service provided by the Authority or any similar service."*

3.36. The statutory criteria to access such services are:

- ✓ The child must be deemed by the Authority to be a child who is in need of care and protection under Section 22(1A) of the Children's Authority Act, Chap. 46:10;
- ✓ The child must be assessed by the Authority to be in need of the services mentioned under Section 5(2), Children's Authority Act, Chap. 46:10; and
- ✓ The child must be living with his/her family for the period the services are being provided.

3.37. The Community Residences uses various models to provide care and protection for children.

- St Dominic's Children's Home utilizes the STEPERS Model. This model is a strengths-based practice model which does not practice victimhood;
- St Mary's Children's Home utilizes the Trauma Model. This model focuses on responding to trauma through a systems approach which involves looking at the

family and setting from which they came, the school and its impact on the child, health care and programming; and

- The Collaborative Model is the concept of team practice.

3.38. According to Section 6(1)(i) of the Children's Authority Act, Chap. 46:10 the Authority can, *"make use of such facilities and services available for children that are provided by other agencies and institutions, as appears reasonably necessary to the Authority."* In light of limited availability of a sufficient number of adequately trained staff within the Child and Family Services Unit, CATT to provide the requisite social support to children in need of care and protection who are living with their families, the Authority has entered into agreements and Memoranda of Understanding with several major private sector social service providers and non-governmental organisations for the provision of specialised counselling and support services to its clientele including:

- Rape Crisis Society
- Parenting TT
- Families in Action
- Victims and Witness Support Unit, TTPS
- Child Guidance Clinic
- Social Services Unit, Family Court (by Court ordered referral)

3.39. Additional details of the partnerships and other social service providers are outlined in Appendix V.

Challenges

3.40. Due to the influx of cases received since the establishment of the CATT, more resources are needed for the provision of the requisite social support services for children who are deemed to be in need of care and protection in the area of:

- ✓ to facilitate an increased numbers of properly trained and equipped service providers;

- ✓ to fund the increased demand for specialist interventions such as psychiatric evaluations, psycho-educational assessments, speech and language therapy and specialized play therapy;
- ✓ to fund transport facilities for gaining access to services.

Programmes and Services – Trinidad and Tobago Police Service

3.41. The Child Protection Unit, TTPS is the investigatory arm for children and does not provide direct programmes and services to address children whose parent/guardian was the victim/perpetrator of a violent offence. The CPU centres are located in each of the nine (9) police divisions and are accessible via walk-in or telephone call provided in Appendix VI. However, these children may be referred to the CATT and the Victim and Witness Support Unit for the required services.

3.42. The Victim and Witness Support Unit, TTPS provides three (3) services to support children whose parent or guardian was a victim or perpetrator of a violent offence.

- ✓ Support Groups at each of the nine (9) police divisions;
- ✓ Outreach Programmes; and
- ✓ Intervention.

3.43. The VWSU utilizes an eclectic approach which incorporates various psychological and social models of intervention. For example, Crisis Intervention Model, Traumatic Incident Reduction, Cognitive Behavioural Theory (CBT), Erikson's Lifespan Approach, Kohlberg's Moral Development Model; Bandura's Social Learning Theory, B.F. Skinner Reinforcement Model and Daniel Go leman's Emotional Intelligence.

3.44. Other services are required that promote and encourage joint responsibility between parents and school for the development of the child, regular experiential parenting support workshops in schools and alternative methods of discipline.

Budgetary Allocation

3.45. The Child Protection Unit and the VWSU are not provided a direct budgetary allocation.

Effectiveness of Programmes and Services

3.46. The CPU assesses the effectiveness of programmes and services through the number of cases being investigated by the CPU, the number of matters referred by the CPU to the CATT, the number of perpetrators arrested and charged and the number of assisted interventions conducted with the CATT. The VWSU assesses the effectiveness of programmes and services through questionnaires, behavioural assessments/behavioural analysis forms and follow-up.

Achievements and Challenges

3.47. The CPU has achieved timely investigations that led to the arrest and charging of perpetrators and sensitized communities through lectures at schools and other organizations about new offenses and the functions of the CPU. However, challenges persist in the area of shortage of manpower, inadequate facilities and inefficient infrastructure to accommodate children and officers.

3.48. The VWSU has achieved behavioural change, improved family relations, enhanced skills/employability, improved awareness and coping by the client. However,

there are budgetary constraints, the need for foreign language training, lack of physical resources and challenges to track the success of clients.

Staffing

3.49. In the CPU, introductory training was conducted on:

- The Vienna Convention on the Rights of the Child
- The Children's Act
- The Children's Authority Act
- The Children's Community Residences, Foster Homes and Nurseries Act 2008 (amended)
- Sexual Offenses Act
- Forensic Interviewing
- Statement Recording
- Report writing
- Customer Service
- Emotional Intelligence
- Psychological development of children
- Videotaping of interviews
- Psychological teachings and learnings
- Process and operations of the Child Protection Unit and Children's Authority
- Trauma Syndrome

3.50. The VWSU provides training on:

- FBI Interviewing Techniques with abused children (2012)
- Crisis Intervention Training (2013)
- Narrative Therapy (2013/2014)
- Basic Sign Language (2014)
- Critical Incident Stress Debrief (2015)

3.51. The VWSU and CPU have a staff complement of fourteen (14) Victim and Witness Support officers and one hundred and nine (109) persons respectively. A detailed breakdown is provided below for CPU.

- Superintendent - 1
- Inspector - 1
- Sergeants - 7
- Corporals - 26
- Police constables - 73
- Business Operations Assistant - 1

Objective 3: Identify and evaluate the current relationship among stakeholders of child support services

Stakeholder Relationship – Ministry of Education

3.52. The stakeholders of the Ministry of Education are provided in Table 4.

Table 4
Stakeholders – Ministry of Education

STAKEHOLDERS	
Public Special Schools	<u>Ministry of Health</u> Child Guidance Clinic County Medical Office of Health Regional Health Authorities District Health Centres Medical Social Work Dept. Psychiatric Social Work Dept. Family Planning Assoc. Mt. Hope Hospital
Private Special Schools	Ministry of Gender, Youth and Child Development
Agape Deaf Centre	<u>Ministry of Social Development and Family Services</u> Social Welfare Division Disabilities Affairs Unit
Association for Developmental Education	Ministry of Sports and Youth
Association for Retarded Children	<u>Ministry of Community Development</u> Mediation Centres
Autistic Society of Trinidad and Tobago	<u>Ministry of National Security</u> Mypart, MYLAT, CCC Probation Division Community Policing Division Child Protection Unit Victim and Witness and Support Unit Citizen Security Programme
Cerebral Palsy Society of Trinidad and Tobago	<u>Ministry of Education</u> Division of School Supervision Division of Curriculum Technical Vocational Unit Teacher Training and Development School Safety Tertiary Education Science and Technology (TEST)

Combined Disabilities of Trinidad and Tobago (CDTT)	Speech and Language and Audiology Association of Trinidad and Tobago
Deaf Pioneers	Trinidad and Tobago Association of Psychologists (TTAP)
Down Syndrome Family Network	Trinidad and Tobago Occupational Therapy Association
Moms for Literacy	Living Waters Hospice for the Terminally Ill
Persons Associated with Visual Impairment	Creative Parenting for the New Era (CPNE)
Princess Elizabeth Centre for Physically Disabled Children	National Alcohol and Drug Abuse Prevention Programme (NADAP)
Special Olympics Trinidad and Tobago	The Rape Crisis Society of Trinidad and Tobago
Trinidad and Tobago Association for the Blind and Visually Impaired	Trinidad and Tobago Coalition Against Domestic Violence
Trinidad and Tobago Association for the Hearing Impaired (DRETCHI)	Trinidad and Tobago Unified Teachers Association (TTUTA)
Trinidad and Tobago Association for Retarded Children	CHILDLINE
Trinidad and Tobago National Association for Down Syndrome	Child Welfare League
Adult Literacy Tutors Association (ALTA)	Mamatoto Resource and Birth Centre
Tobago Council for Handicapped Children Inc.	ALIVE (Suicide information and education)
Emmanuel Community counselling, spiritual support	ODPM : Office of Disaster Preparedness and Management
TIBS (The Informative Breastfeeding Service) Information & support for breastfeeding mothers	Trinidad and Tobago National Council on Alcoholism and other addictions (NGO)
Deaf Empowerment Advancement Foundation (DEAF)	Families in Action
Dyslexia Association of Trinidad and Tobago	Speech and Language Pathologists/Therapists/Clinicians
KIND (Kids in Need of Direction)	Psychiatrists
Caribbean Kids and Family Therapies Network (CKFTO)	Clinical Psychologists
National Family Services	Children's Authority of Trinidad and Tobago
Piparo Empowerment Centre - addiction counselling and support	SERVOL Ltd.
Rebirth House Rehab programme	National Parent Teachers Association (NPTA)
T&T Innovative Parenting Support – TTIPS	YMCA -Youth Outreach: Sexual and Reproductive Health, HIV/AIDS, mentorship
<u>T&T Cancer Society</u> South Cancer Support Group	

3.53. Stakeholders discuss programmes and services regarding children with some stakeholders as needed. The MOE indicated that current stakeholder relationships can be improved by formalization of the mechanisms for information sharing and communication and establishment of an information management system across agencies to facilitate networking, avoid duplicity of services and waste of resources.

Stakeholder Relationship – Ministry of Social Development and Family Services

3.54. The stakeholders of the MSDFS are provided in Table 5.

Table 5
Stakeholders – National Family Services Division, MSDFS

Stakeholder	Stakeholder Relationship
Children’s Authority of Trinidad and Tobago	Once it is determined that child /children are at high risk and require removal and placement, a formal referral is forwarded to the Children’s Authority. National Family Services Division also receives formal referrals from the Children’s Authority to continue family rehabilitation in cases where children are not removed (deemed low risk).
Student Support Services	National Family Services Division both refers and receives referrals, depending on the nature of the matter. Once there is need for follow up National Family Services continues intervention.
Child Protection Unit	Matters of high risk child abuse (sexual, physical, abandonment) are referred to this Unit for Investigations and relevant actions.
Victim and Witness Support Unit	National Family Services Division liaises with the relevant Police Stations and Victim and Witness Support Unit in cases of murders, homicides and suicides to ensure surviving family members are receiving the necessary attention.

3.55. Stakeholders usually communicate verbally on a case by case basis, and in some instances conduct case conferencing to determine the way forward for a child or family. In some cases, there is verbal communication for urgent matters to effect an immediate course of action.

3.56. The MSDFS indicated that there is need for written and accepted standard protocols for stakeholder relationships to be improved.

Stakeholder Relationship - Office of the Prime Minister

3.57. The OPM key stakeholders are the Trinidad and Tobago Defence Force, University of Trinidad and Tobago, Citizen Security Program, Ministry of National Security and Peer Mediation, Ministry of Community Development, Culture and the Arts. The CATT stakeholders are provided in **Appendix V**.

3.58. CATT stakeholders receive and continue to receive sensitization sessions to its stakeholders. The Authority has sought to formalize some stakeholder relationships by entering into agreements and finalizing a national protocol on reporting, investigating and treatment of child maltreatment in Trinidad and Tobago.

3.59. Regular meetings with OPM's stakeholder's community, management and Boards are undertaken. With regard to the statutory community residences and the private community residences monthly or quarterly reports are provided to the OPM (GCA). The aim is to use these reports to convene stakeholder sessions to provide information and feedback on best practices and approaches applicable to all the homes as well as to help inform annual work programmes and plan of action for collaboration and improvement in care of children in the residences.

3.60. Capacity building among staff in community residences is required for more adequate reporting and to improve and strengthen transparency and accountability and overall current stakeholder relationships. The CATT also recognized the requirement

for legislative review for a cohesive child protection system that extends to other pieces of legislation inclusive of the Education Act, the Police Act.

Stakeholder Relationship – Trinidad and Tobago Police Service

3.61. The stakeholders of the TTPS are provided in Table 6.

Table 6
Stakeholders – National Family Services Division, MSDFS

Stakeholders	Relationship
Child Protection Unit	
Children’s Authority of Trinidad and Tobago	Both the TTPS-CPU and the Children’s Authority are newly formed and the relationship is in the developmental stages. This relationship is a collaborative one with clear protocols of engagement geared towards a specific outcome.
Victim and Witness Support Unit	An interactive partnership in which there is consistent dialogue.
Victim and Witness Support Unit	
Victim and Witness Support Unit	Professional working relationship NGOs such as Criminal Injuries Compensation Board, Families in Action and the Rape Crisis Centre

3.62. The CPU has a monthly meeting with the CATT to discuss procedures and operation and collaborates daily with the VWSU. The frequency of VWSU stakeholder meetings are dependent on the agency or current issue facing victims and witnesses of crime.

3.63. CPU Stakeholder relationships can be improved by regular stakeholder meetings with agencies such as National Parent Teachers’ Association (NPTA), Victim and Witness Support, County Medical, Police Youth Clubs, Village Councils, Children’s Authority and Churches.

3.64. In addition VWSU stakeholder relationships can be improved through improved consultation/timely meetings, implementation of programmes and smoother transition or linkages of different agency services (improved networking).

4. FINDINGS AND RECOMMENDATIONS

Findings - Objective 1

To understand the impact on children whose parent / guardian was the victim or perpetrator of a violent offence

Local Studies

4.1. The Committee noted the absence of local studies for children whose parent/guardian was the victim/perpetrator of a violent offence.

4.2. Current CATT priorities for the \$200,000 released for fiscal 2016 to conduct research, was based on the findings of the Statistical Bulletin: Nine Months and Counting from May 18, 2015 to February 17, 2016. The Authority also highlighted the need for additional financial resources to conduct research which would incorporate the use and analysis of actual cases produced by the child protection information management system.

4.3. The Committee was informed that the Policy Research and Planning Unit, OPM has two (2) researchers and policy specialists to conduct secondary research and no resources to conduct primary research.

Statistics

4.4. The Authority's records indicated that 180 children or ten percent (10%) of cases are children whose parent/guardian was the victim/perpetrator of a violent offence and a breakdown revealed there are:

- 34 children whose parent or guardian was a victim of a violent offences such as domestic violence, sexual abuse, physical abuse and neglect;

- 41 children whose parent or guardian was a perpetrator of a violent offences such as possession of drugs and ammunition, domestic violence, inflicting bodily harm, physical abuse and neglect and sexual abuse;
- 105 children whose parent or guardian was a victim and a perpetrator of a violent offences such as domestic violence, sexual abuse, physical abuse, neglect, possession of drugs and ammunition, domestic violence and inflicting bodily harm.

4.5. The Committee was informed that the Ministry of Education's records indicate there are currently 283 students whose parent or guardian was a victim or perpetrator of a violent offence, with the majority of these students emanating from the primary school system. Evidence submitted in Table 2, indicated that the highest number of cases were from the Caroni and Port of Spain districts and lacked case data from Tobago. MOE highlighted there may be a data gap in secondary school cases as the child may not be displaying recognizable symptoms.

Impact

4.6. Based on the Authority's case assessments (live data), there are fourteen (14) psychological conditions (item 3.4) that impact children whose parents or guardian was the victim or perpetrator of a violent crimes are provided in the evidence.

4.7. The Committee highlighted the absence of data and proactive programmes to detect post-traumatic stress disorder and other psychological deficiencies associated with children whose parent/guardian was the victim/perpetrator of a violent offence. It was reiterated that a child may not present external symptoms to be detected by the MOE.

Recommendations

4.8. We recommend the employment of additional research staff and funding to the Authority to advance its research priorities.

4.9. We recommend that local research is commissioned on the impact on primary and secondary school children, whose parent or guardian was the victim or perpetrator of a violent offence by the Office of the Prime Minister who has the gazetted ministerial responsibility for children. This research should include the collection of data from the prison population

4.10. We recommend that training is provided to CATT, MSDFS and VWSU staff to detect, diagnose and treat the fourteen (14) psychological conditions of children whose parent or guardian was the victim or perpetrator of a violent offence.

Findings - Objective 2

To examine the adequacy of programmes and services to support children whose parent/guardian was the victim /perpetrator of a violent offence

Provision of Programmes and Services

4.11. The Committee noted the external social service providers of the OPM to whom referrals were made (Appendix V) and CPU centres (Appendix VI). The need for this information to be accessible to members of the public. These sentiments were similarly shared by the National Council of Parent Teacher Associations Inc. who also highlighted that a possible client would have to visit a number of websites to access similar information.

4.12. Other programmes and services for the CATT, MOE, MSDFS, OPM and VWSU are outlined at items 3.5, 3.9, 3.20, 3.27 and 3.42. It was noted that MOE has a Parenting-in-Education Programme and the CPU has an Experimental Parenting Support Workshops in schools.

4.13. It was raised that due to an increasing number of behavioural issues faced within schools that consideration should be given to establishment of a behavioural intervention centre for specific students.

Effectiveness of Programmes and Services

4.14. The Committee was pleased with the achievements of programmes and services under the MOE (3.16), MSDFS (3.24), OPM (3.32) and TTPS (3.47 and 3.48). However, the absence of data means that the qualification of “success” for programmes and services is subjective and cannot be substantiated.

4.15. The Committee was informed that 2,000 out of the 5,300 cases received by the CATT are under investigation. In addition, 300 treatment plans were developed after clinical interviews and evaluations by the doctor, psychologist and social worker. It was also noted that the benefits of the care plans for children at statutory community residences may be assessed based on the OPM’s Guidelines for Care-Plan Management.

4.16. The Committee was pleased that the Authority was in the process of revising its strategic plan and developing key performance indicators to measure the effectiveness of its performance.

4.17. The Committee noted that the VWSU has interacted with approximately 8,000 victims from 2008 to 2015. Although there are questionnaires, behavioural analysis forms and follow-up, there is an absence of a formal measurement of achievement/success and the ability to track the success of clients.

4.18. The CPU had received 2, 123 reports from May 2015 to April 26, 2016 which were referred to the CATT. These reports include 598 serious crimes which were comprised of 409 sexual penetration cases, 167 sexual touching cases and 22 incest cases. It was expressed that these statistics of cases investigated, cases referred to the CATT, perpetrators arrested and charged and assisted interventions conducted with the CATT were the CPU's current metrics of effectiveness.

4.19. The Committee was informed that 100% of children referred to SSSD are treated and attempts are made to follow-up on cases within the system. Although the MOE could not provide figures on the success of its programmes, it was stated that feedback received from pre-test and post-test questionnaires, focused groups, session evaluations and verbal feedback are the current measurement of effectiveness of its programmes and services.

