



**National Interagency Protocol for
Child Abuse Prevention
and Management**

2023



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FOREWORD

The Honourable Ayanna Webster-Roy Minister With Responsibility For Gender And Child Affairs



In recognising that children are our greatest asset, we are mindful of the need to supplement our child protection system with supportive frameworks. As we restructure the national child protection system to reflect an integrated, all-of-government and all-of-society approach, the national protocol will harness greater accountability within all supporting agencies by defining the legislative parameters and case management protocols so that each partner is aware of their responsibilities in nurturing vulnerable children.

As duty-bearers, we must do all that is necessary to ensure that our children are loved, cared for and protected. We must ensure that what we do today will guarantee the best future outcome for all our children - this is their right. The national protocol will help us as a country to standardise and strengthen our institutional support systems so that they may become more responsive to the needs of children in our beloved country.

The Government of the Republic of Trinidad and Tobago has been implementing positive, life-changing enhancements in the national approach to childcare and protection. The **National Interagency Protocol for Child Abuse Prevention and Management** will be another key strategy that will serve as an appropriate monitoring tool to safeguard vulnerable children in Trinidad and Tobago.

I reaffirm my commitment and that of the Government to upholding the rights of the nation's children and ensuring their safety and well-being. This publication demonstrates a deep commitment to doing what is right in the interest of all our children.

ACKNOWLEDGEMENTS

The Children's Authority of Trinidad and Tobago thanks the numerous organisations and individuals within the child protection sector that were involved in developing the National Interagency Protocol for Child Abuse Prevention and Management (NIPCAPM).

Special thanks to UNICEF for their technical support, the United Nations in Trinidad and Tobago and the Delegation of the European Union, Spotlight Initiative, for their tremendous support as well as the following agencies:

- Attorney General's Office and Ministry of Legal Affairs
- Child Guidance Clinic (CGC)
- ChildLine (CL)
- Child Protection Unit (CPU)
- Coalition Against Domestic Violence (CADV)
- Community Mediation Centre
- Community Social Services Unit
- Cybercrime and Social Media Unit (CSMU)
- Families in Action (FIA)
- Gender-Based Violence Unit (GBVU)
- Immigration Division
- Labour Inspectorate Unit (LIU)
- Mental Health and Psychiatric Services
- Mental Health Unit of the Scarborough General Hospital
- Ministry of Health (MOH)
- Ministry of Sport and Community Development (MSCD)
- Ministry of Youth Development and National Service (MYDNS)
- National Family Services Division of the Ministry of Social Development and Family Services (NFSD)
- Office of Disaster Preparedness and Management (ODPM)
- Office of the Prime Minister, Gender and Child Affairs OPM (GCA)
- Probation Hostel, Tobago
- Probation Services Division (PSD)
- Probation Services Unit, Tobago
- Rape Crisis Society (RCS)
- Social Welfare Division (SWD)
- St. Ann's Psychiatric Hospital
- Student Support Services Unit (SSSU) (Tobago)
- The Child and Adolescent Centre
- The Children Court
- The Children's Authority of Trinidad and Tobago (CATT)
- The Counter-Trafficking Unit (CTU)
- The Division of Community Development, Youth Development, and Sport (THA)
- The Division of Health, Wellness and Social Protection (DHWSP), Tobago House of Assembly (THA)
- The Family Court
- The Judiciary of the Republic of Trinidad and Tobago
- The Ministry of Education (MOE)
- The Ministry of Labour (MOL)
- The Ministry of National Security (MNS)
- The Ministry of Social Development and Family Services (MSDFS)
- The Student Support Services Division of the Ministry of Education (SSSD)
- The Trinidad and Tobago Police Service (TTPS)
- Victim and Witness Support Unit (VWSU)

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LIST OF ACRONYMS

AMMR	Archdiocesan Ministry for Migrants and Refugees	DV	Domestic Violence
CATT	Children’s Authority of Trinidad and Tobago	ERHA	Eastern Regional Health Authority
CADV	Coalition Against Domestic Violence	ERT	Emergency Response Team
CC	Children Court	FC	Family Court
CCC	Civilian Conservation Corps	FCD	Family and Children Division
CGC	Child Guidance Clinic	FSSW	Family Services Social Worker
ChINS	Children in Need of Supervision	FIA	Families in Action
CL	ChildLine	GAAP	Geriatric Adolescent Partnership Programme
CMO	County Medical Officer	GCA	Gender and Child Affairs
CPIMS	Child Protection Information Management System	GBVU	Gender-Based Violence Unit
CPO	Children’s Probation Officer	ID	Immigration Division
CPU	Child Protection Unit	IIU	Investigation and Intervention Unit
CSA	Children Services Associate	JTT	The Judiciary of Trinidad and Tobago
CTU	Counter-Trafficking Unit	LAAA	Legal Aid and Advisory Authority
DVU	Domestic Violence Unit	LIU	Labour Inspectorate Unit
CSMU	Cybercrime Social Media Unit	LWC	Living Water Community
DHWSP	Division of Health, Wellness and Social Protection	MDA	Multidisciplinary Assessment
DMO	District Medical Officer	MiLAT	Military Led Academic Training Programme
DPP	Director of Public Prosecutions	MOE	Ministry of Education

LIST OF ACRONYMS

MOH	Ministry of Health	PO	Probation Officer
MOL	Ministry of Labour	PSD	Probation Services Division
MSCD	Ministry of Sport and Community Development	PSW	Psychiatric Social Worker
MSDFS	Ministry of Social Development and Family Services	RCS	Rape Crisis Society
MSW	Medical Social Worker	RHA	Regional Health Authority
MYDNS	Ministry of Youth Development and National Service	SGO	Solicitor's General Office
MYPART	Military-Oriented Youth Programme of Apprenticeship and Reorientation Training	SSSD	Student Support Services Division
NCR	National Children's Registry	SSSU	Student Support Services Unit
NIPCAPM	National Interagency Protocol for Child Abuse Prevention and Management	SSU	Social Services Unit
NCRHA	North Central Regional Health Authority	SWD	Social Welfare Division
NFS	National Family Services Division	SWO	Social Welfare Officer
NWRHA	North West Regional Health Authority	SWRHA	South West Regional Health Authority
ODPM	Office of Disaster Preparedness and Management	TRHA	Tobago Regional Health Authority
OPM	Office of the Prime Minister	TTPS	Trinidad and Tobago Police Service
OSHA	Occupational Safety and Health Agency	UNICEF	United Nations Children's Fund
		VWSU	Victim Witness Support Unit
		VOT	Victim of Trafficking
		YAD	Youth Affairs Division
		YTEPP	Youth Training and Employment Partnership Programme

Message From The Chairman of The Board of Management

Dr. Carol Logie



Abuse in any form has tremendous damaging effects on children. In every instance where a child is being abused, immediate and operative intervention is required. The National Interagency Protocol for Child Abuse Prevention and Management (NIPCAPM) strives to ensure that all agencies engaged in the protection of children are steered by best practice in recognising, intervening; and managing cases of child abuse.