4.20. The MSDFS also indicated that statistics (4,648 persons received counselling, 149 persons received crisis interventions and 308 referrals) for fiscal 2015 and annual administrative reports were the primary basis for assessing effectiveness. Similar to the officials from other agencies present, could not provide the metrics with respect to the effectiveness and success of its programmes and services.

Follow-up

4.21. The Committee was pleased that the Learning Enhancement Centre (LEC), MOE provides a comprehensive assessment of a child for approximately three (3) weeks. This assessment includes social functioning assessments, psychological assessments, academic profiling, special education assessments and environmental assessments. Upon exit from LEC and based on conferencing with school supervisors, parents and experts, follow-up visits are conducted every two (2) weeks for at least a three (3) month period.

4.22. The Committee noted that there are 800 cases where the Children and Family Services Unit, CATT is seeking to reunite children with their families. However, due to staff constraints of ten (10) members of staff working with these families, some cases are outsourced and family team conferences are used for children facing similar issues. In addition, 50 out of the 800 children placed at community residences receive the basic needs of clothes, food and shelter and lack resources for the psychosocial support for rehabilitation.

4.23. The Committee was informed that CATT's reintegration plan includes external monitoring of a child. OPM admitted that the Ministry had sought to ensure that the National Standards for the Care and Protection of a Child is utilized at all fifty (50) community residences.

4.24. The Child Protection Unit also conducts follow-up once a parent is reintroduced in a child's life. However, the Community Police provides additional assistance due to challenges faced by the CPU. Whilst the MOE admitted that a child is only monitored within the school educational system and National Family Services, MSDFS indicated that support alongside with a non-governmental organisation was also provided.

4.25. The Committee was pleased that the Victim and Witness Support Unit formed a support group on issues related to parenting for parents and children within each of the nine (9) divisions. VWSU also has “AVA” or Addressing Victims Anywhere which is an outreach programme to distribute information and contact numbers. This outreach programme has been to Sangre Grande, Arima, Chaguanas and San Fernando to date.

Staffing

4.26. The Committee noted that the primary challenge to execute programmes and services for programmes and services for children whose parent or guardian was a victim or perpetrator of a violent offence amongst the agencies examined was inadequate staffing. However, the Committee was pleased to note that efforts were being made to address this staff shortages by the advertisement of vacant positions at the OPM and the CATT.

4.27. In the case of the Student Support Services Division, MOE, 179 out of the 279 established positions are vacant and 328 out of the 626 contract positions are vacant (See Appendix III). However, it was also highlighted that there is a need for more social workers dedicated to at-risk schools and insurance for staff that conduct home visits. The Committee was also informed ratios such as, 1:5 ratio of social workers to schools, 1:1 ratio of guidance officers to secondary schools (one guidance officer in each secondary school), 1:3.6 ratio of guidance officers to primary schools (one guidance officer is assigned to a cluster of three primary schools) and approximately 1:12 of special education staff to schools. Further, written submissions indicated that sufficient training was not available and continued professional development would be required to support this particular client group.

4.28. The National Family Services Division, MSDFS has 11 out 23 established positions which are vacant and 76 out of 103 contract positions which are vacant (See Appendix IV). It was also noted that the high 44 out of the 65 Family Services Case Worker positions are vacant due to the lower salary vis-à-vis other agencies due to the lack of standardization of the remuneration for social workers across the public service.

4.29. The CPU has 112 staff and the VWSU has 14 contract staff. The Committee noted that the VWSU staff complement had not increased since its last meeting with the Joint Select Committee on Human Rights, Diversity, the Environment and Sustainable Development on May 20, 2015. It was also noted that due to limited physical resources and facilities, play therapy with a child may be done at a police station.

4.30. The Committee is concerned that inadequate staffing at these agencies would impact the effective provision of programmes and services to children whose parent or guardian was a victim or perpetrator of a violent offence.

Recommendations

4.31. **We recommend that a comprehensive directory of the programmes and services of each stakeholder with contact numbers should be published in the newspaper, websites and social media for use by members of the public.**

4.32. **We recommend the establishment of a behavioural intervention centre, initially as a pilot project, in collaboration amongst the MSDFS, MOE and CATT.**

4.33. We recommend the development, monitoring and implementation of key performance indicators for the SSSD, National Family Services, CATT and VWSU in order to effectively assess the programmes and services for children whose parent or guardian was the victim or perpetrator of a violent offence for fiscal 2017.

4.34. We recommend the allocation of additional financial resources for the psychosocial support for the 800 children placed at community residences.

4.35. We recommend the employment of additional staff at the Children and Family Services Unit of the Authority to deal with cases that seek to reunite children with families.

4.36. We recommend the establishment of proper monitoring system to follow-up of a child after treatment. It is important for all the entities to be a part of this process in order to properly provide the necessary support system for the victim.

4.37. We recommend the extension of the follow-up period by the MOE from three (3) months to a minimum of one (1) year for the 283 affected students. The follow-up should be done in collaboration with the other agencies.

4.38. We recommend that additional resources be allocated and new strategies be devised to reduce the number of vacancies within the SSSD and NFSD within fiscal 2017.

4.39. We recommend that the ratio of social workers to schools needs to be re-visited in areas such as Caroni and Port of Spain districts (that have the highest number of presenting cases) over the next 12 months.

4.40. We recommend additional programmes and services in the primary and secondary schools of Caroni and Port of Spain by the CATT and MOE.

4.41. We reiterate the 2015 recommendation for the increased recruitment of human resources at the VWSU to increase its complement of fourteen (14) contract staff.

4.42. We recommend the provision of infrastructural facilities for execution of VWSU services outside of a police station.

Findings - Objective 3

To identify and evaluate the current relationship amongst stakeholders of child support services

4.43. During the inquiry, the Committee noted the number of stakeholders aligned with child support services. It was observed that all the agencies perform essentially the same functions using different methods and collaborating on an unofficial basis.

4.44. Each agency highlighted the need for an official governance system for stakeholders to collaborate and address matters at a micro and macro level in order to alleviate duplication. There was also a discussion on the need for a case management system amongst a number of agencies and a clear outline of the responsibilities of each agency.

4.45. The Committee noted that the MOE has sixty two (62) stakeholders (Table 4). However, it was also noted by the Trinidad and Tobago National Council of Parent Teacher Associations Inc. that there is *“inadequate consultation, coordination and communication among the various stakeholders in education. Stakeholders need to look at*

Education through the lens of a holistic approach to National Development, this should encourage the relevant stakeholders to share information in a coordinated manner."

4.46. The Committee was pleased that the CATT had developed a draft proposal entitled, "Trinidad and Tobago National Child Abuse Protocol: A Guide for Key Stakeholders (The Police, Health and Care Professionals, Educators)." This proposal recognised that reporting and investigation of child abuse required an interdepartmental approach amongst the Trinidad and Tobago Police Service, Ministry of Health, MOE and MSDFS. It also included a protocol for engagement between CATT and Student Support Services Division, delivery of a child to a place of safety, protocol for medical and psychiatric social workers, proposed engagement with Health Centre or District Health Facilities and a protocol for VWSU.

4.47. However, the Authority admitted that there was a need for increased collaboration to address additional issues other than child abuse. The OPM also indicated that in 2015 the Ministry had started the process to develop a governance structure for collaboration amongst stakeholders and it may need to be revisited.

4.48. In terms of collaboration amongst agencies, the VWSU meets with CATT at least once a month and communicate regularly via telephone. The Committee was pleased to learn there is a memorandum of understanding to demarcate the functions of different stakeholders.

Recommendations

4.49. Although a Children Registry is being established by the Authority to track a child from birth, we recommend there is also a need for an interagency database to track a child's movement amongst government agencies.

4.50. We recommend that the draft proposal entitled, "Trinidad and Tobago National Child Abuse Protocol: A Guide for Key Stakeholders (The Police, Health and Care Professionals, Educators)" be reviewed and discussed by all relevant stakeholders by August 31, 2016. These discussions should aim to develop a governance system or memorandum of understanding amongst the involved agencies. The final outcome should be to improve and increase a child's access to programmes and services for children whose parent or guardian was a victim or perpetrator of a violent offence.

4.51. We recommend that stakeholders meet on a quarterly basis to discuss plans of actions of each agency and to eliminate duplicity of effort.

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

Sgd.
Dr. Nyan Gadsby Dolly, MP
Chairman

Sgd.
Ms. Sarah Budhu
Vice-Chairman

Sgd.
Mr. Randall Mitchell, MP
Member

Sgd.
Mrs. Glenda Jennings-Smith, MP
Member

Sgd.
Mrs. Vidia Gayadeen-Gopeesingh, MP
Member

Sgd.
Mr. Dennis Moses
Member

Sgd.
Mr. Rodger Samuel
Member

Sgd.
Ms. Jennifer Raffoul
Member

June 22, 2016

Appendix I

Minutes

**PUBLIC HEARING MINUTES OF THE FIFTH MEETING OF THE
JOINT SELECT COMMITTEE ON HUMAN RIGHTS, EQUALITY AND DIVERSITY,
HELD IN THE J. HAMILTON MAURICE ROOM, MEZZANINE FLOOR, OFFICE OF THE PARLIAMENT,
TOWER D, PORT OF SPAIN INTERNATIONAL WATERFRONT CENTRE,
#1A WRIGHTSON ROAD, PORT OF SPAIN ON WEDNESDAY APRIL 27, 2016**

Present

Dr. Nyan Gadsby-Dolly, MP	Chairman
Ms. Sarah Budhu	Vice-Chairman
Mrs. Vidia Gayadeen-Gopeesingh, MP	Member
Mr. Rodger Samuel	Member
Mrs. Glenda Jennings-Smith, MP	Member
Mr. Dennis Moses	Member
Ms. Jennifer Raffoul	Member
Mr. Randall Mitchell, MP	Member

Secretariat

Ms. Candice Skerrette	Secretary
Ms. Kimberly Mitchell	Procedural Clerk Assistant

Officials Present

Ministry of Education

Ms. Gillian Macintyre	Permanent Secretary
Mr. Harrilal Seecharan	Chief Education Officer
Dr. Kathy Bharratsingh	Manager, Student Support Services Division
Mrs. Cheryl Ann Grant	Special Education Coordinator
Mrs. Sharon Francis-Gaines	Social Work Specialist
Mrs. Darlene Smith-Joseph	Guidance Officer II

Office of the Prime Minister

Ms. Jacqueline Johnson	Permanent Secretary (Ag.)
Mr. Learrie Barry	Manager, Policy Research and Planning
Mrs. Vandana Siew Sankar Ali	Assessment Manager (Ag.), Children's Authority of Trinidad and Tobago
Ms. Sharifa Ali-Abdullah	Director, Children's Authority of Trinidad and Tobago

Ministry of Social Development and Family Services

Ms. Jacinta Bailey-Sobers	Permanent Secretary
Mr. Haimdath Ramoutar	Deputy Permanent Secretary

Ms. Sharon Winchester

Family Service Case Worker

Trinidad and Tobago Police Service

Ms. Odette Lewis

Mrs. Margaret Sampson-Brown

Ms. Beverly Paul

Superintendent, Child Protection Unit

Manager,

Victim & Witness Support Unit

Inspector, Child Protection Unit

Public hearing with Officials of the Ministry of Education, Office of the Prime Minister, Trinidad and Tobago Police Service and Ministry of Social Development and Family Services

- 1.1 The meeting resumed at 1:00 p.m. in public, in the J. Hamilton Maurice Room.
- 1.2 The Chairman welcomed and thanked the officials from the Ministry of Education, Office of the Prime Minister (OPM), Ministry of Social Development and Family Services (MSDFS) and the Trinidad and Tobago Police Service (TTPS) for attending. Introductions were made.
- 1.3 The Chairman provided a contextual background on the topic of the inquiry and reminded all present of the objectives of the hearing.

Opening Statements

- 2.1 The following issues were raised during the opening remarks of each entity.
 - i. Permanent Secretary, Ministry of Education
 - Student Support Services Division is responsible for all matters with regard to students, the staff is comprised of guidance counsellors, social workers and special education teachers;
 - at-risk schools should have an assigned social worker;
 - lack of administrative support;
 - lack of liability insurance coverage for guidance officers /social workers to conduct home visits; and
 - need for an Information Management Unit to allow stakeholders to review individual cases and to develop a more comprehensive approach to matters that are referred to the Division.
 - ii. Permanent Secretary, Office of the Prime Minister
 - Children's Authority is the main agency that implements policy and oversee the overall care and protection of children;
 - gap in collaboration amongst the key stakeholder agencies;
 - Ministry ensures that the children receive the necessary care and protection; and
 - four (4) state owned homes and forty six (46) privately owned children's homes.
 - iii. Permanent Secretary, Ministry of Social Development and Family Services
 - Ministry is the lead agency of the Government with regard to implementation of its social development objectives;

- mechanisms need to be put in place for collaboration among the agencies; and
- Ministry has many challenges including lack of human resources and standardization of remuneration for social workers.

iv. Superintendent, Child Protection Unit, TTPS

- Child Protection Unit investigates all criminal acts with regard to children;
- Unit does not provide direct programmes and services for the support of victims, witnesses, parents or guardians of the children, they are referred to the Children's Authority for treatment; and
- recent Cabinet Note approved an increase of staff for the Unit.

2.2 The following issues arose from the discussions held with the various officials:

i. **Lack of Research**

The Chairman enquired whether the OPM planned to conduct any research in this area. OPM officials indicated that although they recognized the need for research in that specific area, the Ministry is focused on general research treating with the issue of child abuse and its impact. The Ministry is in the process of developing a Child Policy to address certain issues such as autism and children with disabilities. The Children's Authority has received funding of \$200,000 to conduct research in critical areas.

The main reasons that specific emphasis was placed on research in the area of child abuse were:

- a. the number of reports received by the Authority's psychologists and social workers. There are currently 5,300 cases of child abuse in Trinidad and Tobago that were referred to the Children's Authority;
- b. to comprehend the factors that have given rise to the high level of sexual abuse which were 23% of the total number of cases of child abuse; and
- c. the trauma experience by the children placed under the care of the Authority.

ii. **Cost to Conduct Research**

The agencies all stated that the allocation for research is inadequate as research costs range from \$200,000 to \$1,000,000 depending on the methodology used. The Chairman requested each agency to inform the Committee of their budgetary allocation for research and to identify the Department that conducts the research:

- a. Children's Authority received \$200, 000, the research is conducted by its Research Unit;
- b. Ministry of Social Development and Family Services advised that they collaborate with the Cabinet appointed Research Council. The average cost per study is \$200, 000 to \$250, 000 and up to \$1,000,000 for large surveys that may examine up to 6,000 households;
- c. MOE has an Educational Planning Unit that has been conducting research on the co-relation between a student's grades and problems within the home environment. The Unit would use case studies which are cheaper than surveys; and

- d. OPM has a Policy Research and Planning Unit which uses secondary sources of data thus no resources are dedicated to primary research.

iii. **Statistics**

The Children's Authority in a review of its cases found that there are 180 children whose parents were either a victim or a perpetrator of a violent offence. These cases were referred to the Children and Family Service Unit of the Authority.

The Authority also informed the Committee of the following statistics:

- 34 children's parents were victims of a violent offence only (i.e. domestic violence, sexual and physical abuse);
- 41 children's parents were perpetrators of a violent offence only (including possession of drugs and ammunition, domestic violence, sexual and physical abuse, inflicting bodily harm); and
- 105 children's parents were both victims and perpetrators of a violent offence.

iv. **Effect of Abuse on Children**

When a child has been referred to the Children's Authority, he/ she is assessed by a psychologist or a social worker. Based on these assessments it was concluded that the effect on the child is similar whether it was the child's parent who was a victim or a perpetrator of a violent offence or an abused child. The Assessment Unit made the following observations about the children that were examined:

- develop internalization disorders, such as depression and anxiety;
- have difficulties coping within the school environment;
- withdraw from their environment;
- act out;
- express aggressive behavior and have difficulty controlling their anger;
- attachment issues

v. **Monitoring within the School Environment**

MOE officials informed the Committee that the Ministry focuses on all students not specifically the students whose parent or guardian was a victim or a perpetrator of a violent offence. Each case is reported immediately to the Student Support Services Division (SSSD) for an intervention to be made. The Division has 283 cases that are being treated at this time, the majority of the cases are primary school students.

vi. **Identification of Students with Behavioral Issues**

SSSD officials informed the Committee that students can be referred in various ways to the Principal by either a teacher, student, Guidance Officer or parent, then Division would be notified. The method of intervention would be determined by the type of situation, if the case is alleged sexual abuse the police, Children's Authority, CPU will be notified, if it is a case of

fighting or bullying it would first be dealt with by a Guidance Officer and then referred to the SSSD.

The Members sought further clarification as to whether the staff at school are sufficiently trained to recognize post-traumatic stress disorders. They were advised that it would be detected within the school environment by teachers, social workers and other staff, once the child's behavioural pattern is not normal within the developmental spectrum.

vii. **Most Effective Programmes**

SSSD officials indicated that the Parenting in Education Programme was very successful as parents have noted their parenting skills have improved as well as the reaction by their children. Workshops were conducted in all the educational districts with parents to target specific issues students were having at school before the problem worsened.

The second programme that has been shown positive results is the "At-Risk Assessment" this initiative screens for potential violent-type behaviours among young adults. It was noted that although the programmes were successful there is room for improvement as they are faced with human resources challenges.

viii. **Assessment Centres for Students**

Members sought to determine from the MOE and MSDFS whether there are treatment centres for students once they have been identified as having behavioural issues to ensure that when they are removed from school they will be able to resume classes. MOE officials advised that the current programmes are the 'At-Risk Assessment' and Parenting in Education. It was also reiterated that without collaboration by all the stakeholders the problem cannot be resolved. A key part of inter-agency collaboration is an electronic database so that data and other information can be easily sourced by all agencies.

MOE also has Learning Enhancement Centres where students are removed from the schools for three (3) weeks but the time may vary, it is dependent on the student. The child is assessed socially, psychologically and academically to determine the child's cognitive capability. The child's home environment is observed and along with key developmental components of the programme such as self-regulation and expression to conflict-resolution, communication skills with their parents. When the child has left the Centre follow-up is done for at least three months and every two weeks site visits are made. If alternative placement is recommended follow-up is still done at least once per month for the term to ensure that the child has transitioned.

The MSDFS officials advised that they do not have Assessment Centres or Behavioural Centres but the child once referred to the Family Services Agency the situation would be assessed and the necessary treatment, support and follow-up would be provided.

ix. **Mechanisms to ensure that a child is not returned to an abusive home**

To ensure the child is under the protection of the State, the Authority would file for a Wardship Order or an Interim Care Order through the Family Court to be able to place the child in another environment by receiving a Foster Care Order or a Fit Person Order. This is

determined by the severity of the case if it is a matter of sexual abuse, the child would be taken to the hospital for medical attention and a police report made by the doctor. The hospital's staff would then refer the matter to the Authority who is now responsible for the child.