On May 18, 2015, the Package of Children's Legislation was proclaimed, which allowed the Authority to become operational. Our mandate, according to Part II, 5 (1) (a) of the Children's Authority Act, Chapter 46:10 is to provide care, protection and rehabilitation of children, under the age of 18, in Trinidad and Tobago.

In response to our present realities, the Board of Management of the Authority recognised that there was a need to revisit the organisation's strategic direction. Our strategy redesign, therefore focuses on transforming our child services to better protect and rehabilitate children, protect them from abuse and significantly strengthen families and communities. It will involve collaborating with stakeholders in the child protection sector and the national community, for example:

“Children, Families, Caregivers, Volunteers, Community Based Organisations, Faith Based Organisation, non – governmental organisations, Frontline workers, Child welfare sector professionals and Legal, Medical and Social Work fraternity”.

The NIPCAPM, therefore, is designed to provide government and non-governmental agencies with a list of guidelines for a coordinated response in child abuse prevention, reporting, investigation and management. The NIPCAPM strives to ensure that all agencies engaged in the protection of children are steered by best practice in recognising, intervening; and managing cases of child abuse.

As a society we all play a crucial role to protect our children. Additionally, professionals such as caregivers who interface with children have a distinct duty to report cases of suspected child abuse. In light of this, the Protocol guides professionals as to their responsibilities in such cases. While the Authority is the agency with the main responsibility for child protection, ensuring that children have the best possible outcomes in cases of abuse requires that all relevant agencies work in unison.

Even though the Authority has made significant strides in the past eight (8) years, it is important to acknowledge that there are deficiencies and shortcomings in the child protection system. As a result, the Board of Management will continue to guide the Authority's strategic vision through partnerships with stakeholders in the sector, as outlined in this Protocol.

Our first priority at the Authority will be to improve our delivery of service and provide the best assistance to all the children we serve. We remain committed to finding strategic approaches to address the plague of child abuse, which is perpetuated upon the children of Trinidad and Tobago. As we embark on this new initiative, I extend my heartfelt gratitude to UNICEF for supporting and initiating another project with the Authority, together with other relevant stakeholders, in the development of the National Interagency Protocol for Child Abuse Prevention and Management (NIPCAPM).

To the Executive Team and the staff of the Authority, I commend you all for your invaluable service to the Authority.

MESSAGE FROM THE DIRECTOR ACTING

Mrs. Rhonda Gregoire-Roopchan



Child protection is everybody's business!!

Over the past eight (8) years, the mantra of the Children's Authority of Trinidad and Tobago has been not only to provide care and protection, but to prevent child abuse and maltreatment.

The Authority acknowledges that prevention of abuse and maltreatment provides the best resolve to safeguard children in Trinidad and Tobago. Over the years, the Authority has been conducting public awareness and education

campaigns to heighten public engagement about protecting children – our most vulnerable.

In Trinidad and Tobago, there has been a growing requirement to formulate standard operating procedures and protocols for all relevant stakeholders in child protection and maltreatment sectors. The National Interagency Protocol for Child Abuse Prevention and Management (NIPCAPM) presents an official multi-agency approach geared to treat with reports of suspected child abuse and neglect, while simultaneously providing a process map guiding each stakeholder's roles and responsibilities in the prevention of child abuse and maltreatment in the country.

The overarching aim of the NIPCAPM is to highlight preventative measures or strategies of child abuse and maltreatment currently used by key stakeholders in Trinidad and Tobago. Further, it maps the process from the initiation of a child who has been exposed to abuse and/or maltreatment to how that child interacts with and receives treatment from the various child protection agencies in Trinidad and Tobago. In totality, the Protocol will seek to ensure the continuous collaboration and coordination across the child protection and welfare system to prevent, report and investigate all matters related to child abuse and maltreatment.

EXECUTIVE SUMMARY

The Government of Trinidad and Tobago is committed to maintaining the rights of children and ensuring their safety and well-being, as affirmed by the United Nations Convention on the Rights of the Child, which was ratified by Trinidad and Tobago in December 1991.

To ensure the positive development and well-being of children, there must be a recognition of children's issues, prioritisation of their needs and the respect and protection of their rights. These mechanisms can be accomplished through the strengthening of families, communities and specialised inter-agency support and collaboration. Given the multifaceted nature of children's issues, it is essential for stakeholders to streamline their roles and responsibilities and implement the required interventions.

Child abuse continues to be of grave concern. In fact, the data speaks to the dire circumstances experienced by the nation's children. In May 2015 the Authority became operational and eight years later the organisation has received over 37 thousand reports of children in need of care and protection. On average, the Authority receives between four thousand and five thousand reports of child abuse yearly. The highest reported categories of abuse are neglect, sexual abuse, physical abuse, and emotional abuse.

In most cases child abuse is avoidable, however, we have noticed that the abuse and neglect can occur within families, institutions and organisations, both private and public. Interestingly, children are potentially exploited and subjected to various forms of abuse in these same locations. The quality and status of a child's well-being is contingent on the society and environment they live in. Our focus

as a nation lies in paying particular attention to vulnerable children who receive support from the Authority as well as several agencies within the child protection sector: the National Family Services Division of the Ministry of Social Development and Family Services, the Child Protection Unit of the Trinidad and Tobago Police Service, the Student Support Services of the Ministry of Education, the Division of Health, Wellness and Social Protection, Tobago House of Assembly and Child Guidance Clinic, to name a few.