Under the Fit Persons Order the Authority would first try to place the child with a relative, if not the second option would be a foster home and the last alternative would be a Child Care Facility.

x. **Possibility of Misdiagnosis of a Student**

The Committee enquired if a student is misdiagnosed whether this can affect the child's treatment and development. SSSD officials explained that although a child is referred to the Division, they conduct further assessments to confirm whether the school officials were accurate in their evaluation. Thereafter, the child's treatment is designed specially to address his or her case.

xi. **Follow-Up by the Agencies after a Child is returned to the Home**

The Chairman sought each agency to identify whether long term follow-up is done after a child is returned to the home his or her parent. The agencies indicated the following:

- a. The CPU advised that follow-up is done, however, due to lack of human resources, it is not done as often. In the interim the Community Police assists the Unit.
- b. The Children's Authority highlighted the aim is to re-unite children with their families through the Children and Family Services Unit. Currently, the Authority has eight hundred (800) cases that require follow-up, but only ten (10) persons to assist them. In order to supplement the workforce, specialists are outsourced and certain cases referred to other agencies, including NGO's. Another innovative method is to create Family Team Conferences where larger groups can be monitored.
- c. MOE indicated that there is monitoring within the education system but once the child leaves the school system no further monitoring is done.
- d. MSDFS advised that support is provided through the NGO's. The parents are referred to the Parenting Programmes where they learn how to relate to the child.

xii. **Challenges faced by the Victim and Witness Support Unit**

The main challenge is the lack of staffing. The Unit has one (1) officer assigned to the Eastern Area to deal with child abuse cases. However, the Unit makes the best of its resources and is ready to assist all the other agencies when required.

xiii. **Measurement of Behavioral Change**

The Committee enquired about the methods used to measure improvement in behavioural change, family relations and public awareness within communities. VWSU officials indicated

it is measured based on the number of interactions with victims. In 2008, the Unit noted 208 persons, in 2015 the Unit interacted with almost 8,000 victims. The Unit has increased its level of public awareness through the Programme “Addressing Victims Anywhere’ and Outreach Programmes that were conducted in Sangre Grande, Chaguanas, Arima and San Fernando.

xiv. **Treatment and Successful Treatment**

The TTPS indicated that from May 2015 to April 26, 2016, 2,123 reports were received and referred to the Children’s Authority. In terms of serious crime, a total of 538 matters were reported; 409 cases of sexual penetration, 167 cases of sexual touching and 22 cases of incest were reported, of these 351 of these matters are before the Court.

- a. The Children’s Authority informed the Committee that they have 5,300 cases of which 2,000 are under investigation. The Authority has been able to develop 300 Treatment Plans to address each child’s specific needs. It was stressed that once treatment plans are implemented, the child’s behaviour would improve.
- b. The Ministry of Education advised that all referred cases receive treatment. Some students may prefer not to return to school but follow-up work is done to ensure that they stay in school. The Ministry was unable to provide figures, but based on the feedback via reports and updates from parents and teachers, a positive impact was made and the child’s behaviour improved.
- c. The National Family Services Division were unable to provide any figures but advised the Committee that treatment and follow-up is provided. It was also noted that most of the children responded favourably to the treatment. The feedback received from the child’s parents and through observation at follow-up sessions indicate that treatment has been successful.

xv. **Collaboration among the Agencies**

All of the agencies stated that collaboration agencies is needed.

- a. The TTPS indicated that they liaise with the Children’s Authority each month and the Memorandum of Understanding (MOU) once approved will clearly demarcate each agency’s role and function;
- b. The Children’s Authority has developed the document a “Guide to all Stakeholders” including the police, health care workers, educators and care professionals;
- c. The MOE advised the Committee that governance mechanisms are required for more collaboration at the macro and micro levels, through a “Case System Management”.

2.3 The Chairman summarized the main points raised during the public hearing.

Adjournment

3.1 The Chairman thanked all of the officials for their attendance, the Members of the Committee and the listening audience.

3.2 The meeting was adjourned at 3:21 p.m.

I certify that the Minutes are true and correct.

Chairman

Secretary

June 01, 2016

Appendix II

Verbatim Notes

VERBATIM NOTES OF THE FIFTH MEETING OF THE JOINT SELECT COMMITTEE ON HUMAN RIGHTS, EQUALITY AND DIVERSITY HELD IN THE DR. WAHID ALI MEETING ROOM, 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 CENTRE, #1A WRIGHTSON ROAD, PORT OF SPAIN, ON WEDNESDAY, APRIL 27, 2016 AT 1.00 P.M.

PRESENT

Dr. Nyan Gadsby-Dolly	Chairman
Miss Sarah Budhu	Vice-Chairman
Mr. Randall Mitchell	Member
Mrs. Glenda Jennings-Smith,	Member
Mrs. Vidia Gayadeen-Gopeesingh	Member
Mr. Dennis Moses	Member
Mr. Rodger Samuel	Member
Miss Jennifer Raffoul	Member
Ms. Candice Skerrette	Secretary

OFFICIALS FROM THE MINISTRY OF SOCIAL DEVELOPMENT AND FAMILY SERVICES

Mrs. Jacinta Bailey-Sobers	Permanent Secretary
Mr. Haimdath Ramoutar	Deputy Permanent Secretary
Ms. Sharon Winchester	National Family Services

OFFICIALS FROM THE MINISTRY OF EDUCATION

Ms. Gillian Macintyre	Permanent Secretary
Mr. Harrilal Secharan	Chief Education Officer
Dr. Kathy Bharratsingh	Manager, Student Support Services Division
Mrs. Cheryl Ann Grant	Special Education Coordinator
Ms. Kathy Ann Felix-John	School Social Worker
Mrs. Darlene Smith-Joseph	Guidance Officer II

OFFICIALS FROM THE OFFICE OF THE PRIME MINISTER

Ms. Jacqueline Johnson	Permanent Secretary (Ag.)
Mr. Learie Barry	Manager, Policy Research and Planning
Ms. Sharifa Ali-Abdullah	Director, Children's Authority of Trinidad and Tobago
Mrs. Vandana Siewsancker-Ali	Assessment Manager, Children's Authority (Ag.)

OFFICIALS FROM THE TRINIDAD AND TOBAGO POLICE SERVICE

Ms. Odette Lewis	Superintendent (Ag.), Child Protection Unit
Mrs. Margarte Sampson-Brown	Manager, Victim & Witness Support Unit
Ms Beverly Paul	Inspector (Ag.), Child Protection Unit

Madam Chairman: Good afternoon, everyone. I would like to now convene the meeting, this public hearing, and to welcome the representatives of the various agencies who are here with us this afternoon. Thank you for being here. And also to welcome the Members of the viewing and listening public to the Fifth Meeting of the Joint Select Committee on Human Rights, Equality and Diversity, and this is our first public hearing for the Eleventh Parliament.

I would like to welcome specifically officials from the Ministry of Education, from the Office of the Prime Minister, from the Ministry of Social Development and Family Services, as well as those from the Trinidad and Tobago Police Service. I would like to introduce myself. My name is Dr. Nyan Gadsby-Dolly and I am the Chairman of this Committee, and I now would like to invite the other members of the Committee to also introduce themselves. May I remind all Members that we have to switch on microphones as we speak?

[Introduction by Members of the Committee]

[Introductions by the Officials from the various entities]

Madam Chairman: Thank you. Very well sent. This afternoon, I just want to give a little contextual background to

what we are doing. I just want to recognize the Permanent Secretary of the Ministry of Education who is joining us. Thank you. Today, we are here to discuss and to enquire about the support programmes and services for children whose parents or guardians were the perpetrators or victims of violent offences. That is what we are here to discuss and we would have received written submissions from the different agencies. So I would just like to, before inviting the questions and opening the discussion, just give a contextual background as to why we are looking at this particular issue.

I want to read for you a quote which came in one of our submissions which says that:

Children who are exposed to violence may continue to show signs of problems. Primary school age children may have more trouble with schoolwork and show poor concentration and focus. They tend not to do as well in school. In one study, 40 per cent had lower reading abilities than children from non-violent homes.

Another:

Children who grow up with violence in the home learn early and powerful lessons about the use of violence in interpersonal relationships to dominate others and might even be encouraged in doing so.

And a very last quote I want to read for you before I give some statistics, it comes from Shaw (1987), which says:

“...if we do not attend to the effects of imprisonment on children, we run the risk of punishing innocent victims, neglecting a seriously at-risk group, and possibly causing crime in the next generation.”

Considering these particular statements and looking at some of the statistics that apply to our country, in 2014, the statistics for prisoners in Trinidad and Tobago showed that 64 per cent of prisoners were male in the 18 to 35 age group or category which corresponds to 2,239 male prisoners out of a total of 3,524. If we look at this and consider very conservatively that maybe 50 per cent of these males in that age group have at least one child, then we are talking about roughly a thousand or more children who are at risk having parents that are perpetrators of crime.

And if we consider in a UNDP report on citizen security in 2012 which gave statistics that in 2011, out of a total 394 murders, 60 per cent of these were victims between the ages of 21 and 40. It means that you have a total of 236 persons roughly and if we again use a very conservative figure, 50 per cent of that age group having at least one school age child, then we are talking about roughly 118 children of school age that have parents who would have been victims of violent crime and that is just dealing with murder alone.

So using these rough statistics and these rough figures, it is clear that there is a problem that we have to face head-on and there are children who may be in this situation and these figures really are quite conservative. I want to draw in my own experience of a young teacher in a certain school, a primary school, who was shocked to understand that the students in her class, they asked her a question, they asked her if her father was alive and she said yes, and what she was surprised at is the very—I do not want to say callous, but very casual way—I should put it that way—in which the students of the class began to relate to each other the ways in which their fathers had died. And these were all victims of violent murders and that type of situation seems to be more prevalent than we would think in our school system and so on.

And given the fact that we are saying that studies have shown—not our local studies, but studies have shown that the effects of imprisonment and exposure to violence on children are very deleterious and given the fact that our budget for national security has increased by 66 per cent between 2012 and 2015 and we have not seen a commensurate decrease in violent crime nor in the murder rate, it really begs the question: are we by not paying attention to these children who are described as the forgotten victims of crime, orphans of justice, are we by not paying the attention necessary, are we fuelling the next generation of crime?

So it is within this context that this study or this enquiry was birthed and so we have asked the members of the different agencies represented here to supply us with written submissions which deal with some of these issues and so we are here now asking questions, whereby we can come up with recommendations that we can suggest that would allow us to help such children.

And so I just want to remind of the objectives of the enquiry which would be to understand the impact on children whose parents or guardians were the victims or perpetrators of violent offences; to examine the adequacy of programmes and services to support children whose parents or guardians were the victims or perpetrators of violent

offences, and to identify and evaluate the current relationship among stakeholders of child support services.

At this time, I would like to indicate that this hearing is being broadcast live on Parliament Channel 11, on Parliament radio 105.5 FM and the Parliament's YouTube channel, *ParlView*. So viewers and listeners, if you are so inclined, you can send the Committee questions related to today's topic via email, via facebook or via Twitter. Email at parl101@ttparliament.org; facebook.com/ttparliament and on twitter@ttparliament.

We acknowledge and thank the agencies for their written responses and we received from the Ministry of Education their response on April 19, 2016; from the Office of the Prime Minister, on April 20, 2016; from the Ministry of Social Development and Family Services, on April 19, 2016 and Trinidad and Tobago Police Service on April 22, 2016. We do thank you for submitting those written submissions which in every case did add to the weight of our deliberations.

At this time, I would like to invite brief opening remarks from the representatives of each agency, Ms. Gillian Macintyre, the PS of the Ministry of Education; Ms. Jacqueline Johnson, Permanent Secretary of the Office of the Prime Minister; Ms. Jacinta Bailey-Sobers, the Permanent Secretary of the Ministry of Social Development and Family Services and Ms. Odette Lewis, Superintendent, Child Protection Unit, Trinidad and Tobago Police Service. We will lead off with Ms. Gillian Macintyre.

Ms. Macintyre: Good afternoon to members of the Joint Select Committee and thank you for affording us this opportunity to come and speak with you, dialogue with you, on what can be done to improve our programmes, as well as our relationships as ministerial departments trying to deal with this issue.

Just to say that the primary unit in the division in the Ministry of Education that helps to address this issue is the Student Support Services and within the Student Support Services, there are guidance counsellors, there are social workers, there are Special Ed teachers who all are directed at looking at each referral to them in a comprehensive manner.

Admittedly, we do not have the ratios in place that we would like to have in place. For example, from many of the visits we have done to schools recently with the Minister, it is becoming increasingly obvious that there needs to be, for example, social workers dedicated in some of the more at-risk schools. Special Ed also, there is a need for, again, a dedicated person and right now, the numbers would only allow us either to pilot or to cluster schools. So that it is not to say it has not increased because within the last few years ago—and the specialist in the area would speak I am sure, but I joined the Ministry in November of last year and I know it has increased substantially, probably about 300 per cent. So we have been increasing numbers.

There are challenges in that although we have increased technical and professional officers, we do not have the kind of administrative support in place to allow them to function effectively and without having to deal with administrative issues as well. We have other issues to look at as well, such as—which only came to my attention recently, for example, although we have liability insurance in schools, many of them would be required to visit homes, we do not have insurance that covers them out there when they are visiting the homes. So we have had to tend to rely on social development in that regard to reach out in those areas who, again, also—and I am sure you will hear from them—are experiencing resource constraints.

Very recently, as a result of the problems we were having in schools, I convened a committee of multiple stakeholders and I think there is not, in my view as someone who is about to exit the system, there is not enough of that. We are operating individually trying to solve problems but there is a great need for some sort of governance system to be in place that looks at these systems.

Underpinning that, I believe there needs to be an information management system that allows the different stakeholders to come together to look at matters on a case basis, because, as I said, we are dealing on an incident basis instead of dealing with a whole family or a comprehensive approach to the persons that are referred into the Student Support Services programmes. But I am sure more will come out during the course of our discussion so I do not want to monopolize the situation. Thank you very much.

Madam Chairman: Thank you very much, Ms. Macintyre. Could I ask now Ms. Jacqueline Johnson, the Permanent

Secretary of the Office of the Prime Minister, to give us her brief opening marks.

Ms. Johnson: Thank you, Madam Chair. Just a brief on the role of the Office of the Prime Minister with respect to gender and child development, we drive the policy and the strategies to treat with the overall care and protection of children. The main implementing agency here would be Children's Authority. From our perspective, the major gaps that we are trying to treat with here, the competencies that we need to deliver care and protection to those children who require our support, the resources to, in fact, do that, and we are also seeing there is a gap in the collaboration among the key stakeholder agencies which we need to treat with.

One of the things that we have been doing to ensure that the children receive the necessary care and protection, at the agencies, when they are placed in the care and protection of the State, is to get in those resources that would ensure that they have a proper individualized care plan that would ensure that they receive the right care, education, psychological—all those treatment areas that would allow them to develop as a child, as well as to ensure that they are reunited with their families. We will talk a lot about what we are doing at the homes, the four large state homes, as well as the other 46 privately owned community residences, as well as our collaboration with other state agencies to ensure that what we deliver is in the interest of the child and in the interest of the child's development and reunification with his or her own family. Thank you.

Madam Chairman: Thank you so much. I look forward to our further discussion. Can I ask now Ms. Jacinta Bailey-Sobers, Permanent Secretary of the Ministry of Social Development and Family Services to give us her opening remarks?

Mrs. Bailey-Sobers: Thank you very much, Chair. I want to begin by saying that the Ministry of Social Development and Family Services, as you know, we are really the lead agency of Government with regard to implementing Government's social objectives, social development objectives, and the National Family Services Division, which has actually just been transferred to the Ministry from September, is the key agency in the Ministry with regard to the provision of services towards children.

Just to say also that the National Family Services Division was with this Ministry some years ago and they faced a number of challenges which they still do face, and I think as we discuss around the table, we will see that it is very important for us to put in place mechanisms for collaboration. So we are very happy to be part of the session this afternoon and to really interrogate this issue and to ensure that we have the systems in place to support these children.

I remember some years ago, when we had that young man whose parents were killed by the Dole Chadee gang—if you remember that situation—and that young man, he was very young at the time and his sister and himself, they survived that attack, and because of the systems again, they were left—in particularly, he was left alone and we know the end of that story. And I think it tells us that unless we have a robust system in place, all the agencies are collaborating to ensure that the children do not fall through the cracks, we will have a situation where we will have children, not only in school but children who have dropped out of school ending up in St. Michael's and all those other institutions. So I am hoping that at the end of these discussions that one of the outcomes would be that we have a mechanism for the collaboration to take place. I know it is taking place probably on an unofficial basis but I am talking about an official mechanism for that collaboration to take place.

And just to say that the Family Services Division, we still have challenges with respect to the human resource, that is our main challenge right now, and we recognize too that most of the responsibility has gone to the Children's Authority in terms of this issue. But because the Family Services Division still has the intervention at the level of the family, it is still critical that we know what is happening and that there is that collaboration where each agency's responsibility ends, we know where the other begins. I think that is important for us.

We also have challenges in terms of actually getting the resources that we need, because the fact that there is no standardization in terms of the remuneration to social workers across the public service and it means that most times, the salaries that are given to persons who are in family services is much less than the social workers in other agencies. I think that is another issue that we have to address if we want to ensure that each agency is adequately resourced. So I want to end by saying that we are really happy for this discussion and we look forward to the outcomes. Thank you.

Madam Chairman: Thank you very much. And can I now ask Ms. Odette Lewis, Superintendent, of the Child Protection Unit of the TTPS, to give us her opening remarks. Thank you.

Supt. Lewis: Thank you, Madam Chairman, and good afternoon to the panel. What I would like to say is that we in the TTPS, the Child Protection Unit, we deal with the investigative arm. We investigate the criminal aspects with respect to children under 18 and perpetrators of these crimes are brought to justice. We do not provide direct programmes and services for the support for the victims, witness, parents and guardians of these children. However, when they are brought to our attention, they are referred to the Children's Authority and the Victim and Witness Support Unit who we work in collaboration with and have a good relationship.

I would like to also add in that the Child Protection Unit, despite the challenges that we face, we work assiduously in ensuring that our nation's children are safe and secure. Yes, we have challenges, but within recent times, Cabinet has approved, via the Cabinet Note, the increase for the strength for the unit. That is being addressed by our Commissioner of Police and I welcome that.

Added to that, we will definitely work together with the stakeholders. At present, we are working with the Ministry of Education to address the issues that are in the schools, together with TTPS to ensure that a common understanding of deviant behaviour, perpetrators of crime because we have children committing crimes as well. So all in all, I am happy for this moment and whatever information is needed by the Committee, we are here and willing to assist in providing that. I thank you.

Madam Chairman: Thank you so much. So, now we want to go straight into our questioning session and I just want to remind the members and officials that any questions you have, direct it through the Chair so that we can have an orderly session.

I will start the ball rolling and I want to address my question to the officials from the Office of the Prime Minister with specific reference to the data that is being used to inform the policies and so on that are being made. At this point in time, the written submission indicated that there are no studies with respect to children whose parents are the victims of crime or whose parents may be incarcerated and that type of thing. There are no studies at this point in time. So I want to ask the members who are here, the officials who are here from the Office of the Prime Minister, are there any plans for that type of study to happen and if so, could you tell us what you would be looking at and what is the time frame that you would be working with?

Ms. Johnson: Thank you, Madam Chair. As we indicated in the submission, we really have not done any studies in that area and we did not plan to initiate any studies in that area. We are now focusing on those other areas that—treating with overall child abuse. How the child is affected in terms of bullying and that sort of thing. So those are the areas that we are focusing now. This is a subgroup that I agree that we need to focus on equally to put equal interest in and therefore, we will look and see how best we can start doing some research in this area.

I must say that research is something that we are not actively engaged in because we do not have the resources. Right now, we are developing, for example, the child policy and we are looking at general research because the child policy deals with disabled children, children with autism. So those areas are our current focus right now. As I said, I agree that we need to maybe initiate some things in this area but it is not something that we had on our plans right away. The Children's Authority, however, has been provided with a budget of \$200,000 to start some research and I know we have three or four proposals coming out of the Authority, so I will ask the director to indicate those areas for you right now.

1.30 p.m.

Mrs. Ali-Abdullah: Thank you very much, PS, before I actually get into the research areas, since our submission, Chair, we have actually combed through our files, our records, of the cases that have come to the Authority. Thus far, we have received 5,300 cases of children in need of care and protection, and of those almost 2,000 cases are under investigations, 800 have been closed, and we actually disaggregated the data. We had our investigation team go through all the cases they have been investigating, and we have been able to get statistics which show that 10 per cent, or 180 children, fall into the category we are discussing this afternoon, that is they are children whose parents are victims or perpetrators of crime in Trinidad and Tobago.

These cases have been referred to our Children and Family Services Unit, and sometimes they are then referred on to the National Family Services unit, or the Victims and Witness Support Unit, some of our partner agencies, as well as private NGOs. Seventy-two cases have been referred to our assessment team, and my assessment manager, acting, is here to speak about that process if we need to, and we have 48 investigations ongoing in terms of children from that 180 group. So we actually have 180 children that are within our database to treat with that we are currently discussing. Thirty-four children are children whose parents are victims only, and the types of crime, and these are actual cases, as I have said, from the investigation reports, domestic violence, sexual abuse, physical abuse.

Children whose parents are perpetrators only, 41 such children, and the type of crime would include possession of drugs and ammunition, domestic violence, inflicting bodily harm, physical and sexual abuse, and 105 children are children whose parents are both victims and perpetrators, and that is interesting, and, of course, it would include the types of crime I mentioned earlier on. So I think this is instructive. I do have copies of these statistics that I can pass to you, Madam Chair.

In terms of the research, I think it is important to hear from our clinical psychologist, who has been working with the multidisciplinary team at our assessment centres with these children, and part of the process includes, of course, interviewing parents and other members of the household, since it is a holistic type of investment—sorry, assessment, probably investment too, and because it certainly would reduce, as you said earlier in your opening remarks, Chairman, if we invest in these children now I think it is perhaps, you know, the only way to see a reduction in the level of crime that we are experiencing. The kinds of trauma and the kinds of issues that the parents themselves have, and the deficits that these parents have, I think it is instructive. So, through you, Chair, if I can ask Mrs. Vandana Siewsankar-Ali to just speak a little bit about the experiences of assessing this group of children and their parents.

Mrs. Siewsankar-Ali: Good afternoon, everyone. The assessments and the findings that we have coming out of the assessments really is the live research, and what we have been finding for children whose parents have been either victims of crime and/or perpetrators of crime, be it crime against the children themselves or other violent crimes, we have found that, for the most part, the findings are very similar across these children, and it tends to include a range of internalizing disorders, including clinical diagnoses, such as depression, anxiety. We tend to see a lot of children having difficulties in the school environment coping because they are withdrawn.

We tend to see a lot of acting-out and externalizing behaviours in children, which is very instructive given the type of issues that we are seeing in our schools. We see a lot of aggression and beyond control behaviours, children who have a lot of difficulty managing their anger, a lot of difficulty with destruction of property, minor crimes that these children also engage in. We see a lot of difficulties in terms of attachment, attachment because parents, either the offending parent or the non-offending parent, are emotionally unavailable and unresponsive to address the needs of the children. So we see a lot of attachment difficulties which of course then translates into some of the problems I just discussed. We see where children themselves begin to commit minor crimes, as I said.

We are seeing an increase in the type of issues associated with children becoming triangulated in the violence of the parents' home, so that you are seeing children taking up more adult responsibilities within the home. We are seeing a lot where children become pitted emotionally against one parent, and that is really a very difficult situation when you have defences up. We are seeing substance use disorders emerging from, especially the adolescent population of children who are undergoing this experience. We are also seeing an acceptance of pro-criminal behaviour and attitudes.

So especially among our adolescent males and females, when we look at their acceptance, their belief systems as it relates to gang activity, as it relates to violence, as it relates to gender stereotypes, these are coming out in our teenagers in terms of their acceptance of this, a sort of pro-criminal lifestyle and a glorification of crime. We are also seeing gender stereotypes being reinforced where we have male beliefs, or female beliefs, of which sex is more likely to be the victim, or which sex is more likely to be the perpetrator of violence. So it is a range of issues, and while we are seeing these coming out initially among this population we know what the long-term consequences are for these children.

Mrs. Ali-Abdullah: Chair, if I may complete the response in terms of the research areas, so with \$200,000 there is not much we can do, and we have already identified, looking at the research that focuses on understanding what is driving the high level of sexual abuse. We would have recently disseminated our nine-month statistical bulletin, nine

months and counting, as well as a report on sexual abuse against children in Trinidad and Tobago, and they are all related. So that is what we have highlighted. However, given the kind of impact and the issues that have emerged, in fact, in preparing our submission for this enquiry, I think we are going to be reallocating some of the resources, and we would be advocating for additional resources from our Ministry to be able to do some research, because we actually have, as the psychologist was saying, live data, these are actual cases that we can look at.

So rather than having a study that speaks about things in an academic way, this is reality that we are treating with. The spreadsheet that I have here, that of course is sanitized since we treat information with strict confidentiality, so even our cases are numbered, actually has information by geographical area, a lot of data. So we can actually do some research and provide that kind of information. We can analyse the cases, you know, by various categories, look at different variables, and to so see what is really driving, you know, these trends.

Mr. Samuel: Chair, based on the submission of both parties from the Children's Authority, and I am glad you talked about geographic locations, I wanted to find out, have you been able to base your studies on ethnicities, and culture, and all these kinds of things?—because I am certain that one cap does not fit all based upon the geographical locations, whether it is urban, or suburban, or wherever you are, rural, the cultural dynamics of the communities where you would probably find it is more prevalent in some areas for specific types of behaviours coming out of abuse, and stuff like that. Have you been able to base your studies on things like that so that you will be able to now guide the social services where it is necessary? Even far more, you can begin to categorize, and scale, as a matter of fact, those areas that may need it even far more than some areas. It may be far more prevalent in some communities than it is, and if the data does not show that, we may find our solutions being misfits in specific areas. Have you been able to do that?

Madam Chairman: If I may add, because it tacks on to exactly what Sen. Samuel is asking, I was going to ask, what informs your priority of topics of research areas?—that kind of thing. So how do you decide that you are going to do this particular topic as opposed to another one?—and that ties in to exactly what you are saying. What data informs that decision?

Mrs. Ali-Abdullah: Okay. So I think it is instructive for us to recognize the Children's Authority has not yet been in operation for a year. We are just about, you know, 10 to 11 months old, and, therefore, we are really a very new entity trying to treat with the problems at hand. So it is trying to, you know, it is almost like dealing with, you know, a family with challenging children, so you are trying to deal with the pressures. We are dealing with 5,300 cases; we are under-resourced at this time, and our PS is working very hard to trying to get additional resources for us. Each case that comes to the attention of the Authority has to be investigated.

So at this time what we have been doing, and what we did in preparation actually to be able to churn out this data, so we can get data on a daily basis, but in terms of the level of disaggregation we are going to have to look through and do some more digging. But we have set up a child protection information management system that produces the data. The analysis, however, would have to take place, and will be taking place at a later stage. So whilst we are producing just statistics right now, to draw conclusions or inferences on a nine-month series, as we have said in our report, is really not best practice. It certainly is not, you know, robust. Then the reports we are getting, these are reports of cases, it is only after we investigate and substantiate the report can we get into the level of analysis that Mr. Samuel is speaking about, but, certainly, once we investigate the cases and we have a report then we would be able to do that really. So I think in the next couple of months we should be able to produce some actual studies, but at this time it is about collecting the data that really did not exist.

In fact, when we were trying to set up the Authority, and we were looking at workforce statistics and numbers, and talking to various stakeholders, we were looking at perhaps 1,000, 1,200 cases coming to the attention of the Authority. The police would have been a best source of data, and they had just under 1,000 cases, and so forth. In 10 months we are already over 5,000, right, we are five times the number of cases that would have been projected. So it means the work to treat with the cases right now, and almost half of those cases are high risk.

They are emergency cases, so our resources at this time are focused on responding to emergencies. We have responded to almost 500 emergency cases since proclamation last May, and have had to receive into care more than 120 children. The issue of placement, where do we place these children, that has not disappeared. So we need to be able to find appropriate placement. Whilst the family is the best setting for children, in many instances there are no families, or the families are not the best spaces for those children, especially in sexual abuse cases where the alleged

perpetrator may still be in that environment, and the Authority has a responsibility, mandated responsibility, to protect those children.

Madam Chairman: So, for example, where you would have decided that sexual abuse would be maybe your first area of research?—that would have come about based on—

Mrs. Ali-Abdullah: So based on the nine-month and counting research report that we did—based on the nine-month report that we did sexual abuse accounts for most of the cases reported, 23 per cent of the cases reported to the Authority, and when we examine the kind of trauma that these children are experiencing, it is very difficult for us to just leave this area, you know, unattended. The kinds of effects in terms of children, for instance, because a large number of these children, and most of them are girls, although we have seen a significant number of boys as well, they have had to be physically removed from the environment, and I know this is something that, you know, my colleagues have been speaking about in the past, because the alleged perpetrator is still in that space the children are removed.

So we have children who are at our places of safety, and they are re-victimized as it were, since they are almost in, quote unquote, you know, “imprisoned”. They are denied their liberty because, you know, for no reason. It is not their fault. So I think it is important to understand what is driving that, whether they are cultural, you know, notions about it, whether it is happening in different areas, and we are seeing, from the initial reports, that we do have, both in urban and rural areas, the same kind, the same issue. So then what is really driving this? So the research needs to be done, you know, on that. So it is really based on data. It is based on stakeholders. It is based on what we are seeing with the children.

For instance, we have a child at our Child Support Centre who is pregnant at this time, you know, and we now have to treat with that child, placement for this child. Our place of safety is a temporary space, what do we do with such children? And we have many other cases of children. We have another one who is suicidal after having been sexually abused. There is another one that the police, you know, sent to us, the child was running in front of a car. So the level of trauma that the children experience is really very high. So it is not that we are not doing the other, but because of what we have seen and what our psychologists and social workers have been reporting to us.

Ms. Johnson: Madam Chair, may I just add that there is recognition that there is a paucity of information in the sector to treat with children, and one of the ways that we are attempting to treat with data collection is through the establishment of the children’s registry. That is an important technology piece that we are putting in place to map the progress of a child from birth to 18, and, for those at institutions, up to 25. So that will provide us with the critical information that we need at the regional level, at the household level, to make decisions and to devise strategies to treat with this situation.

Mr. Samuel: One of the things I would suggest that you do quickly is to look at the prison population, and out of that data you look at the families that are associated to the prison structure, and then you begin to look at, out of that, the age of the children, and the schools they attend, and set up a monitoring system early because they are practically in the system. And as you begin to monitor them, because this is a realistic situation, if you have 6,000 prisoners divided between male and female then you are able to now have data if possible.

You might not be able to find all the data because of the lifestyles of persons, but those that you can find that are in the school system, and then begin to monitor those children’s progress in the school systems so that you can give the kind of support where necessary. Okay? So there is an easy approach, look at the population, look at the offspring of those incarcerated, and then begin to find where they are in the school system, if they are still at school, and then begin to now set the programmes in place to keep monitoring that as you begin to develop other aspects of programmes overall. That is just a suggestion.

Madam Chairman: At this juncture I just want to smoothly, you know, segue into a question to the Ministry of Education as we are on this and that whole issue. Is there any attempt to proactively do that type of monitoring? I mean, I know that there is an issue of staffing and human resource, but what efforts are made for these types of children? Are there any particular efforts being made to deal with them in a proactive way? Or is it known by the Ministry of Education on your side, is there any information that is gathered that would point you to children who would need that type of monitoring, and maybe proactive approach?

Mr. Seecharan: Thank you, Chair. Let me, first of all, just respond with respect to some information that we have, we do not specifically target students whose parent or guardian are perpetrators or victims. However, part of our strategy, in looking at all students, we do treat with students of those parents. In fact, our Student Support Services Division, in going through the case files preparing to come here, we have identified 283 students that we are treating—have treated with or are treating with. Our process for dealing with student issues is, one, once it comes to the attention of the school we have a process where it is reported forthwith. Forthwith, meaning it comes up the chain, referred to Student Support Services. So that once there is information to that effect, the Student Support Services of the Ministry would intervene.

Just in looking at the data from the 283 we recognize that the majority of that comes from the primary school system, so that for us it suggests that there is a gap in terms of all the possible cases may not be coming to us, and more so at the secondary level where the child may not be displaying symptoms, or recognizable symptoms and, therefore, there is a gap. But there is a process where we treat with all students, and, within that, students who have been identified are dealt with through the Student Support Services Division.

Mr. Mitchell: Mr. Seecharan, just for my benefit, and for the benefit of the listening public, last Friday we had a Motion in the House of Representatives on ADHD and there was some debate about the Student Support Services Division, and how it works to catch children with ADHD, all right, but we are talking about something different, we are talking about children with behavioural issues as a result of being witness, or having parents, you know, who are victims to crime, but just explain how the Student Support Services Division, how that operates? How do you proactively catch these behavioural deficiencies? What is the process? How are those reports made?—I mean, we are dealing with tens of thousands of students.

Mr. Seecharan: I would like to pass that question on to the Manager of Student Support Services.

Dr. Bharratsingh: Thank you. At Student Support Services we do address seven educational districts. As you rightly pointed out, there are thousands of children. Our referral process is as follows: if there is a child in the school that is displaying any type of abhorrent behaviour, whether the concern comes up through the teacher, another student, it comes into the school through the parent, we are notified. We are notified through the principal, or the parent would come directly to a student support personnel at the school. They can come into the district office. We have multiple inroads fundamentally where we can actually just be flagged in regard to a child. Once that has happened, depending on the situation of the child, we would either go directly into intervention, meaning that if it is a situation that, for example, an alleged sexual abuse case, our protocols would indicate notifying the police, ensuring the safety of the child, the Children's Authority, CPU, et cetera.

If there are cases of fighting, bullying, we again have a similar sort of protocol. In all our secondary schools we have a guidance officer present who understands and knows how to normalize the situation. We operate on MDT level which brings it up to the district level, and this does not take a very long time. So whatever special that is required on case review we move forward. We actually have a chart we can provide you with in terms of our referral process.

Mr. Mitchell: Okay. So let us talk about post-traumatic stress disorder, do you have persons at school, guidance counsellors, to pick up the signs of post-traumatic stress disorder, to flag those complex psychological deficiencies?

Dr. Bharratsingh: Depending on how it presents. If it is coming in the way of what is happening in the school, they will recognize again non-normal, if you will, behaviours, and that, generally, in the education system from teachers to our staff recognizes, what we call non-normal, in terms of the developmental spectrum. For post-traumatic stress, whether it is as a result of some of the shootings, for instance, that, you know, we have had experience in our system and society, we have our psychologists, we have our social workers that immediately go in and deal with the situation.

If I may, just one thing, one of the things that we do address, because we are in the school, once, twice, three times, meaning that before we even get to places of treating on the more extreme, suspension type, cases that are referred to us we have the opportunity to treat with it early so we can try to actually mitigate some of the longer term exacerbations of those behaviours.

Mr. Samuel: I recognize that you oftentimes base everything on what is reported, and there is no proactive mechanism

set in place to deal with things before it is reported. Two, there are children who do not show the obvious signs that we think is related to what we are looking for. Here is a child that grows up in a community that hears gunshots every day, their response to that is different. They come to school and you see them now because that is normal. The impact and the effect on the child is different, and our social workers may not be able to pick it up, and then—because we are looking for a specific type of behaviour.

We are looking at withdrawals, we are looking at aggressiveness, and the child is accustomed hearing gunshots all day, morning, noon, and night, and that no longer affects them, but it has its impact on the child. It has its impact upon what is going on inside of the child, and the child may show it in ways that we are not looking for. And that is why it is important—when the Chair asked, you know, what proactive mechanisms are put in place through the services of the Ministry of Education to now begin to—and I did not want to say target children, okay, but to be able to have some kind of information and assessment that could guide us, because there are children that will not show the obvious symptoms, and a lot of them do not.

You are talking about a population of 17,000, 18,000 children, and you are talking about 200 reports. Please, let us get real, okay? You are talking about a prison population of 6,000 people and you have a few reports, let us get real. Let us stop playing with the thing, and let us begin to realize that what we are doing, we need to stop, revisit it, and then begin to set the necessary things in place. While the grass is growing the horse seems to be starving tremendously, and you would find yourself in far greater difficulties the longer you take to sit and really assess your approach forward, because your approach must be very clinical, and it must be specific to now determine specific things. Okay?