The National Interagency Protocol for Child Abuse Prevention and Management (NIPCAPM) provides a framework to which each stakeholder agency should be guided in treating with matters of child protection. Moreover, it directs agencies on how to collaborate and support each other in the best interest of the child.

Subsequent to the publication of this Protocol, all key stakeholders are expected to create internal guidelines to ensure they comply with the practices outlined in the Protocol, as the child protection system continues to grow and strengthen its role and responsibilities in child care and welfare in Trinidad and Tobago.

The general objectives of the NIPCAPM are as follows:

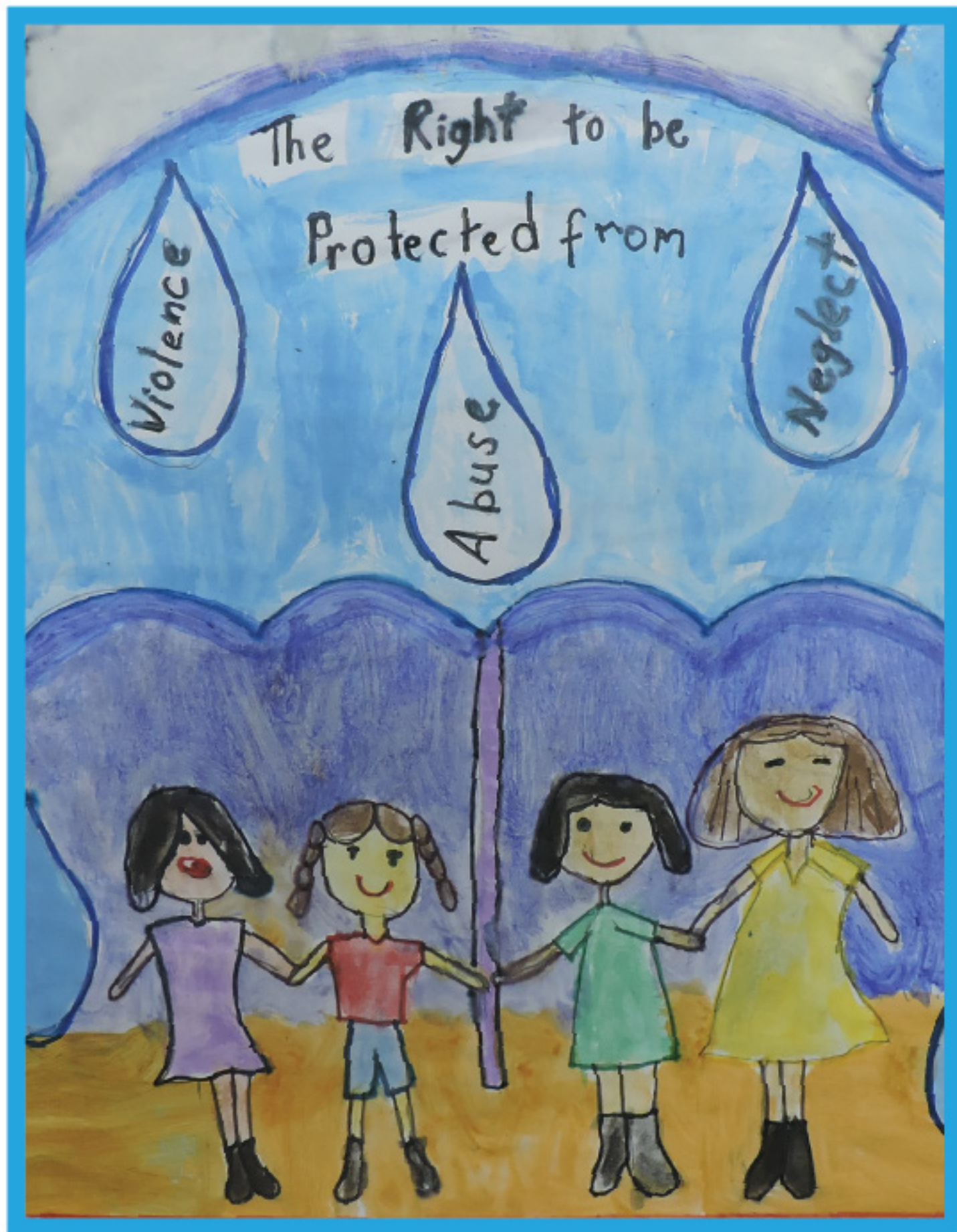
- Improving the well-being of children by preventing abuse and maltreatment;

- Ensuring that all actions taken and decisions reached are timely, effectively coordinated and in the best interests of the child; and
- Providing long-term support and care to reduce abuse and maltreatment of children.

The specific objectives of the NIPCAMP are as follows:

- Informing child protection experts who work with and for children, as well as the general public, including children and their parents, as well as persons caring for them on how to act in case of suspicion that the child is an actual or potential victim of abuse or maltreatment,
- Establishing an effective and operative procedure and guideline that will ensure a rapid and coordinated approach in protecting a child from further abuse and neglect, and provide the child with appropriate help,
- Ensuring timely protection, care and emotional support to the child who is a victim of abuse and maltreatment, as well as their families and;
- Achieving a common level of understanding of the basic principles and objectives of child protection.

In order to achieve the objectives outlined above, we must all collaborate ***“to defend and support child rights and make child protection everybody’s business”***



AMANDA LARA - THE RIGHT TO BE PROTECTED

1.0 PREVENTION OF CHILD ABUSE AND NEGLECT

The issue of child abuse is a complex and multifaceted problem that has far-reaching consequences for individuals, families, and communities. Currently, our child protection system predominantly responds to incidents after they occur. However, preventing child abuse is a crucial step towards ensuring the safety and well-being of all children in Trinidad and Tobago. As such, this Protocol acknowledges that child protection must begin with proactive prevention of all forms of violence. To achieve this, measures to end violence must be massively strengthened and expanded to include promoting respectful child-rearing practices and targeting the root causes of violence at the levels of the child, family, perpetrator, community, institution, and society. This requires a comprehensive and coordinated whole-of-society approach involving child protection, public health, education, social services, national security, civil society, communities, families, and children themselves.

According to the World Health Organisation there are seven strategies to ending violence against children:

Implementation and enforcement of laws that protect children from violence: The creation and enforcement of laws that explicitly prohibit all forms of violence against children, ensuring these laws are enforced. It also includes establishing measures to ensure that children who experience violence have access to justice.

Norms and values: This strategy seeks to promote respectful child-rearing and eliminate harmful social norms and practices that condone violence against children. It involves raising

awareness of the negative impacts of violence against children and promoting positive, non-violent forms of discipline.

Safe environments: The creation of safe environments for children, including safe schools, safe homes, and communities. It requires that measures be put in place to prevent violence in schools, such as bullying and sexual violence, and creating safe public spaces for children.

Parent and caregiver support: Parents and caregivers should receive the necessary support and resources to ensure they can provide safe and nurturing environments for their children. This includes parenting education, economic support, and access to healthcare.

Income and economic strengthening: The provision of economic support and employment opportunities for families to address poverty and income inequality, which can increase the risk of violence against children. It should also include the development of measures to address gender inequality.

Response and support services: Children who experience violence should have access to support services such as medical care, counselling, and legal assistance. It also involves measures to ensure children who report violence are taken seriously and that perpetrators are held accountable.

Education and life skills: This strategy involves providing children with education and life skills that can protect them from violence. This includes teaching children about their rights, promoting gender equality, and providing them with skills to protect themselves from violence.

Implementing these seven strategies requires a comprehensive and coordinated approach involving all stakeholders, including government agencies, civil society organisations,

and communities. It requires a sustained commitment to prevention, early identification, and response to violence against children. These strategies are therefore a central part of this Protocol.

1.1 What is Prevention?

Prevention involves measures or a system put in place to prevent a child from becoming a victim of child neglect or maltreatment or to deter the path of a child where it is likely that they may become a child under the care of the State and become part of the child protection system. Consequently, preventive measures offer the greatest return in the long term.

1.2 Types of Prevention

There are traditionally three categories of prevention.

1. Primary (universal) prevention aims to prevent problems from occurring by addressing the general population as a rule in the form of information-education-communication measures, aiming to sensitise children and families to the risks posed by violence against children, respectively violence in the family.

2. Secondary (selective) prevention aims at early identification of risk factors and prevention of further development of problems. This type of prevention targets vulnerable groups (at risk, in difficulty). Secondary prevention is beneficial for children and their families through the immediate impact and the long-term consequences - reducing the possibility of behaviour disorders, reducing the risks of mistreatment and delinquency. In secondary prevention, the activities are intended to

prevent disintegration and dysfunction among families identified as presenting a risk of violence.

3. Tertiary (of index) prevention aims to reduce the possibilities of repeating the situation of violence against the child, particularly violence in the family, as well as its consequences. In tertiary prevention, treatment efforts are intended to resolve situations where maltreatment has already occurred, with the goal of preventing future maltreatment and avoiding the harmful effects of violence. The programmes consist of effective treatment to reduce the effects of violence and to estimate the degree of risk or safety to confirm the security conditions in which the child lives.

1.3 Prevention Measures

Primary prevention activities include:

- Public opinion awareness campaigns.
- Early prevention programmes (for preschool and school children).
- Population education programmes (for example, health education).
- Programmes for parents (e.g. informative programmes, professional counselling).
- Parents' education programmes and support groups that focus on child development.
- Age-appropriate expectations, and the roles and responsibilities of parenting.
- Family support and family strengthening programmes that enhance the ability of families to access existing services, and resources to support positive interactions among family members.

- Home visitation.
- Poverty prevention programmes.
- Information, training, and professional development programmes.

An example of secondary prevention is providing support groups for families at risk. Many of the activities are the same as those provided in primary prevention but are intended for families and children at risk. The risk is identified by social workers or by experts from the community, by using specific tools.

Secondary prevention programmes are also important from the perspective of increasing the child’s resilience. Resilience is a concept that describes successful adaptation after exposure to psychosocial risk factors or stressful events and implies the expectation of a slight susceptibility to future stressors. Resilience is an individual characteristic in which protective factors intervene.

Some examples are:

- Parent education programmes located in marginalized communities, targeting most vulnerable families at risk.
- Parent support groups that help parents deal with their everyday stresses and meet the challenges and responsibilities of parenting.
- Home visiting programmes that provide support and assistance to young parents.
- Respite care for families that have children with special needs.
- Community resources centers that offer information and referral services to children and families.

Tertiary prevention activities include:

- Intensive family preservation services with trained mental health counsellors that are available to families 24 hours per day for a short period of time (e.g., 6 - 8 weeks).
- Parent mentor programmes with stable, non-abusive families acting as “role models” and providing support to families in crisis.
- Parent support groups that help parents transform negative practices and beliefs into positive parenting behaviors and attitudes.
- Mental health services for children and families affected by maltreatment to improve family communication and functioning.
- The benefits of preventative measures are far-reaching. In addition to protecting children from abuse and neglect, preventative measures help to strengthen families and communities, promote positive child development, and reduce the likelihood of intergenerational violence. Preventative measures also have economic benefits, as they help to reduce the costs associated with responding to child abuse, such as medical treatment, counselling, and legal proceedings.