Do not generalize. I am just suggesting that, because I know of children who do not show the—and a lot of them do not show the obvious signs and symptoms of disorder because of where they live, because of the social background, because of the cultural implications and what is taking place, because of family unit structures they will not go and say anything outside of the family. A lot of stuff is taking place, and if you are not trained to pick it up, and if you do not observe, and specifically observe—you are not talking about targeting them—then you would not be able to do it. I am begging you all, please, there is more to this than meets the eye, and stop basing things on reports, we are not a report-oriented society. We are not, so let us stop basing it on reports.

Madam Chairman: If I may, at this time, introduce two questions that have come from the online viewership. One question asked, what is the average cost of research? I think that probably came out of the allocation that was mentioned by the Children's Authority officials. I do not know if maybe you just want to restate what our allocation is, and if there are within the other agencies, if there are allocations for research maybe at this time you can mention them as well, and also mention the adequacy in your estimation of that allocation.

2.00 p.m.

Mrs. Ali-Abdullah: So thus far, we have had \$200,000 released for fiscal 2016, and we have one person in our research unit at the Children's Authority. Grossly inadequate.

Madam Chairman: Are any of the other agencies engaged in research and have allocations?

Mrs. Bailey-Sobers: Thank you, Chair. Just to provide information from the Ministry of Social Development and Family Services, just to indicate that through this Ministry, we had set up some years ago a research council, Cabinet-appointed committee, responsible for research in the social sector. So that council has been operating probably over three years and what we do is collaborate to determine and to ensure we know what research is being done, not only in the sector but at the university that is related to the social sector. And just to indicate that probably there may be some studies that may have been done on this target group at the university.

Because of that council, too, and because the Ministry has done a number of research agendas in the area of the social sector, we could tell you that generally, on average, the cost of doing research that is similar to this nature, it is about \$200,000 to \$250,000. However, that is just one—

Madam Chairman: That is per study?

Mrs. Bailey-Sobers: Per study, yes. And if it is a study that is dealing with a sample that is much broader, for example,

the survey of living conditions, that is about 6,000 households, it is over \$1 million. So that is a sense of the cost of research in the social sector.

Ms. Macintyre: Just to say that the Ministry of Education has an Educational Planning Unit and it has been doing studies, not in this area but on grades and marks which of course, is another indicator of whether there are problems in the home environment. There are two international benchmarking studies that we have been involved in, which are—I would call it by the acronym, I cannot remember the names—PIRLS and PISA where the grades of the children in Trinidad and Tobago are benchmarked against other jurisdictions.

There would be other studies that they are working on but I cannot tie it back to money, but just as my colleague said, you would find that case study type research would be a lot cheaper. From the time you talk a survey, it can be very costly, in excess of a million which is above the PS's limit.

Ms. Johnson: Madam Chair, just to say that we also have a Policy Research and Planning Unit. We have two researchers in there along with some policy specialists, and we draw essentially on secondary data. There is no resources to devote to doing primary research.

Miss Raffoul: Thank you all. I would like to commend you all. I think it is obvious that you all have a deep dedication to serving our nation's youth, and I thank you as a citizen for that. My first question is about strategy. What is working? What programmes are making an impact? And then I have some other supplemental questions but this is my first because from there, how do we scale these up, how do we collaborate, but the basic question is what is working. Thank you.

Ms. Macintyre: On behalf of the Ministry of Education, I think Dr. Bharratsingh would be the best person to answer that.

Dr. Bharratsingh: Thank you. And actually this ties into Mr. Samuel's question and again for the proactive one, probably was not as clear. One of the things that we do do—let me just get to your question—we have actually conducted initially at the end of 2013 for our Parenting in Education Programme because this is where the importance of community takes place. It is also about the geography. It is also about our strategy for the types of programmes we actually create and implement.

We actually did some focus groups where we looked at all districts, a handful of parents to get a sense as to what some of the concerns were that these parents were having, what were some of the challenges. We did that and in 2014, around March, we started, based on the issues that we were seeing in the schools, based on the concerns that the parents were having, we started what we called the Parenting in Education Programme. They are a series of workshops of which we have done over 350 of them that are targeted specifically to the issues within the schools. When we realized that our concerns are trending towards a particular area, whether it would be things like cutting, we see two, three, again, we put something in there. We try not to let escalation take place.

Last year March, we started at-risk assessments and what this is supposed to do was really screen for potential violent-type behaviours among our young adults. We did a pilot that did about 300 children at that point and again, it was to sense. One of our key, again, is our parenting in education. That is really, really important because that enables us to connect with the parents in terms of their issues, allow them to have the opportunity to influence, if you will, how we treat with, what we treat with and become that integral partner and collaborator with us. So that one is one of our, I think, success programmes. And we do that: could it be better? Definitely. Do we need to expand it more? Certainly.

You already understand our staffing. We run at approximately one to five in terms of our social workers; one to one in terms of our guidance officers in the secondary; one to 3.6 in terms of guidance in our primary schools, and we operated about one to 12 depending on what you are looking at in special education.

So with that challenge, we are still finding more innovative ways. I think that is what Mr. Samuel was alluding to. You know, it is about how do you think outside the box, how do you build bridges, and how do you begin to address problems, not just whether it is from reports, but still being driven by data, understanding of the community. So that data that you might have seen in terms of what we got for parent/victim, parent/perpetrator that my CEO was

speaking about, if you look at that, we recognize distinct profiles for districts and we actually back-pedal to understand what is happening within that socioeconomic space for the violence, and we know because you look at that, and that informs, again, the type of programmes that we put down within those particular communities.

The feedback that we have gotten which we do evaluations for our parenting in education, actually suggest to us that yes, from the parents' perspectives, they have seen changes, not just in the way they parent but in the way their children respond. So we have been having some small inroads in that regard. Thank you.

Mrs. Jennings-Smith: I want to stay with the education responses. I want to build from my background because you know I want to speak from the perspective of my background in policing, and some of my experiences with schools. You know, I am hearing a lot of talk about counselling, interventions and you know, it sounds good, but for one thing, you know, you speak about building through data and I want to agree with my colleague here. What data are you building from?

Because most children, the first place of comfort after home is the school and I want to know what is the basis of your intervention. Is it after something happens? Because, for one thing, there is a great amount of bullying taking place in our nation's schools today: fighting, violence and these things are happening because they are modelling what they see in the communities and even at their homes.

And I am really interested in knowing what continuation, what are the bridges that you build, after you do the studies and you have the children at school and you recognize the behaviour pattern. Because I looked at a social media just last week and I actually saw a teacher running from a fight between about three girls and this is the reality. And I think—I am building this because of the question before this august Committee here and it says that we are looking at children whose parents were either a victim or a perpetrator and that child could build anger from either one of the perspectives. Whether their parent was a victim or whether they were a perpetrator, they could have anger built within them.

You know, one looks at responses and one looks at support mechanism and institutions, and I know for a fact, institutions are sadly lacking because as a young officer, I had problems most times in having children placed at institutions. I agree with when you said that an institution is a double punishment because a victim taken from a home, especially in sexual abuses and put into a place of safety, they are being punished twice and the perpetrator remains at the home.

But what I want to ask more importantly this evening is what is the Ministry of Education and social services doing to ensure that we have some kind of behavioural intervention centres established, a behavioural assessment initiatives established to deal with that targeted population. And when I say targeted now, I am not only speaking to the 180 we spoke about earlier who were identified, I am thinking that from onwards from today, we will be targeting a greater population for intervention.

So I really want to put this to both Ministries, the social and education, as to what is happening, what is the continuation. When a police officer is called, what kind of collaboration, what kind of relationship takes place there to deal with that child, to bring that child from discomfort to comfort, and to bring that child to a position where they could continue to live in that school and be a part of that school.

Ms. Macintyre: Thank you for your input and just to say, I think you have gone where I have tried to hint in my opening remarks. I think we have been responding on either a school or a Ministry type level and not at a—a governance system is not in place to ensure the interagency collaboration that should take place. Dr. Bharratsingh just went through what is one of our main, responding to Mr. Samuel's issue, because what he was suggesting is what whole of school programmes do we have to address and the Parenting in Education would be one such example.

I think before another Joint Select Committee, I made the point—this was the one that was looking at violence and bullying—and you are substantiating what I am saying, that the problem is much bigger. I mean here today, we are looking at victims and perpetrators of crime. But the example I gave to that Committee and if you think back to—in particular, I would say our male siblings or cousins, et cetera—it would have happened with girls to some extent but I think it was even higher in our male population. How many of them have really experienced abuse in the school system? And when I say abuse, I do not mean just corporal punishment, beating, whatever, I mean the way they were

spoken to by their teachers in the school environment.

And so I say, many of our young children right now, some of them do not have parents, as we discussed, do not have fathers, but those that do, can you think of a father that has to go back into a school environment for his child and how he feels when he goes into that environment? I think we have not come to terms with the fact of our school system traditionally, how it has been, the type of emotional graduate you have out of the school system and it cannot be solved by one agency. We have to come together to solve it.

In one particular instance recently that we experienced in education in a particular school, we worked with our external stakeholder, the external stakeholder came in and said, “You are the worst schoolchildren in the country”. When you speak a certain way, you provoke a certain reaction and unless we begin to understand that and treat with it, as I say, inter-agency. Education cannot solve it alone, social development cannot solve it alone, the police cannot solve it alone, we have got to work together.

And as I keep saying, under that is the data that we talked about and that data has to be able to be pulled up automated. We cannot be going to manual files, takes too long. You talked about 118 victims out of—under certain assumptions, Sharifa spoke about 180, we talked about 283. I should know that the 283—at least I have Sharifa’s 180, we should at least know that, we do not, “we doh talk”. We do not.

Mrs. Bailey-Sobers: Thanks. I want to begin by saying we do not have a project on our agenda in terms of behavioural centres but it was something that I remember came up some years ago in terms of those community-based behavioural centres for children who are affected in this way. And we recognised at that time that it would have been a project that we would have to do collaboratively, but even now, even if we are considering it, it will have to be something that we have to discuss with the Children’s Authority given their purview and their mandate. And also to indicate in terms of how we collaborate with the other stakeholders with regard to the examples that you gave, and I would ask the representative from family services to speak on that. Thanks.

Ms. Winchester: What I can say is that when children are referred to the agency, we provide the counselling, we also provide whatever support is also needed. For the family also, we provide support and we also provide follow-up and whatever else support is needed, we provide that also.

Mrs. Jennings-Smith: I am referring to these victims and I am talking about victims of—from parents, and you know, I must draw references. Because I remember carrying a young girl, who was also a victim, to a home and there is no follow-up in terms of the counselling, the professionals, the experts in that field. So we have this victim there being punished twice and apart from a police officer visiting, because a police officer must visit every 21 days within that space of time, the counsellors from the school social because she was a schoolchild and there was no process or no strategic approach to how we manage and treat with that child during that process, during that period of stay at a home.

That is why I asked the question of behavioural intervention, behavioural assessment of those children. You know because we speak here, we speak about children where their parents were either a perpetrator or a victim but we also spoke about a child who is also a victim and what kind of treatment we have available for those children when they do get into these situations.

Ms. Winchester: Well, as I said, again, based on the mandate of the social services, we will intervene in the sense of getting the information first, then assessing the situation and then providing the treatment. What I will say also, again, once it comes to the agency, we intervene by way of counselling, we also intervene by way of follow-up. If it seems that we will need some further intervention by another agency, we will also ask for that assistance. But more or less, that is in terms of when children are referred to us.

Mrs. Jennings-Smith: So am I to understand that when you have a child from a school and that child is put into a home due to these circumstances, that you do have a follow-up structure in place?

Ms. Winchester: All right, well, in terms of that, right now, we do not deal with children in homes right now. That is under the purview of the Children’s Authority.

Madam Chairman: Sen. Moses.

Mr. Moses: Thank you very much, Chair. From what Mr. Seecharan just said, it is perhaps heartening that no particular group of students is under surveillance as such but rather all students attract due attention.

My question is: is there any fear or reservation that an over enthusiastic diagnosis might lead to some distortion in the course of treatment meted out to students? Should I say the Ministry of Education? Thank you.

Ms. Macintyre: I will refer to Dr. Bharratsingh who is the expert in that area. But also, I want to ask her if she could say a little bit about the Learning Enhancement Centres which will address Mrs. Jennings-Smith's question.

Dr. Bharratsingh: Thank you, PS. The Learning Enhancement Centres that we have right now, let me just give you a little brief overview. When the child comes in, we do have a comprehensive assessment that is done. We look at the socio ecosystem of that child from social functioning assessments. We do psychological work-up. We also do the academic profiling of the child. We also do a special education assessment. Fundamentally, what that is, is to enable us to understand the child holistically, where this child is actually functioning at cognitively. We also look at the environment within which the child exists and any risk protective factors that we can consider in terms of moving forward and treating with that child.

The follow-up that you asked about, the programme currently runs approximately three weeks and we tailor. We have core components in that programme. Everything from a child being able to understand feelings and self which helps with this notion of self-regulation and expression to conflict resolution, communication skills and a core component with the parent always.

As well, we have relationships with some of the stakeholders. Once we have gone through some of the key career-type assessments and academic profiling with the child, so we are actually able to take them on field trips with some of these other key stakeholders to give them that exposure. Once the child exits the LEC centre based on conferencing with school supervision, the parents and all the experts in there, the best recommendation is made, we do have a follow-up process. We have six visits at least. It is every two weeks for at least a three-month period. If the child is recommended outside to an alternative placement, we still follow up with the child, at least once over the next month and at the end of the semester, depending on where it is, to ensure that the child has transitioned. That would be the LEC part.

Mrs. Gayadeen-Gopeesingh: I think this question would be directed to the Children's Authority. Does the authority network with hospitals? In the sense that if a child is sexually abused or perhaps physically abused, the child is admitted to hospital and the parent insist that that child be returned to the home and in the case where that parent, himself or herself, is the abuser, what does the authority do? What mechanism is put in place to ensure that that child becomes a ward of the State or that child is not returned to that abusive home?

Mrs. Ali-Abdullah: So prior to proclamation, we had a series of sensitization sessions with hospital professionals, with health care professionals rather, across the country, including Tobago, where we sensitized all the stakeholders including doctors, nurses, medical social workers, who are within that hospital setting to our processes.

If you are speaking about sexual abuse, under the mandatory reporting provisions of the Sexual Offences Act, which has been in operation long before the authority, you must report to the police. So doctors are identified as one of the personnel who would have to report to the police. We have also asked them to report to us but we have a very good relationship with the Child Protection Unit and they would refer the cases to us as well. The police, as my colleague, Supt. Lewis, indicated earlier, is responsible for the criminal investigation. So they will treat with evidence and prosecution and treating with the alleged perpetrator. The authority deals with the child in question.

What we have developed, and in fact I wanted to identify, we have all spoken about working together and I think before we end today, we need to move towards implementation, because we talk a lot and we are very short on implementing. There is a draft national protocol for all the agencies that work with children that the Children's Authority has prepared for a couple of months now. We have been engaging stakeholders including health professionals to be able to sign off on this protocol so that we know where the responsibilities of one agency ends and the other would begin, and how that case would be referred to us.

So in the particular case of sexual abuse for instance, once the child is treated at the hospital because the child may need acute medical attention, we simply cannot go in there, and you also have medical social workers who are responsible for the child up to that time. Once that child is cleared in terms of the health professionals clearing that child, the medical social workers will speak to our social workers and that case is referred to the authority. So in terms of the criminal part of the investigations, the police deals with that. In terms of the care of that child, the Authority then takes over.

What the Authority would do in that case where you are saying a parent may be the obstructionist, the Authority will assess the child of course, so the health assessment would have already been done, we will do the other forms of assessment. We will speak with the medical social worker, they may have information on the case. If there are any gaps in information, our investigation team will complete those gaps and then we take the information, our attorneys will go to court and apply for an appropriate order.

It may be a wardship order and an interim care order where we can now place that child in another setting; it may be a foster care order, a fit person order. We try to go for fit persons to place children within family environments first. We try for foster care orders next, once there is a foster parent available. So only really as a last resort, we will place children in a facility. So that is the process.

We have to convince the judge and we have our applications through the Family Court and they have been very supportive, actually coming out into the middle of the weekend. Last night, we had a judge come out to deal with a case for us for an emergency situation. So we would have to convince the judge that there is enough evidence in terms of the social investigation as well to be able to make that order. So that is the process.

Ms. Macintyre: I just realized that we did not respond to Minister Moses' question. I had asked Dr. Bharratsingh to take it.

Madam Chairman: Over-diagnosis.

Ms. Macintyre: Yes, I do not know if she would have more to say, but I recently saw a BBC programme where, in Norway, many parents are trying to fight the State because the State has almost become like a big brother taking away their children. I do not believe we are anywhere near that, I think we fall short, but Dr. Bharratsingh, I do not know if you want to say anything about precautions against overzealous diagnosis.

Dr. Bharratsingh: Mr. Moses, my apologies for not responding to your question. I would actually, if you do not mind repeating your question so I get the full context of your question.

Mr. Moses: What I said earlier is that from what Mr. Seecharan had said, no particular group of students was under surveillance as such but rather all students were attracting due attention. So my question was: is there any fear or reservation that, as the Permanent Secretary said, that overzealous approach to diagnosis could lead to a distortion in the treatment that ultimately is meted out to such students?

2.30p.m.

Dr. Bharratsingh: Okay, thank you. No, and I will kind of give you a little brief context why I would move towards saying, no. Regardless of, in this instance, the parent or the guardian being a perpetrator or a victim of a violent offence, one of that is one category. When the child presents to us they do not present with that information in general. All children have a need as identified, whether it is accurate or not, by a teacher, another, you know, adult, whomever it comes from, we begin to treat with that child.

The assessments that we do, there are some that are standardized at the outset, the presenting problem, collecting your demographic information, some of the socio-background, and as soon as we start doing that, then we begin to get a fuller picture and profile, "How many siblings are you? Do you live with your mom or dad? No, mom is in prison. I live with grandma." So we get a piece of information there, and, based on how that begins to unfold, we also then begin to unfold in terms of our assessments and our protocol.

So it is not necessarily a one-fit-all approach, once you realize that children had been abused in different ways there is, again, a slightly, you know, different variation of how we treat with the child, but we do not, at the

outset, and that may be, as I am sensing, might definitely be one thing that we need to think about. There are a couple of gaps in, you know, our system, and that may very well be one of them.

Madam Chairman: Okay. I am going to take a question from our online viewership before I ask Sen. Samuel, as well as Minister Mitchell, to give us their questions. The question is addressed to all of the agencies who are here with us, and the question refers to long-term support for our children, and it specifically asks, what happens after the parent becomes involved in the process? So there may be a referral, and so on, if there is no parent around, or that kind of thing, and I imagine a child may be placed in care, what happens after a parent is reintroduced to the process? Is there any long-term monitoring of that child, any support given to that child after to ensure that the parent is doing what they are supposed to do? Or is it that after a parent becomes involved the agencies would drop the monitoring on that particular child? Maybe we can start with the Child Protection Unit to tell us their view on that.