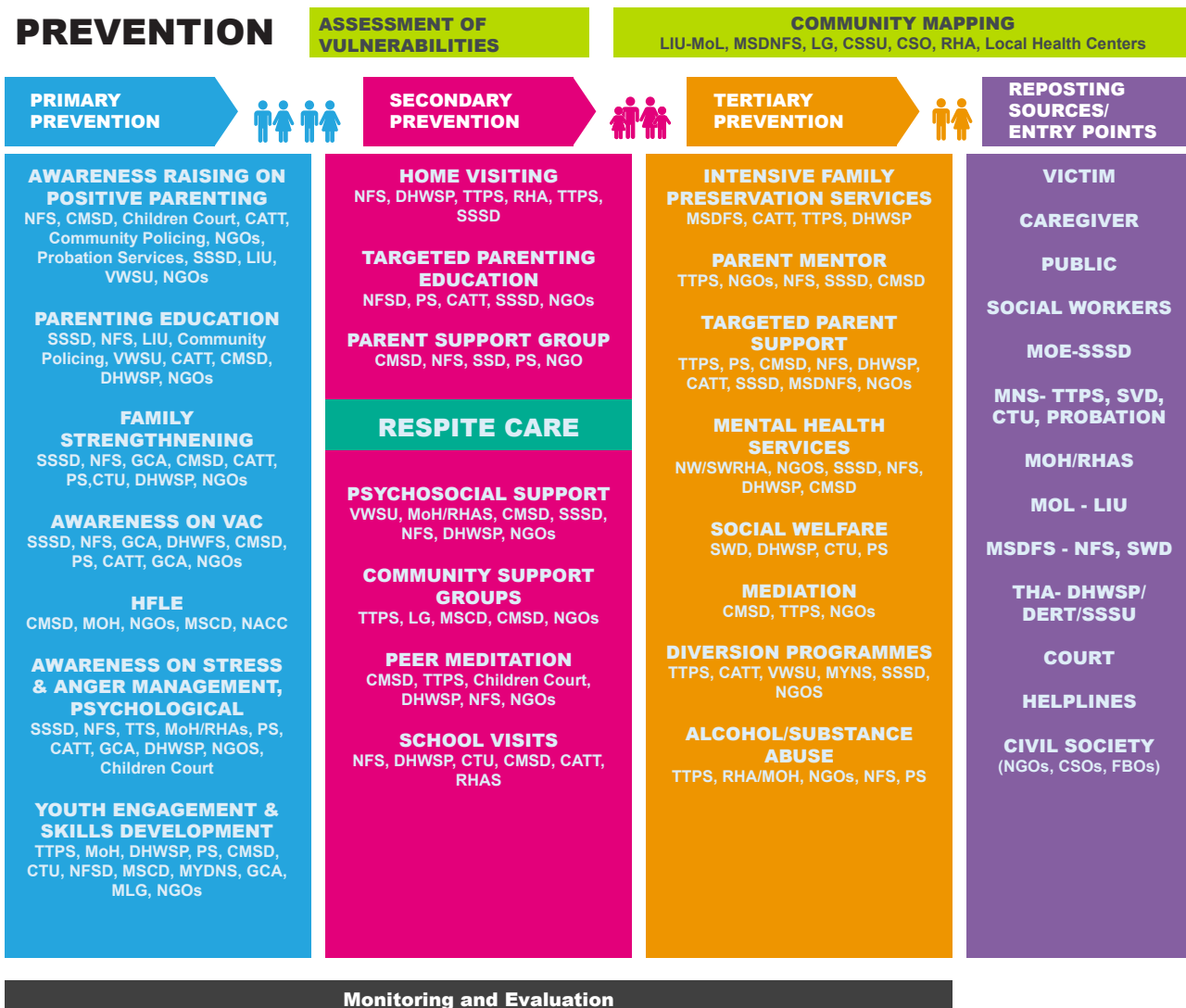
Key agencies that provide a critical role in prevention include:

- National Family Services Division, Ministry of Social Development and Family Services
- Child Guidance Clinic
- Probation Services Division
- Student Support Services Division, Ministry of Education
- Regional Health Authorities and Hospitals

- Community Mediation Services Division
- Counter-Trafficking Unit
- Trinidad and Tobago Police Service
- Immigration Division
- School Social Services Unit (Tobago)
- Division of Health, Wellness and Social Protection (Tobago), Tobago House of Assembly
- Division of Education, Research and Technology, including Support Services Unit (Tobago)
- Division of Community Development, Youth Development and Sport (Tobago)

- The Children’s Authority of Trinidad and Tobago
- Civil Society Organisations
- The Judiciary

While these agencies already conduct several of the above initiatives, the map below highlights the key stakeholders and the roles that they play in prevention. It supports the value and importance of referral pathways and emphasises the need for a collaborative approach to avoid duplication, leverage resources and maximise impact.



1.4 Early Identification

All stakeholders play a critical role in identifying children and families at risk. Stakeholders are able to identify at-risk children during the course of their work and provide interventions before abuse or neglect occurs. Additionally, individuals such as family members, teachers, coaches, babysitters, counsellors, medical and social workers, medical doctors, and community members can also be able to identify children who may be at risk of abuse or neglect.

Indicators of a child who may be at risk for abuse or neglect can include, but are not limited to, the following:

- Frequent and unexplained injuries or injuries that do not match the explanation provided
- Changes in behaviour, such as becoming withdrawn or aggressive
- Sudden drop in academic performance
- Frequent absenteeism from school
- Changes in sleeping or eating pattern
- Inappropriate sexual behaviour or knowledge
- Fear of being touched or approached
- Chronic neglect or unsupervised time spent outside the home
- Poor hygiene or lack of appropriate clothing
- Parents or caregivers with substance abuse or mental health issues
- It is important to note that these indicators are not definitive proof of abuse or neglect, but rather red flags that may indicate the

need for intervention.

Early identification of risks and prevention strategies can go a long way to reduce the likelihood of abuse and neglect occurring in the first place. In addition, this Protocol recognises the important role that each stakeholder plays in the child protection system, and seeks to demonstrate the value of a collaborative approach.

Parents **play a vital role in the prevention of** child abuse. They should be educated on how to recognise the signs of child abuse and the steps they can take to prevent it.

Educators identify children who may be at risk of abuse and work with parents to ensure that the needs of the child are met and that any issues are addressed promptly.

Healthcare professionals identify children who may be at risk of abuse during regular check-ups or when treating injuries. It is important for healthcare professionals to be trained in how to recognise the signs of abuse and to report any suspected cases to the appropriate authorities.

Social workers work closely with families to ensure that the needs of the child are being met and that any issues are addressed promptly. They provide counselling and support services to families who are struggling to cope with the challenges of parenting.

Law enforcement agencies are responsible for investigating cases of child abuse and ensuring that perpetrators are brought to justice. They work closely with social workers and healthcare professionals to identify cases of abuse and to provide support to victims.

Finally, the **Government** can provide adequate funding for prevention programmes and support research into the causes and prevention of child abuse. They also implement policies and laws that protect children from

abuse, provide resources for families who are struggling to cope with the challenges of parenting, and ensure a minimum package of services are available to children and their families.