Supt. Lewis: Thank you, Madam Chair. What I can say is that we at the Child Protection Unit we do have follow-up, however, because of our challenges it is not as how we would like it to be, but we do follow up. What we have also is that the community police at the nine units, they assist us also for the moment until our strength is allocated to us. But what I can say is that the support from the parents, sometimes we have a challenge with that, and we have to remind them of their role and functions, and sometimes when we look at the children who are abused it is alarming, it is heart-rending, and we have to remind them that these children are our nation's future and we have to be proactive. So dealing with follow-up, yes, we have been. It is not as we would like it to be but we are working towards it.

Madam Chairman: Could we now have the Children's Authority to respond?

Mrs. Ali-Abdullah: Sure, thank you very much. So if we look at children in care, as we said, the first strategy is always to try to get children back with their families, and our Children and Family Services Unit is the unit that would work with families. We have about 800 cases like that right now where we are working with children and families. Again, it is resource issues, since we have about 10 people working with those families. We have tried to implement some creative solutions by hiring specialists, by outsourcing to agencies that treat with parenting and family issues. We are trying some family team conferences so that we can treat with larger numbers with similar issues as well. In fact, we are going to start that programme. So those would be children who are returned to their parents.

We also refer to other agencies. There are a number of support agencies, there are a number of NGOs that work with children that we would refer to. The next category would be foster care. There are just about 25 children in foster care that we have inherited, and we have inherited most of them from the pilot system that was in operation. This is an area we really want to expand since a lot of people have come forward to say that, you know, they want to be foster parents, of course, there is screening and monitoring. So those 25 children who are in foster care, and there are about 12 foster providers, they are monitored. There is a small foster care unit, which is three people, but they monitor those children in care all the time. And then the larger group, of course, would be the children who are in the 50 children's community residences across the country, and that is where the challenge is.

The PS will speak about the four major homes, but in terms of the other 46, what we do we have a licensing and monitoring role. So we have just licensed only two homes, thus far, out of the 50 which would have met the minimum requirements for licensing. Our team, or licensing and monitoring team, and then again it is about 10 people, we do unannounced visits, as well as announced visits, at these residences to be able to, you know, really look at what kind of care these children are receiving, and if there are any instances of, you know, abuse, and so on. We do have reports coming in as well anonymously. There are over 300 reports from these children's homes that we are treating with of all types of abuses.

So that care component is important, so our role with the Children's Authority is to regulate the care in the children's home not to provide it, and we are a create of statute of legislation so we have to work according to what the legislation is asking us to do. So our trigger is the reports. When we talked about reporting earlier on, our trigger is really the report, once a report comes to us what we do. So for the children's homes, we license and monitor. What the expectation is that the children's homes would hire staff, so within the standards there is quality of care which would speak to care. So what we found is that most of the homes, in fact, all of the homes would provide, you know, the basic needs, food, shelter, clothing, but when it comes to rehabilitation to the psychosocial support that the children require, that is severely lacking.

The homes do not have the resources to be able to provide that care, and we have been working with our

Ministry to try to get the resources. We have proposed a subvention on a cost-per-child basis sometime, I think it was approved, and it is really to get that in place so that the homes can hire. They would tell you they do not have funding, they do not have money to hire people with the qualifications, because you are talking about serious psychosocial care, these children have been severely traumatized. So that is a serious gap in terms of the long-term care.

Finally, in terms of reintegration, so these children who are in care, the idea is always to get them out of care and to reintegrate them with their families. When we started talking with the homes we realized that some of the homes actually prevented families from bonding with their children, because, again, it caused problems after the parents left, the children were very traumatized, and you have one caregiver to look after 20 children, and they would not be able to get that child to settle down afterwards. So it was just easy to say, okay, one visit probably every quarter, and there was a sign that we saw in one where parents were not allowed to visit. Of course that is against, you know, our regulations, and we have been working with the homes to encourage these visits, in fact, to have a private space where parents could come and continue to visit these children so the children can be reintegrated.

There is also a reintegration plan and a transition plan. For some children, unfortunately, there is nowhere to transition these children to. So I think, again, the placement issue for having facilities, hostels, transition facilities for these children, our data has shown of the 800 and so children that were in care—well, residents, because they are no longer children, more than 100 were residents over 18. So we already are treating with a situation of having these children returned to their families, or to communities, and I think we really need to get communities, other families members involved to be able to take up the slack to really provide support to the State in terms of taking care of our children. Thank you.

Ms. Johnson: Madam Chair, the Ministry's focus right now is ensuring that the national standards for the care and protection of the children are being utilized in all the community residences, all 50 of them. Our focus is on the five large homes, the St. Michael's, St. Jude's, St. Dominic's, St. Mary's. Our national standards are in alignment with that of the International Convention on the Rights of the Child. No child in a community resident should be without an individual care plan, and that is where we have been focusing our training to ensure that our care plan teams, which we have created at all the homes, are equipped with the tools necessary to design these plans for children who enter the institutions.

Now we have gone ahead and we have put in psychologists, social workers, educational officers, nurses, social welfare officers at these homes to ensure that these plans can be readied and implemented. So we have—Cabinet has agreed to the employment of all these additional persons, including caregivers to ensure that we maintain the national standard in terms of the ratio of caregivers to children.

Madam Chairman: If I could just interject, I think the question was focusing on what happens after a child is reintegrated with the family. If there is anything that does—

Ms. Johnson: Yes, and I am coming to that but I am just laying the framework there. All the models that we are using involves an element of reintegration of the children with family, or in a similar setting. So that is part of the care planning for the child. The reintegration is part of that process. Yeah?

Madam Chairman: Okay. So what happens after the reintegration? Is there monitoring after that happens?

Ms. Johnson: The reintegration plans includes an element of the external monitoring when we have reintegrated the child.

Madam Chairman: All right, thanks.

Ms. Macintyre: The Ministry of Education's mandate is once a child is in the educational system then it is monitored. When it moves out of the system, no, hence my concern which was one of the reasons I flagged upfront, because having come to the Ministry I realize the importance, as Mrs. Jennings-Smith said, the school collects data, it has data, and it knows where our future problems could be. When they come out of that system, and we do help to identify, in the case currently with the recent incidents we have had, we try to identify alternative learning strategies to direct them into if they are about to be above the age for the school system. But, admittedly, once they are out of the school system they are lost in the wider population.

Madam Chairman: No further monitoring there?

Ms. Macintyre: Yeah.

Madam Chairman: Does Family Services have anything to add here?

Mrs. Bailey-Sobers: I would say that we have had this challenge in terms of the sustainability, and it has to do again with resources so I would prefer to let the Family Services representatives speak to how long they follow up the children when the children come to them.

Madam Chairman: Yes, very specifically.

Ms. Winchester: To follow up with the children and the family, if support is needed for outside support, like with an NGO, we would provide that engagement with the NGOs. Also too what we will also do is we have some parenting programmes we could refer the parent to the programme whereby they are informed on different topics, et cetera, how to deal with the children, and, as I said again, whatever other support is needed we will provide that, you know, as best as possible.

Madam Chairman: Thank you, Sen. Moses—Sen. Samuel, sorry.

Mr. Samuel: It is necessary for me to go back to root cause, and I think we have a base data to work with. I am not too sure how many persons, and I am dealing with now, not necessarily children that are victims, or whose parents were victims of crime, or violent crime, or perpetrators of violent crime. I am talking about children who are victims of whatever type of crime we are talking about, because they show symptoms in different ways. Do we have any kind of statistics, and I probably would ask the police unit to talk about this, with the amount of persons that are imprisoned, incarcerated based on murders, based on people who have been incarcerated for drug trafficking or possession, people who are behind bars for constant use of obscene language, failure to pay child support, and all of these kinds of things, arms and ammunition? And the reason I am asking that is because if we do not have the kind of data based on that each one of these perpetrators, whatever it is, would have either come from a family or effected a family, their children are victims.

If I am constantly incarcerated because I constantly use obscene language, I constantly abuse it, the children are affected, and they show the impact of it in various forms and manners, and if we have that kind of data then we can begin to be clinical in how we approach support mechanisms across the board, because of victim, of people who are incarcerated because of murder, and that is twofold. It means that that situation has victims on both sides, both the perpetrator, as well as the victim, and it has the families on both sides. And if we do not use those kinds of base data to set programmes and mechanisms in place we will find ourselves in difficulty.

The child whose father is incarcerated because he has been found having narcotics or marijuana, or whatever, may deal with it differently, but they are a victim of a crime, and they now must be dealt with in a specific way, likewise a child who is probably angry that my father has not been paying support for me. They exhibit a different type of behaviour as opposed to the other situation, because their trauma is different. So if we do not have these base data, and we have it, you just have to go into the systems and get it and then begin to clinically work together to find the mechanisms to deal with it. I am just using the base data.

Supt. Lewis: Thank you. In answer to that question, yes, the TTPS has data with respect to what you mention. However, I do not have that with me here now, as we at the Child Protection Unit, what I have is the amount of reports of sexual nature, matters before the court, different types of offences, 18 and under, but if need be that can be provided to the Committee at another time. If you would like that statistics I can have my Inspector, who is in charge of the operations, reveal those at this time.

Mr. Samuel: And not only just 18 and under because they many times are not just perpetrators but they are also victims, and you deal with the young people that are incarcerated at YTC. They too are fathers and mothers, or wherever they are, they are fathers, many of them at that young age, and it means the impact upon their offspring is also something that we need to take into consideration.

Just one thing on that, Madam Chair, I think something needs to be looked at, because I remember just recently chatting with some children whose behaviour had changed and one young man was very angry because his father was incarcerated—well, he is at Remand Yard, and his anger is, “I cannot get to see my father”. So his behaviour was based on the fact that they are not allowing him to see his father, and he said, “I cannot see my father”. Something needs to be looked at. Maybe that has caused him to behave a certain way. So we have to look at this thing in a holistic way and see how we can come up with the best solution. I know it is tough, but I think we can find solutions for it.

Madam Chairman: Thank you, Sen. Samuel. Mr. Mitchell.

Mr. Mitchell: Thank you, Madam Chair, I wanted to bring Mrs. Sampson-Brown into the conversation now, this is the Victim and Witness Support Unit, because I assume that—I mean, in most instances, you all would be the first point of contact with these indirect victims and child witnesses. So, you know, can you take us through the process, you know, do you open case files as it relates to these indirect victims and child witnesses? Do you interact with the other agencies? You know, how do you all go about your work?

Mrs. Sampson-Brown: Thank you very much, Madam Chair, I was wondering if I was in the room. I particularly like the approach that is happening now because I am listening to all the stakeholders present here and I realise how effective the Victim and Witness Support because it actually comes last when everybody would have done everything, the Victim and Witness Support Unit comes last because when the crime is committed, upon whoever, the child, or children, or the group comes to us when the offence is committed. Our unit at times does not have the issue of going into the schools, identifying a child who has behaviour issues. The issue is that the child is a victim, and from that victim perspective then we could branch off to the other agencies like the National Family Services, the Education Ministry, Family Services and Children’s Authority, and so on. A child comes to us as a victim, she or he witnessed the parent being murdered, when that child comes to the Victim and Witness Support Unit, through the referral of the Homicide Unit, or the Anti-Kidnapping Unit, or whatever unit, they come to us, there is a systematic approach to how we address those children.

The whole issue of the eclectic approach, and we use different models, like we use the trauma incident model. If the child is in trauma we use the trauma incident model. We use the incident reduction model. We use the cognitive behaviour therapy model, because remember we are dealing with a victim who is experiencing, or who is in trauma, and there is need for us to remove that victim, that child from that particular behaviour so that we could address the development of that child. That child, we use different play therapy to address the child. We have children who are victims of rape and sexual offences, they are unable to even speak about the situation, and the trained officers of the Victim and Witness Support Unit would intervene with the various models so that we can have that child in a particular environment and a behaviour to speak about the trauma that they are experiencing.

Support from the Children’s Authority, we always seek that; support from the Student Support Services, they also, we seek them, because we cannot, as a Victim and Witness Support Unit, actually be that sole provider. And I listened to Sen. Rodger Samuel when he talked about monitoring and tracking, it is critical that when we do an intervention that the other stakeholders must be available and ready to support the result, when we cannot go a step further that the other agencies could fall in because we do short to medium term.

There are some situations that warrant us to go a little longer than short to medium term. Take for instance the Brasso Seco family, it is two years old, and we are still working with that family because of the relationship that the victim and witness, and the Trinidad and Tobago Police Service would have developed with the family, we are still working with the family. The child is now an adult, she was 16, now she is almost 19, and we are still working with that family. So our intervention sometimes informs how we move forward in respect of dealing with a child who is in crisis. Take for instance the whole issue of the—sometimes we look at—right now to assist the movement of the victim and the children, we have formed nine support groups in all our division. The reason for that is that we have observed that there is a particular behaviour in a particular division.

Take for instance in San Fernando, we have found, through our intervention, that there are several issues or reports involving parenting. So what do we do? We formed a support group so we can have the parents who are perpetrators, the children who are victims of like situation come together so that they can hear and share from one another so that they would be able to assist in their own development because of our short to medium term. In a particular area, again, we have reports where there is extreme sexual behaviour. Now, remember those children come

to us after the sexual behaviour has occurred. Those children exist in schools, in communities. Other agencies would have interacted, and what I am saying now is collaboration is critical, and timely collaboration is critical so that we would be able to catch them before they fall through the net.

So the systematic approach that we do as the Victim and Witness Support Unit, when the child come to us as a victim, we do the intervention, and we do the particular model so that we could assist this children, the child to that particular trauma incident behaviour, that trauma incident that that child is experiencing because of the crime that was committed in her presence, or upon him or her.

Mr. Mitchell: Do you have any challenges right now? Can you describe your challenges?

Mrs. Sampson-Brown: Extreme challenges, one—and I hear it and I do not want to say it, but I will spell it, r-e-s-o-u-r-c-e-s—resources is something that we could never—but you see sometimes it not what you have, it is how you have it, it is how you deal with, because when a child comes to us—okay, I have one person covering the whole of the east, from Matelot to Toco. I have one person, but what if we get 10 reports, do I sit back and say, “Okay, we only have one person?” That cannot happen. We have to go forward with whatever we have, connecting with whoever we have, to deal with it. I would love to have twice the resource I have, twice the physical resource, because, remember, when a child comes to us we have to have that physical space that will allow a child to be able to exercise.

Recently we had an intervention with a child, I would not call the offence but it was deep, and we did the play therapy. We had to do it in an environment in a police station. We did play therapy, and, you know, the child chose a snake, the toy snake, and she took that snake and was able to speak to that snake and address the situation that she or he was confronting, and some of the physical resources that we have in the unit is not adequate, but I have to make it work because we cannot postpone pain.

We are not dealing with an instrument or a machine, or a vehicle, we are dealing with humankind, and when that situation comes we have to find the resource, the time, the energy, and the relevant intervention to be able to move that child who does not have the power to make decision on his or her behalf, who do not have the support, who do not have the physical, who do not have whatever, but depend on the person before us, the police, the National Family Services, the school. They are depending on us so at all times we have to be ready to support that child in that crisis moment.

Madam Chairman: It is said that time does fly when—well, I am not sure if we are having fun, but I think we are having a very fruitful discussion, and so I will, at this time, take the last two questions from the Vice-Chairman and from Sen. Raffoul, and then we will conclude and summarize.

Miss Budhu: Another question for Mrs. Sampson-Brown, how has the Victim and Witness Support Unit been able to measure its achievement of behavioural change, improved family relations, enhanced employability, improved awareness of the client, and clients are better able to cope, are there any statistics available?

Mrs. Sampson-Brown: Thank you, yes, from 2008, when the Victim and Witness Support Unit was formulated, we have had—in 2008 we interacted with 208 persons. In 2015 we have interacted with almost 8,000 victims, and the percentage with children and adults, that is not available for me right now, but we were able to do it through our assessment. We are able to do it by how we assess the work that we do, by evaluation, and I would give you an example. Because of the issue of victim and witness you do not just ask a victim, or you go around with a victim and say, “Are you a victim?” You have to find innovative ways, and we have done two things, and it may be that because the increase in reporting by persons it may be one of the ways, and that is the acronym, AVA, addressing victims anywhere.

3.00 p.m.

We developed that programme where the Victim and Witness Support officers would go out into communities and walk the streets at peak times and distribute our information and our contact numbers. Not saying to the victim or the persons that we meet, “you look like ah victim” but saying to them this is the information. In case you know someone, you can call us. We did that in Sangre Grande, we did that in Arima, we did that in Chaguanas, we did it in San Fernando and we are continuing that outreach programme to inform the public that there is a service available and perhaps, we can do an invisible measurement that persons are coming more to the agencies to access the service because they know that there is something available.

We went to a community in the far east based on the data that we read that it had the highest report of incest and one would understand that that community, because of the whole cultural geographic situation, it was difficult for persons to actually speak about that so we went into that community and we spent the weekend. We were able to get a hotel and we spent the weekend in the community walking the street, Saturday, Sunday, Monday, finding innovative ways. Not walking to them and say, “Listen, you look like an incest victim” but letting them know that there is a service available and you can come to us anytime or, if not, we can come to you. There was an increase after, how do we measure that stats? We measure it by that innovative way that we go out to communities and sometimes we need to move away from our armchair when you are dealing with victims to be able to get the information, more so like victims of incest and rape.

People do not walk in a station and say, “Listen, I got raped yesterday, what are you gonna do about it?” But if we provide them with that comfort, that is what we at the Victim and Witness Support, are doing. Providing them with that comfortable space and those professional officers and those innovative ways, then other agencies, perhaps, could measure what we do. We may not be able to measure it because we are providing that innovative, invisible way of reaching out to people without they realizing and we have had more persons coming to us. After our Chaguanas walk, in fact, when we got back to the station, somebody called and say, “May I speak to AVA”. AVA is Addressing Victims Anywhere.

You see, we have to go out. Sometimes victims are there—what about those victims who cannot come, who are petrified to come, who cannot afford to come? What about those children who have no phone, who cannot call Family Services, who do not want to speak in the school because they will look as if they are not part of the system? All these situations, we have filtered into the way we do business at the Victim and Witness Support Unit by reaching out to various groups, communities, so that our voice can be heard and that persons can measure. So I can say yes, we have been measuring it by the number of interactions we have had and the services, the AVA project and the other experience, I do not want to call the community.