In conclusion, the prevention of child abuse requires a multidisciplinary approach that involves different stakeholders working together. Parents, educators, healthcare professionals, social workers, law enforcement agencies, and the government all have an important role to play and by working together, stakeholders can ensure that all children are safe and protected from harm.



AIDEN ALEXANDER - THE RIGHT TO BE PROTECTED

2.0 INTRODUCTION TO THE NATIONAL INTERAGENCY PROTOCOL FOR CHILD ABUSE PREVENTION AND MANAGEMENT

2.1 Foundation of the Present Child Protection System

The Republic of Trinidad and Tobago is a two-island nation and the southernmost country of the Caribbean. Though for some time they have remained hidden from the public eye, child abuse and other forms of maltreatment have been prevalent in the society. The proliferation of this phenomenon of abuse has its origins in several factors, including, but not limited to:

- Little to no awareness and appreciation of the rights of children.
- Cultural beliefs.
- Attitudes and social norms regarding ownership of and the treatment of children.
- Socio-economic conditions.
- Migration patterns.
- The absence of proper infrastructural and service-based systems to adequately address child abuse.
- Intergenerational cycles of violence.
- Limited and overextended resource.

- A persisting crime rate.

Within this overall context, child abuse has persisted in various forms, veiled by stigma, secrecy, tolerance, and in some cases, non-recognition as forms of maltreatment.

Beginning in the early 1990s, Trinidad and Tobago became a signatory to several international and regional conventions and universal systems of rules that govern and regulate decision-making agreements and laws concerning children. The country became a signatory to the **United Nations Convention on the Rights of the Child (UNCRC or CRC)**¹ on September 30th, 1990 and ratified the Convention on December 5th, 1991².

This shift in philosophy laid the foundation for the establishment of a legislative framework for a new child protection system in the nation.

Trinidad and Tobago's child protection system has undergone significant changes over the past eight years as the country created a centralised child protection agency to safeguard children who are subjected to or likely to be subjected to abuse. The new child protection system came into effect on May 18th, 2015 with the passage of a suite of children's legislation known as the package of children's legislation.

Prior to the partial proclamation of this package of children's legislation, child protection issues were dealt with generally under the social services remit. However, May 18th, 2015 also saw the operationalising of the Children's Authority of Trinidad and Tobago (CATT) partially proclaimed under the **Children's Authority Act Chapter 46:10**. This landmark change

1. <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child> Accessed August/September 2022
2. https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?Treaty=CRC&Lang=en Accessed August/September 2022.

saw the establishment of the country's first child protection agency.

While the Children's Authority became the primary agency for child protection, the new and existing child protection system envisaged a holistic approach to child protection, and required other stakeholder agencies to continue with their mandates and obligations towards protecting and safeguarding children from abuse and harm. This new child protection system is multiagency focused as it supports and "All of Government" approach to child protection. Given the prevalence of the child abuse and child maltreatment, a national response is required from an effective child protection system.

Today, there are several challenges that the child protection stakeholder agencies face in their efforts to address child abuse. These include:

- The lack of a comprehensive standardised case management approach to child protection.
- The duplication of efforts and wastage of limited resources.
- A misunderstanding of roles within the child protection system.
- Varying standards of organisations.
- Inaccurate data that is often evidenced by a disparity in statistics.
- Increasingly strained stakeholder relationships.

For a country to have a strong, effective child protection system, there must be standard operating procedures and protocols for child protection across all sectors so as to provide professionals with practical guidance on how to prevent and respond to violence, abuse and neglect of children. The absence of a

comprehensive standardised protocol to treat with children in need of care and protection and children in need of supervision is the foundation for the development of the National Interagency Protocol For Child Abuse Prevention and Management (**NIPCAPM**).

The NIPCAPM presents a formalised and streamlined multi-agency approach to effectively treat with reports of child abuse and maltreatment within Trinidad and Tobago. Developed through a series of systematic in-depth stakeholder consultations, the framework posited in this document aligns with international best practices of child protection case management. The implementation of the NIPCAPM ensures a coordinated approach to planning and the provision of effective and timely support systems and services for all child protection stakeholder agencies involved in child protection.

2.2 Purpose and Objectives of the Protocol

The main purpose and objectives of the Protocol are to provide a clearer understanding of the roles and responsibilities to stakeholder agencies within the child protection system. This ensures that stakeholders know where a report or referral should be made, what services are available, and how the services are to be accessed. This, in turn, allows stakeholders to collaborate more efficiently and effectively in preventing and responding to child abuse and ensuring that the child's needs are being met.

The approach is a holistic one so it is also important that services to the child's family be effectively coordinated and implemented.

This Protocol provides a working tool for all stakeholders and professionals involved in the prevention and intervention of cases of child abuse and maltreatment, to help them collaborate more effectively and ensure

multidisciplinary intervention for child and family.

No single agency can fully address the problem of child abuse and thus effective collaboration is essential to the well-being and protection of children in Trinidad and Tobago. The effective coordination and collaboration of stakeholder agencies would therefore minimise overlapping or roles and responsibilities and the duplication of resources.

Each stakeholder agency works in the best interest of the child to ensure they are protected from abuse and that social interventions for the child and family are implemented accordingly without any unnecessary delays.

2.3 Intended Users of NIPCAPM for Child Protection

The NIPCAPM has been developed for use by all agencies actively involved in child protection and on behalf of children. *The Trinidad and Tobago, Vision 2030*

*Theme II*³ advocates for delivering good governance and service excellence to the public through principles of participation and inclusion. The Protocol will create a modern, effective and efficient public management system that will ensure service excellence and critical coordination by stakeholders in both the formal and informal institutions.

The users of the NIPCAPM include the following stakeholders:

- Office of the Prime Minister, Gender and Child Affairs

- The Children’s Authority of Trinidad and Tobago
- The Ministry of National Security: The Trinidad and Tobago Police Service including Child Protection Unit; Victim and Witness Support Unit; Gender-Based Violence Unit; and Cybercrime Social Media Unit
- The Ministry of National Security: Counter-Trafficking Unit
- The Ministry of National Security: Immigration Services Division
- The Ministry of National Security: Probation Services Division
- The Judiciary of the Republic of Trinidad and Tobago
- The Ministry of Health including Regional Health Authorities (RHAs)
- The Ministry of Education including Student Support Services Division (Trinidad) and Student Services Unit (Tobago)
- The Ministry of Social Development and Family Services
- The Ministry of Sport and Community Development
- The Ministry of Youth Development and National Service
- The Ministry of Labour
- The Division of Health, Wellness and Social Protection (Tobago), Tobago House of Assembly

3 <https://www.planning.gov.tt/sites/default/files/Vision%202030-%20The%20National%20Development%20Strategy%20of%20Trinidad%20and%20Tobago%202016-2030.pdf>
Accessed August/September 2022

- The Division of Education, Research and Technology, including Support Services Unit (Tobago)
- The Division of Community Development, Youth Development and Sport (Tobago)
- Non-Governmental Organisations (NGOs), Community Based Organisations (CBOs) and Faith-Based Organisations (FBOs)

With respect to Child Offenders or Children in Conflict with the Law, there is a **Multi-Agency Protocol Addressing Children in Conflict with the Law** produced by the Judiciary of Trinidad and Tobago in 2017 under the Juvenile Court Project.

2.4 Memorandum of Understanding (MOU) and Protocols

The Children’s Authority of Trinidad and Tobago (CATT) is currently working on Memoranda of Understanding with the following stakeholders:

- Trinidad and Tobago Police Service
- The Ministry of Education
- The respective Regional Health Authorities
- Counter-Trafficking Unit
- The Division of Health, Wellness and Social Protection (Tobago), Tobago House of Assembly
- Tobago Regional Health Authority

2.4.1 Memoranda of Understanding Already in Effect

MOUs have been signed between the CATT and the SWRHA and the Community Mediation Services Division.

I have a right to
PROTECTION



3.0 LEGISLATIVE FRAMEWORK FOR CHILD PROTECTION IN TRINIDAD AND TOBAGO⁴

The new child protection system is embedded across the different, critical pieces of legislation including the package of children’s legislation that came into effect partially in 2015. Trinidad and Tobago, with its myriad of legislation and legislative amendments, proclaimed over the past years since 2015, thrives to improve child protection by encompassing the principles of the **United Nations Convention on the Rights of the Child (UNCRC or CRC)**⁵. The country has been a signatory to the Convention on the Rights of the Child as of September 30th, 1990, and ratified the said Convention on December 5th, 1991⁶.

The following is a brief overview of the CRC as well as an overview of the primary existing legislation, especially the package of the children’s legislation, that are consistent with the Articles of the CRC. The list of some of the international instruments and an extended list of the key pieces of child protection legislation are set out in **Appendix I**.

3.1 United Nations Convention on the Rights of the Child (UNCRC/CRC)

There are four guiding principles⁷ of the CRC in protecting children and the rights of children.

- Non-Discrimination
- The Best Interest of the Child
- The Right to Life, Survival and Development
- Respecting the views of the Child

The rights of children provided for in the UNCRC can be grouped into **3 Ps**⁸ such as:

- **Protection**
- **Participation**
- **Provision**

The 3 Ps incorporate the following:

- **Protection** from:
 - All forms of violence (**Article 19**)
 - Child labour and sexual exploitation (**Articles 32 & 34**)
 - Drug Abuse (**Article 33**)

⁴ The list of key pieces of legislation is set out on Appendix I.

⁵ <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>
Accessed August/September 2022

⁶ https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?Treaty=CRC&Lang=en
Accessed August/September 2022

⁷ <https://www.unicef.org/armenia/en/stories/four-principles-convention-rights-child>
Accessed August/September 2022

⁸ <https://ttchildren.org/services/advocacy/#:~:text=The%203%20Ps%20of%20Children's,Participation%2C%20sometimes%20called%20the%203Ps>
Accessed August/September 2022

- **Provision** for:
 - Education (**Article 28**)
 - Leisure, play and culture (**Article 31**)
 - Health care (**Article 24**)
 - Adequate standard of living (**Article 27**)
- **Participation** such as:
 - Respect for the views of the child (**Article 12**)
 - Freedom of expression (Article 13)
 - Freedom of thought, conscience, and religion (**Article 14**)
 - Freedom of association (**Article 15**)

3.2 The Children's Authority Act, Chapter 46:10

The Children's Authority Act of Trinidad and Tobago Chapter 46:10 leads the package of children's legislation. This is the parent Act of the CATT as it established the Authority as a body corporate with the mandate to intervene, protect and safeguard children who are in need of care and protection⁹. This in effect made CATT the centralised agency within the child protection system where it was empowered to conduct social investigations related to reports of suspected child abuse and, where lawful and appropriate, to receive children who are in imminent danger¹⁰.

The CATT is also empowered to license and monitor children's homes, manage the foster care system and to facilitate the adoption of children under the new adoption system. The

provisions of such powers are further set out in the **Children's Community Residences, Foster Care and Nurseries Act Chapter 46:04** and the **Adoption of Children Act Chapter 46:03**.

By establishing the CATT and setting out its powers and duties, including the power to remove children from imminent danger, the Children's Authority Act of Trinidad and Tobago Chapter 46 introduced to practitioners the guiding and overriding principle of always acting in the best interest of a child.

3.3 Children's Community Residences, Foster Care and Nurseries Act Chapter 46:04

The **Children's Community Residences, Foster Care and Nurseries Act Chapter 46:04** is part of the package of children's legislation and makes provision for the monitoring, licensing and regulating of community residences and foster care in Trinidad and Tobago. This Act is partially proclaimed as certain sections, such as the one on nurseries, have not been proclaimed. Within the Act there are two sets of regulations that govern the operations of community residences: one for children's homes and one for rehabilitation centres.

- Children's Homes: Children's Community Residences (Children's Homes) Regulations 2018 sets out standards for licensing and monitoring of children's homes by the Authority.
- Rehabilitation Centres: Children's Community Residences (Rehabilitation Centres) Regulations 2018 sets out standards

⁹ See Glossary for definition of children who need care and protection.

¹⁰ See Glossary for definition of imminent danger.

for licensing and monitoring of Rehabilitation Centres.

3.4 Adoption of Children Act Chapter 46:03

The **Adoption of Children Act Chapter 46:03**, part of the new Adoption of Children Act of 2000 within the package of children’s legislation, replaces the **Adoption of Children Act 1949** where the adoption process was governed by the Adoption Board. In the new Act, the procedures and regulations of the adoption process fall under the Adoption Unit of CATT. The Act introduced the procedures for making a child available for adoption and also introduced overseas adoption.