Madam Chairman: Thank you and we will take a question from Sen. Raffoul.

Miss Raffoul: Thank you, Chair. I have three questions, they are interrelated; I will try to keep them short. The first two questions are about metrics and effectiveness. So the first one is—and this is for all agencies—of the total number of persons that are referred to you, how many of them received treatment at all? Second, of those who received treatment for trauma, how many of them would you say can effectively heal from trauma in terms of the effectiveness? I do know that healing from trauma is not a bindery yes or no answer, it must be a scale, but how would you say, how many that received treatment are able to at least heal to a place of functioning and feeling of self-worth and some contentment, some ability to heal and live a functional life?

Third question is about structure. We have all said collaboration is the way forward. Do you think it is just greater communication between the different agencies or do you think it is structural changes? And if so, can you give some concrete suggestions that we can help support?

Madam Chairman: Before the responses come in, and this is to all the agencies, so I am going to ask that in the light of the time that we have and we have spent here, if your answer could be very brief and focused. If there are specific details that somebody cannot give, we will accept that answer as well and as you put your recommendations, as brief and concise as you can. Thank you. Maybe we can start with the TTPS.

Supt. Lewis: With respect to the collaboration, we do meet especially with the Children’s Authority at least once a month. Witness and Victim Support, as regular as possible, through telephone, everything. What I can say is that we do have an MoU in progress with respect to the demarcation of the different functions of the separate bodies. We do have a cordial relationship and coming out of that MoU, we will be better able to function together as we have been doing. However, it will be beneficial to all ensuring the safety and security of our nation’s children.

Madam Chairman: Do you have any information on the statistics? Like for example, the first part of the question, the number of children that are helped and how effective.

Ms. Lewis: Yes, I will hand over to Ms. Paul to address the statistics.

Ms. Paul: Good afternoon, again. The Child Protection Unit has received 2,123 reports from May last year up to yesterday, April 26th. All these matters are referred to the Children's Authority. The reports could be divided into serious crimes and other summary matters. With respect to serious crimes which are very prevalent, you have sexual penetration where you have 409 cases reported to us; sexual touching 167, and you have incest, so far, 22 reported cases. So with respect to serious crimes, you have 598 reported cases and we have 351 matters before the court arising out of these reports thus far.

There are other reports like summary matters, child neglect, physical abuse, meeting after sexual grooming. These matters are also before the court but I am just speaking about the prevalent matters. And sexual penetration, of these cases, it represents 45 per cent with sexual touching 18 per cent, incest so far 7 per cent, and what I can say is that in these matters, we had a total number of 60 males were the victims and 538 females were the victims in these serious matters.

Supt. Lewis: Just to add with respect to what the unit has embarked on, we have continuous training for the officers in various areas with respect to investigations. We have embarked on continuous training because, you know, we work day and night and we work round the clock and the slightest flaw, all the hard work goes down, where is the justice. So the Commissioner of Police has given us the okay to continue training, and as from early next week, continuous training.

Interviewing victims as well because, right now, there is a particular matter where that child is so traumatized that he cannot speak and I say he because it is a report of sexual penetration, and he has to be counselled and then. Especially with respect to the perpetrators, there are certain things we must do. We must observe the judges' Rules and things like that and we liaise with the legal unit as well as the DPP. So training is continuous and if we can do this much, if given additional resources, we can do much more in securing our nation's children.

Madam Chairman: Thank you. The Children's Authority, your basic figures.

Ms. Ali-Abdullah: Sure. Just very quickly, so of the 5,300 cases, we have about 2,000 cases that are under investigations. We have taken the children through the process of assessment and produced about 300 treatment plans. Now, those treatment plans are detailed treatment plans that are developed after the clinical interviews and evaluation by the doctor, psychologist, social worker. These treatment plans are given to either the foster parent, the child in care or if the child is going back home which really identifies that treatment. So it is really about implementing those treatment plans. We have had specific cases where we have seen real success and the time will not permit going through those but you will be hearing some more of those soon.

The whole issue of monitoring and evaluation is integrated within our system and we are in the process of revising our strategic plan and developing KPIs. So we do have the metrics for each area so that we can measure our effectiveness and our performance, and that is very important for us to be able to, I think, advocate for resources, especially in these economic times.

In terms of the structure for the collaboration, we have all spoken about that and I think it is critical that we implement. We have developed, like I said, this protocol. It is called a Guide to Key Stakeholders, Police, Health, and Care Professionals, Educators. It includes all the stakeholders sitting around the tables today and there is a proposal, there is a suggestion as to how it can work. I can make this available to the Committee. We did not submit it last week because we really wanted to review it. We have been having meetings. In fact, tomorrow, we have meetings with the medical social workers, there is a question about that; a follow-up meeting. We meet with Tobago on Monday. We are meeting with Student Support as well tomorrow. And these are follow-up meetings. We really need to put the structure into place.

This would, however, treat with children mainly in need of care and protection, but I think there is need for a wider collaboration to address some of the other issues that have emerged, but we need to have a structure in place. We do not need to reinvent the wheel. Little Grenada has a multi-agency protocol, a national protocol that they have rolled out. So I think we can learn from the experiences of other countries and really put that structure into place and get a driver, whether it is the Ministry or the Children's Authority or whoever, but somebody needs to take responsibility. And we need to have regular meetings. Once a month, we must meet because things—we get busy,

things fall off the radar and then we have issues emerging. We have meetings, like the police said, we have instituted monthly meetings since Superintendent Lewis came on the job and that has proven to be very effective. We, perhaps, need to meet more often given the number of cases.

Madam Chairman: Thank you.

Ms. Johnson: Madam Chair, I would just like to add that we did start a process to treat with a governance structure to collaborate last year and I think we would have to revisit that in terms of coming up with something that we can take to Cabinet for consideration.

Madam Chairman: Thank you. Ministry of Education.

Ms. Macintyre: Of those referred, I would say that 100 per cent are treated. Some of them may not want to continue in the system but we do continue to try to follow up with them to ensure they are in the system. How many reached a place of healing, I cannot give you figures or percentages, but we have had feedback reports, student reports: improved coping, resilience and social functioning; improved parent and child relationships, positive impact and overall family interaction and development, a decrease in anti-social behaviours and improved performance at school.

Structure, I have hinted previously, need for governance mechanisms. I would say both at the macro and the micro level. At the micro level, we have been for a very long time talking about introducing a case management system that would span many agencies, not just social development. But as I said, it would allow, for example, where a social worker is dealing with a case on a particular child and there are other matters that impact, whether it is the father is in prison, the mother is a prostitute, other siblings are in—all that data would be there and you would be able to bring together the specialist to look at the situation from the point of view of moving that family or that child towards a coping situation and being a productive member of society.

But when that is happening, you may be seeing constraints in the system or things that need to be addressed and which is where that has to feed up to the macro level and how we govern the entire system. Thank you.

Madam Chairman: Thank you. Ministry of Social Development.

Mrs. Bailey-Sobers: Madam Chair, we do have some statistics but it is not broken down in the form that is being requested, in terms of the number of children out of those who we have treated by the National Family Services Division, yes. But probably the representative, Ms. Winchester, could speak to that, and she may also be able to speak to the success with respect to healing and restoration with the children that they have treated with. In terms of structure, we look forward certainly to the implementation of the protocols which we have been discussing for a number of years now.

Ms. Winchester: We do not have figures for the children right now. In terms of treatment and follow up, after you follow up with them, we can safely say that most of them could return to that period of healing and functioning because parents will tell you, well, listen, the children, they are doing better, they are showing respect, they are managing their issues, and even when you intervene with them in that follow-up session, you really see that kind of improvement. I have seen parents afterwards, like on the street, and they would say, well, listen, since I or maybe another social worker intervened, they have been helped and have returned to that normal state of functioning.

In terms of setting up with the other agencies to collaborate, yes, that is needed because sometimes there could be duplication. I know that, yes, the other agencies like Victim and Witness Support, the schools, they do their part, yes, but we really need to collaborate on the way forward for our children.

Madam Chairman: I want to thank Sen. Raffoul for that question because what it has done is allowed us in a sense to give our closing remarks, as well as address the very important issue of the effectiveness of what we do. At this time, I would just like to summarize and maybe to point out some of the things that have come out. Some of them may be a little bold but I am going to say them as they have come.

At this time, based on our enquiry which dealt with the support programmes and services for children whose parents or guardians were the perpetrators or victims of violent offences, there seems to be no specific programmes

which caters for the needs of children, these types of children, at this point in time.

There are also no direct local studies which are done on such—this particular group of children. These children are dealt with as a part of the whole and they only receive attention if they begin to display or show disruptive or unusual behaviours within the systems. In addition to that, regardless of the foreign research which shows the effects of violence on children and the effects of incarcerated parents and children, we do not, at this time, have a proactive approach to addressing the needs of this specific group.

The different agencies which all deal with children's rights and safety, they have no access at this time to a database of children specific information which deals with these at-risk children, these and others, and they do not generally share information, best practices, in a formal way at this time. Again, they do not all meet regularly to discuss challenges, development, trends and solutions. So this seems to be what has come out based on the written submissions and what we have spoken about. And also have come some recommendations and some suggestions that can improve the situation for collaboration. I think everyone is saying that we need more collaboration and a formal mechanism by which that collaboration takes place, with set meeting times and an inter-ministerial whole of the government approach.

Also, we are seeing that there is a posture of data that is acknowledged based on this type of situation and that we need to increase the data collection, the data analysis and also we have to move towards being able to collect quantitative data. I think we have had a lot of qualitative and anecdotal but we need to move towards collecting some quantitative data that we can get some statistics on.

With respect to monitoring and evaluation, we have all agreed that it needs to be more robust. Not that it does not exist but we can strengthen those systems. Human resources and financial resources seem to be inadequate in most cases and in terms of a research agenda, we need more. We need specific areas that we can focus on so that we can get the data that would address specific problems within our society. So I think that we agree that this particular group of children, the focus on them is necessary, something that is critical and can have far-reaching benefits for our nation going forward.

So I really want to thank the agencies for bringing their representatives out, for your participation, your honesty in terms of your challenges and what you would like to see your institution move towards. Also, we would like to thank the media who are here with us, the observers who are here with us, and the viewing and listening audience, especially those online who would have submitted their questions and their queries. I want to thank them very much for that. I really at this point want to look forward to what comes out of this and the recommendations that can benefit the children of our nation and the nation at large because they are our future, so I want to thank you. Members of the Committee, thank you again, representatives of the agencies and I declare this meeting now adjourned.

3.22 p.m.: *Meeting adjourned.*

Appendix III
Staffing- Student
Support Services
Division, MOE

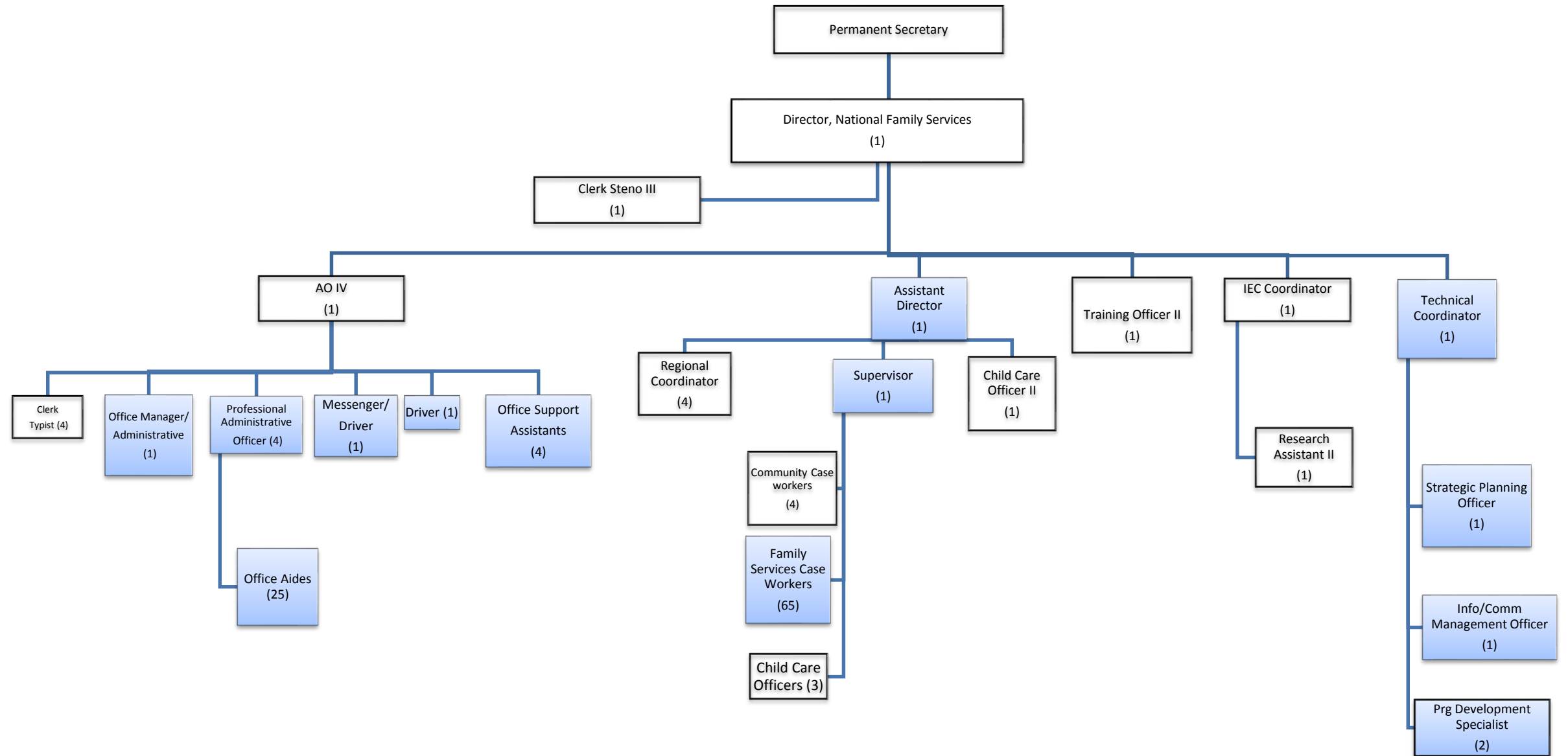
ESTABLISHED POSITIONS	CONTRACT POSITIONS	NO. OF POSITIONS		VACANT		% VACANT
		Allotted	Filled	Established	Contract	
Guidance Officers II		14	10	4		29%
Guidance Officers I		164	152	12		7%
	Guidance Counsellors	109	98		11	10%
Special Education Teacher II		23	2	21		91%
Special Education Teachers I		66	8	58		88%
	Diagnostic Specialist	7	6		1	14%
	Senior Special Education Instructors	45	9		36	80%
	Special Education Instructors	148	27		121	82%
	Interpreter Assistants	33	5		28	85%
	Special Education Student Aides	68	34		34	50%
	Braille Repair Technicians	4	2		2	50%
	Braille Conversion Operator	3	1		2	67%
	Inclusive Education Specialist	1	1		0	0%
	Manager ¹⁴	1	1		0	0%
	Co-ordinator Guidance and Counselling and Social Work	1	0		1	100%
	Co-ordinator Diagnostic Prescriptive Services	1	1		0	0%
	District Supervisors	7	0		7	100%
Research Officers I		2	1	1		50%
Administrative Officer IV						
Administrative Officer II		1	1	0		0%
Clerk IV		1	1	0		0%
Clerk III**			1			
Clerk Typist		6	4	2		33%
Clerk Stenographer II		2	0	2		100%
	Social Work Specialist	1	1		0	0%
	Senior School Social Workers	7	2		5	71%
	School Social Workers	148	129		19	13%
	School Psychologist	14	0		14	100%
	Clinical Psychologist	14	6		8	57%
	Behavioural Specialist	14	5		9	64%
Cleaners			4	** Not counted in totals.		
Watchmen			1			
	Associate Professionals		2			
	OJTs (Administrative)		10			
	OJTs (Student Aides)		91			
	Business Operations Assistant (BOA)		1			
TOTALS	ESTABLISHED	279	179	100		36%
	CONTRACT	626	328	298		48%

Appendix IV

Organisational Chart

Family Services

Division, MSDFS



SUBSTANTIVE POSITION	NO. OF POSITIONS	CONTRACT POSITION/ NO. OF POSITIONS	NO. OF POSITIONS	FILLED (F) OR VACANT (V)
Director (Minimum B.Sc or B.A. in Social Work, Phys or Social Science)	1	---	---	Filled
Clerk Stenographer III - (Psychology)	1	----	---	Vacant
Administrative Officer IV (1)	1	----	---	Vacant
----	---	Assistant Director - (Minimum B.Sc. or B.A. in Social Work)	1	Vacant
Training Officer II - (B.Sc. Social Science)	1	----	---	Filled
Information /Education/Communication Co-ordinator	1	----	---	Vacant
Technical Co-ordinator	1	Technical Co-ordinator - (Minimum B.Sc. or B.A. in Social Work)	1	Vacant
Regional Co-ordinator	4	-----	---	Vacant -2 Filled -2
----	---	Supervisor - (Minimum B.Sc. or B.A. in Social Work)	1	Vacant
Child Care Officer II – (Minimum of a B.Sc. or B.A. in Social Work or Psychology)	1	-----	---	Vacant
Research Assistant II	1	----	---	Vacant
----	---	Strategic Planning Officer	1	Vacant
----	---	Info/Comm Management Officer	1	Vacant
----	---	Programme Development Specialist	2	Vacant – 1 Filled – 1
Community Case Worker (Minimum of B.Sc. or B.A. in Social Work or Psychology)	4	----	---	Vacant – 1 Filled – 3
----	---	Family Services Case Worker (Minimum of a B.Sc. or B.A. in Social Work or Psychology)	65	Vacant – 44 Filled – 11
Child Care Officer – (Minimum of a B.Sc. or B.A. in Social Work or Psychology)	3	---	---	Vacant – 2 Filled – 1
Clerk Typist	4	---	---	Filled
---	---	Office Manager/Administrative	1	Vacant
---	---	Professional Administrative Officer	4	Vacant
---	---	Messenger/Driver	1	Filled
---	---	Driver	1	Filled
---	---	Office Support Assistant	25	Vacant – 21 Filled – 4 (Office Support Assistants)

Appendix V

List of External Social

Service Providers of the

Office of the Prime Minister

to whom Referrals are made

Name of Service Provider	Type of Service Provider	Services Provided	Criteria/Process for Obtaining Services	Contact Information
Victim and Witness Support Unit of the Trinidad and Tobago Police Service	Direct Intervention	▪ Counselling for all victims of crime and secondary victims such as family members and children. ▪ Referrals to other service providers ▪ Desensitization and public awareness campaigns	This service is available at all TTPS station in TT.	Main Contact: Ms Margaret Sampson-Browne Offices located at the following Police Stations: Arouca- 640-8801 San Fernando- 653-8166 Contact Person: Bernadette Sealy Morvant- 626-3158 Chaguanas- 665-5271 Carenage- 637-3123 Sangre Grande- 691-5925 Penal- 647-8884 Port-of-Spain- 623-6793 Tobago- 639-8888
Trinidad and Tobago Coalition Against Domestic Violence	Direct Intervention	▪ Counselling support services for individuals, couples and young persons. ▪ Public education ▪ Education aid to victims of domestic and gender-based violence ▪ Children's Educational Assistance Fund ▪ Love and Understanding in Schools (PLUS) programme	▪ Referrals can be made via referral letters (hand-delivered) ▪ The Public can call and make an appointment ▪ Walk-In (will be seen based on availability of counsellor and level of priority of case or an appointment will be made to be seen at another time)	Address: 1 Robinson Ville, Belmont and 12 San Fernando Street, San Fernando. Telephone number: 624-0402 Hotline: 800-SAVE (7283)
Rape Crisis Society	Direct Intervention	▪ Counselling Services ▪ Referral Services ▪ 24/7 Hotline Counselling ▪ Training Workshops ▪ Survivors' Support Group	▪ Referrals can be made via referral letters (hand-delivered) ▪ The Public can call and make an appointment ▪ Walk-In (will be seen based on availability of counsellor and level of priority of case or an appointment will be made to be seen at another time)	Address: 1 Robinson Ville, Belmont and 12 San Fernando Street, San Fernando. Phone numbers: 627-7273/657-5355 Email address: rapecrisistnt@yahoo.com Hotline: 627-7273
Child Guidance Clinic	Direct Intervention	▪ Counselling services ▪ Assessments	▪ In order to qualify for attention at Child Guidance Clinic a child must:	Main Contact Person Dr Jacqueline Sharpe 74 Pembroke Street

			▪ Be under the age of eighteen. ▪ Be referred by a medical specialist in the field of treatment; professional therapist; NGO; Police; Children's Residence; School; Health Centre; Hospital; or Social Worker ▪ Be exhibiting behavioural, psycho-emotional problems etc. ▪ Be an Emergency Case - Suicidal, Victim of Sexual Abuse, Mental illness, severe trauma ▪ Things to Note: ▪ The submission of a referral letter must be made to the Clinic by a parent or guardian. The child is not required to be present upon submission of the referral. ▪ Parents are first screened by a Social Worker and given an appointment for a return visit, at which an intake process will be followed. ▪ The Child must accompany parent(s) at the intake appointment. ▪ Follow up sessions may be conducted as prescribed by the Clinic. These may include, but may not be limited to counselling and psychiatric management of the child	Port of Spain Tel: 623-2348 Pleasantville Health Centre Chaconia Avenue and Prince Albert Streets, Pleasantville Tel: 653-0521/ 652-0521 Opening Hours: 7:00am – 4:00pm, Monday to Friday
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			All referrals must be addressed to Dr. Jacqueline Sharpe	
Ministry of Social Development and Family Services- Social Welfare Division	Direct Intervention	Public Assistance Grant for children whose fathers are imprisoned		Main Contact: Mr Vijay Gangapersad (Director) Social Welfare Division (Ministry of the People and Social Development) Social Welfare Office 82 Independence Avenue San Fernando Tel: 653 – 6068/657 - 5866 Mr. Wendell Jones St Vincent Street, POS: 623-3950 Duke Street, POS: 623-0503 Tunapuna: 662-5347 San Juan: 675-4728 Rio Claro: 644-2059 Princes Town: Ms. Tara Roodal: 655-2323
Student Support Services	Direct Intervention	- Individual and group counselling - Family intervention and support - Home visits - Referrals - Parent education - Assessments - Crisis intervention		Main Contact: Dr K. Bharratsingh Address: 66 Pembroke Street, Port-of-Spain. Telephone numbers: 625-7935/ 627-1271
Childline	Direct Intervention	24/7 hotline for children - Psychosocial counselling - Lifeskills information - Crisis intervention - Referrals to service providers		Main Contact: Mary Moonan Hotline- 800-4321/ 131 624-7604 or 623-3553 (adults) Website: www.childlinett.org Email: childlineoutreachtt@gmail.com childlinett@gmail.com
Police Youth Clubs (TTPS)	Direct Intervention	- Interventions which target at-risk youth ages 5-25 years include: - Spiritual development - Sporting and Cultural Activities - Social and community work - Academic assistance		110 clubs throughout Trinidad and Tobago Phone number: Community Policing Secretariat- 627-9087 Website: www.ttps.gov.tt
Vision on a Mission	Indirect Intervention	Rehabilitation programme for ex-		Wayne Chance (Founder) – 638-8650

		inmates, deportees and delinquent youth ▪ Halfway house for ex-inmates ▪ Assistance with employment ▪ Family mediation ▪ Victim/Offender mediation		
Medical Social Work Department	Indirect Intervention	▪ Professional supportive counselling ▪ Education about available medical services and sensitising them about their medical diagnosis ▪ Referrals ▪ Sourcing financial assistance ▪ Assistance with accessing resources ▪ Placement and home visits	▪ Referred clients must be patients at the hospital and can be referred via letter or phone call ▪ Walk-Ins (patients or outpatients of the hospital)	Main Contact: Mr Michael Jattan Medical Social Work Department Ground Floor, POS General Hospital, Charlotte Street, POS Tel: 623-3918 San Fernando: 652-3587 Contact Person: Ms. Rae Ann Sammy Mount Hope: 645-4673 ext 3041, 3000,3033,3080 Sangre Grande: 668-2273 Ms. Daniella Stoute
The Shelter	Indirect Intervention	▪ Accommodation for survivors of abuse and their children ▪ Crisis intervention support ▪ Counselling for survivors of abuse and children ▪ Material assistance to residents. ▪ Counselling services for perpetrator via the Transition Support Programme ▪ Outreach programme for non-residents ▪ Job placement assistance	▪ Most residents are referred by the Domestic Violence Helpline, the police, social services and members of the public.	Phone number: 628-1116/ 761-7167/ 628-0861 Contact Persons: Ria Bernard Carolyn Mason Dearice Bernard Email: matron@trinidadshelter.com
Families in Action	Indirect Intervention	▪ 24/7 hotline ▪ Assessment and referrals	▪ Referral letter with knowledge of presenting issue	Address: 82 Maraval Road, Newtown, Port of Spain

		▪ Counselling ▪ Group therapy ▪ Community outreach ▪ Psycho-education ▪ Parenting workshops	▪ Phone call to make an appointment ▪ Walk-Ins (child must always be accompanied by parent/guardian)	Phone numbers: 622-6952/ 622-5365 Hotline: 628-2333 Email address fia@familiesinaction.net
The Halfway House	Indirect Intervention	▪ Accommodation to women and children who are survivors of domestic violence, abuse and sexual assault ▪ Provision of food, professional counselling and legal assistance	▪ Most residents are referred by the Domestic Violence Helpline, the police, social services and members of the public	Address: Anand Circular Drive, Harmony Hall, Gasparillo Phone number: 650-2684 Mala Mitchell – 466-2904 Email: thehalfwayhouse0@gmail.com
Madinah House	Indirect Intervention	▪ Temporary accommodation to women and children. ▪ Counselling services, schooling, job placement, medical assistance and skills enhancement.	▪ Most residents are referred by the Domestic Violence Helpline, the police, social services and members of the public	Phone numbers: 657 1055, 652-4153 Contact Person: Lydia Choate Address: In care of St. Kevin's College #23-25 Prince of Whales Street, San Fernando Email: madinahhouse@gmail.com lydiachoate@gmail.com
National Family Services		▪ Individual and family intervention ▪ Individual and group counselling ▪ Rehabilitation ▪ Referrals	Applicants may access this programme, which is offered by the National Family Services Division, via the following means: ▪ Walk-ins; ▪ Written referrals.	Port of Spain: 657-1163 Ext 2053 Contact Person: Ms. Camille McDonald / Ms. Vidya Pooransingh - Director Couva: 636-3206 Contact Person: Annola Cox Tunapuna: 662-5483 Contact Persons: Terri- Lynne Lawrence Jennifer Alleyne Tobago: 639-1512/ 660-7871 Ext 230,235 Sangre Grande: 691-3503 San Fernando: 653-0991 Contact Persons: Mrs Uklyn Hills Mrs .Angela Mendoza Mrs. Vidya Ramgattie Marajh Chaguanas:

				Contact person: Charmaine Moore 671-3526 Rio Claro:/Mayaro: 644-3053 Princes Town: 655-4741 Contact Person: Aroona Kanhai Arima: 664-1935 Contact Persons: Ms. Michelle Serrette Mathews Ms. Sharon Winchester Address: The Waterfront Building Tower D, Level 20 Wrightson Road, Port of Spain
Organization for battered and Abused Individuals	Direct and Indirect Intervention	▪ Counselling ▪ Poverty Alleviation ▪ Addressing Illiteracy ▪ Legal Support		Address: 343 Bellesmythe Street, Curepe. Phone number: 798-6185 Email address: oabi@oabivoices.org
Victim Support Foundation	Direct and Indirect Intervention	▪ Counselling ▪ Crisis Intervention ▪ Clinical therapy ▪ After-care support group ▪ Training ▪ Education	▪ VSF is available for the general public who may have been indirectly affected by violent crime including but not limited to a neighbour, co-worker or witness.	Mailing Address: P.O. Box 6584 Saddle Road, Maraval, Trinidad. Phone number: 223-4357 Email address: tntvictimfoundation@gmail.com

Appendix VI
Child Protection
Unit, Trinidad and
Tobago Police
Service

Child Protection Unit	Location	Numbers
Central	Brasso Police Station	710-5204
Eastern	Sangre Grande Police Station	691-0756/668-2939
North Eastern	Morvant Police Station	626-3158
Northern	Maloney Police Station	646-7710
Port of Spain	Belmont Police Station	621-0135
Southern	Oropouche Police Station	677-3852
South Western	La Brea Police Station	648-7080
Western	St James Police Station	628-2629
Tobago	Old Grange Police Station	480-0226
Secretariat	Belmont Police Station	621-2588

Appendix VII

Trinidad and Tobago

National Council of

Parent Teacher

Associations Inc

Written Submission



TRINIDAD AND TOBAGO NATIONAL COUNCIL OF PARENT TEACHER ASSOCIATIONS INC

San Juan Priority Mall, Croisee, San Juan. Tel. / Fax: (868) 674-5512

Inquiry into the Support Programs and Services for children whose parent or guardian was a victim or perpetrator of a violent offence

Introduction

The Trinidad and Tobago National Council of Parent-Teacher Associations Inc. has been in existence for over 55 years with an Act of Parliament 18 of 1976.

Three of the AIMS AND OBJECTS of the NPTA Constitution states that the organisation is committed to,

- Secure adequate laws for the care and protection of children and young persons, and
- To develop among educators, parents and the general public such united efforts as will secure for every child the highest advantages in physical, mental, social, cultural and spiritual education.
- To promote the welfare of children and young persons at home, school, church and in the community.

It is therefore clear that as an organisation, the NPTA supports greater collaboration among the stakeholders of child support services and sees itself being an active part of that collaboration.

In 1989, Trinidad and Tobago signed and in 1991 ratified the Convention on the Rights of the Child (CRC) as well as agreeing to the United Nations Declaration on the Survival, Protection and Development of Children in 1990. Coming out of this an Inter-Ministerial Committee was set up in 1992 to formulate a National Plan of Action (NPA) for Children. A number of recommendations were made coming out of this Committee.

The commitment of the Government of Trinidad and Tobago with regard to matters affecting children is also reflected in the enactment of the Children's Community Residences, Foster care and Nurseries Act, 2000 Act No. 65 of 2000 and the Children's Authority Act, Chapter 46:10. The NPTA would like to put on record its appreciation of the Government of Trinidad and Tobago for recognising that it is a very important stakeholder with regard to matters affecting the children of Trinidad and Tobago by including the organisation on the [The Child Protection Task Force](#) that was set up in March 26, 2014 which made ten (10) recommendations to the Government [all](#) of which we would like to see implemented over time.

The focus of this paper will be on looking at the current relationship between stakeholders of child support services. This will be done under the following headings:

- i. The relationship among stakeholders
- ii. The type of discussion that goes on among stakeholders with regard to programmes and services regarding children
- iii. The type of information that is shared and collaborated with regard to plans of actions, and programmes among stakeholders
- iv. Recommendations to improving current relationship among stakeholders

Below is a list of NGOs and Governmental organisations who are involved in the provision of child support services:

- Families in action
- Foundation for the Enhancement and Enrichment of Life (FEEL)
- St. Jude's Home for Girls
- St. Michael's School for Boys
- Credo Foundation for Justice
- Rainbow Rescue
- St. Dominic's Children's Home
- Servol Life Centres
- New Life Ministries – Mount St. Benedict's Treatment Centre
- Ministry of Community Development – Community Mediation Services Division
- National Alcohol and Drug Abuse Prevention (NADAPP)
- The Children's Authority
- The Police Protection Unit
- Ministry of Health – Community Health Department
- Child Support Lawyers and Law Firms of Trinidad and Tobago
- Ministry of Education – Student Support Services Division
- The Family Court
- Ministry of Social Development and Family Services
- Ministry of National Security – Citizen Security Programme
- Anti-Bullying Association of Trinidad and Tobago
- Victims and Witness Support Unit

The relationship among stakeholders

The relationship among the above stakeholders in the area of child support is viewed as one of cooperation – Families in action works with most of the above named NGOs and Government agencies as well as the Trinidad and Tobago Police Service, Defence Force and the Prison Service. The Ministry of Community Development – Community Mediation Services Division interacts with NADAPP, Community residences like St. Jude's Home for Girls, St. Michael's Home for Boys and even offering their services to parents and students.

At times this relationship can be challenged or compromised by the groups' specific perceived area of interest. Consideration should be given to the setting up of an electronic database to function as a repository for information on students' absenteeism, truancy, trouble students, and children residing in high crime areas, parental delinquency and economically challenged parents. A key element of this database will be to provide statistical data on the aforementioned. This will then help the stakeholders to make informed decisions.

The type of discussion that goes on among stakeholders with regard to programmes and services regarding children

Some of the discussions were about the following topics:

- Establishing Care Centres,
- Child Protection Unit,
- A remand facility for young female offenders.
- Modernization of community residences for children.
- Interventions to treat with indiscipline and violence in schools.

The National PTA, believes that enough is not being done; it is evident with the increasing insubordination, violence, crime and drugs in our nation schools. We know that discussions are held among the stakeholders, but with regard to the type

of discussions, these discussions are rarely made known to the public at large, as a result the entire picture may not be taken into consideration when decisions are being made. We feel that the effect of untreated trauma is being expressed and multiplied in the school system.

The Citizen Security Programme while not directly aiming at particular children has had many effective programmes to support families in high needs communities which have redound to significant reduction in crimes in those areas. But we hold the view that affected children must be deliberately targeted to heal their trauma. The NPTA was part of three such programmes in three communities. The long term programmes were more effective than the program held for a short period of time.

There was a reported case of three children whose parents are incarcerated and whose family members find them out of control and so they are always moving from one family member to the next, without an intervention, it is any body's guess where they will find themselves sooner rather than later. Their schooling has been repeatedly disrupted.

The type of information that is shared and collaborated with regard to the plans of actions, and programmes among stakeholders

Over the years there has been collaboration between the Student Support Services Division, the Ministry of Community Development – Mediations Services Division. There is presently inadequate consultation, coordination and communication among the various stakeholders in education. It seems as though there are no or little collaboration among groups. Stakeholders need to look at Education through the lens of a holistic approach to National Development, this should encourage the relevant stakeholders to share information in a coordinated manner. The key points from the deliberations should be shared with the public.

Understanding the objectives for this inquiry the NPTAs' recommendations to improving the current relationship among stakeholders are as follows:

- a) Strengthening of the current programmes.
- b) Use of a website and social media - where not just the stakeholders and members of the Public could access a directory of all stakeholders of child support services. In order to put together a list of these stakeholders, one has to go to different websites for this information, when this information should be in one area
- c) Regular information should be placed in the daily newspapers and Government programmes on the media (Community development activities and programmes for the different areas of need in the society) informing the country of what are the programmes offered by the respective stakeholders, how the services of one stakeholder can assist/improve on that of another, and how everyone can benefited.
- d) A forum should be available for all stakeholders to lobby for and ensure that the Task Force Recommendations and legislation with regard to the protection and care of children be implemented and enforced.
- e) Focus should be made on children who are not registered after birth, no Birth Paper, no visits to Health Centres etc. what if their parent are perpetrators/victims of violence how are they to receive the necessary help when there are no records of their existence.
- f) Without labelling, red flag children who have been affected by violence or whose parents are in the system. Create a Care Plan to ensure that these said children are provided with all the services that are available (looking at it from a holistic approach). Have a record of all affected children in the various School Districts so children affected can receive special attention.
- g) Provide school social workers in cases where children have no parent in the home where there may be an elder sibling taking care of them, to ensure that they attend school daily.
- h) Provide tutors to help children who are affected by violence and who are absent from schools for longs periods of time.
- i) Proper training of the schools staff to recognize violent or introvert behaviours within a child; falling grades, withdrawal from peer groups etc.

- j) There should be investigations into whether safety issues or fear of crime is affecting the services to community members by service organisation.
- k) Contact should be made with established groups, NGO's CBO's Religious organisations etc. (persons who are already involved in the community)
- l) There should be collaboration between the Ministry of Education, Ministry of Social Development, the Family Court and family services.
- m) Establish Safe Homes for affected children.
- n) There should be sufficient staff from Student Support Services to help troubled student. There should be school Social Workers, Guidance Officers, School Psychologists, Special Education tutors to name a few.
- o) Most important have systems in place that once a child is exposed to any form of violence, intervention must begin immediately. There should be no delay because the condition could worsen and the child can become aggressive or showing signs of withdrawal.

In closing, the ideas expressed indicate some of our experiences and perspectives on the Inquiry into the Support Programs and Services for Children whose parent or guardian was a victim or perpetrator of a violent crime. We thought that it was an excellent gesture to include the views of the NPTA in your inquiry. We do express our gratitude to the Joint Select Committee on Human Rights, Equality and Diversity for seeking our point of view.

Respectfully Submitted

Zena Ramatali
NPTA President