3.5 The Children Act, Chapter 46:01

The **Children Act Chapter 46:01** within the new **Children Act 2012** (as amended) has repealed and replaced the Children Act 1949. The new Act establishes certain new approaches in the care and protection of children such as:

- Consolidate criminal offences committed against children or in relation to children.
- Introduce new offences committed against children.
- Replace industrial schools and orphanages (which are now community residences under the **Children Community Residences, Foster Care and Nurseries Act Chapter 46:04**).
- Introduce positions of trust regarding children.

- Establish that a child is considered a person under the age of eighteen in accordance with **Article 1** of the **CRC**. The Miscellaneous Provisions (Supreme Court of Judicature and Children) Act, amended 2018, includes provisions for Children in Need of Supervision (ChINS). **Section 50A** of the amended Act introduced the term ChINS to replace the previous term “beyond control”.

3.6 Sexual Offences Act Chapter 11:28

The **Sexual Offences Act Chapter 11:28** under **Section 31** states that certain persons, given the nature of their jobs or positions in relation to a child or because of their relationship with the child, are required to report to the Police as soon as is practicable to do so, any sexual offence they reasonably believe to have been committed against a child. This is what is known as **mandatory reporting** where failure to make a report is an offence in and of itself. The list of “mandatory reporters” was also extended by the **Sexual Offences Amendment Act No. 19 of 2019**. Mandatory reporters in accordance with the Act as amended are as follows:

- Parent or guardian of the child.
- Person who has the actual custody, charge, control of the child.
- Person who has the temporary custody, care, charge or control of a minor for a special purpose.
- Person who is the child’s attendant.
- Person who is the child’s employer.
- Person who is the child’s teacher.
- Person who is a medical practitioner, or

a registered nurse or midwife, and has performed a medical examination in respect of the child.

- Person who is a psychiatrist, psychologist, or a certified mediator
- Person who is a police officer.
- Welfare officer (probation).
- Social worker.
- Person who is the owner, manager or an employee of a nursery or day care.
- Person who is the principal of a school.
- Person who is the manager or employee of a community residence.
- Person who is employed as a guidance counsellor.
- Person who the leader of a youth, religious, faith-based, sports, recreational or other group where children are members of the group.

3.7 Domestic Violence Act Chapter 45:56

The **Domestic Violence Act (Chapter 45:56)** provides for the protection of victims of domestic violence. The Act was amended by the **Domestic Violence Amendment Act No. 18 of 2020 and Section 26A (2) and (3)** of the amended Act makes provisions for mandatory reporting for certain groups of persons who have reasonable grounds to believe that a person has engaged in conduct that constitutes domestic violence. Persons who, in accordance with the Act as amended, are mandated to report incidents of domestic violence against an adult who by reason of physical or mental disability, age or infirmity is

dependent on another person or a child are as follows:

- Person who has actual custody, charge or control.
- Person who is the attendant of the suspected victim.
- Person who is the employer of the suspected victim.
- Person who is the teacher of the suspected victim.
- Person who is the caregiver of the suspected victim.
- Person who has the temporary custody, care, charge, or control for a special purpose.
- Person who resides in the same household.
- Person who is a medical practitioner, registered nurse or midwife, and has attended to or performed a medical examination on the suspected victim.

In addition, under the amended law, the list of persons who could apply for a protection order on a child's behalf was expanded. Adults are required to apply for a protection order for any child under the age of 16. Children above the age of 16 but not yet 18 can apply for an order on their own behalf. That child can also have a person from the approved list apply for an order on their behalf. The Court can also appoint anyone referred to on the list to act on the child's behalf if the child made the application for the protection order on their own.

Persons who are required to apply for a Protection Order for any child under the age of 16:

- Parent, guardian, person with parental responsibility or person who is in loco parentis to the child

- Adult member of the child's household
- Police Officer
- Probation Officer
- Social Worker
- The Children's Authority of Trinidad and Tobago
- Person who, in the opinion of the Court, is acting in the best interest of the child



SAMAARA ALI - THE RIGHT TO BE HEARD

4.0 CASE MANAGEMENT AND GENERAL PRINCIPLES

4.1 Case Management

Case management is defined as the method of “organising and conducting work to address an individual child’s (and their family’s) needs in an appropriate, systematic and timely manner through direct support and/or referrals, and in accordance with a project or programme’s objectives.”¹¹

4.2 Purpose of Case Management

Each stakeholder agency has its own case management process that outlines how to respond to cases based on the level of urgency, and the needs of the child and family; what the case plan, care plan or treatment plan should be in achieving short term and long-term goals; and how to implement the child’s plan by providing the relevant services, or referring the child and family to the appropriate stakeholder agencies for services.

Stakeholder agencies, while performing their duties and services, would have to work as one entity to ensure that any child who enters the system is able to progress through the child protection system without facing unnecessary delays or further traumatisation. Children’s needs should continue to be met until they age out of the system at 18. Children in the system who would be aging out and have no place to reside can be transitioned into hostels under **Section 35** of the **Children’s Authority Act Chapter 46:10**. There should be a

transitioning period for every child in the system beginning either at age 16 or at least one year before the child reaches age 18. They should receive the appropriate training and skills development to prepare them for independent living. The best interest of the child should always be upheld as the overriding principle and objective in all circumstances.

Case management is the process of effectively caring for a child through the stages of the child protection system. It involves going through different stages such as:

- Identifying and reporting potential cases of child abuse.
- Assessment and multidisciplinary evaluation of the circumstances of the case.
- Making referrals and providing interventions and specialised support services for the child and family.
- Monitoring and reevaluation.
- Making recommendations that are in the best interest of the child.

These stages are interdependent and require the collaboration of the stakeholders involved in the case.

4.3 Guiding Principles in Child Protection Case Management

The following principles articulated in the **United Nations Convention on the Rights of the Child (UNCRC)**, the **Child Protection Minimum Standards (CPMS)** and the **Children Act 2012**, guide

11 Global Child Protection Working Group. 2014. Inter-Agency Guidelines for Case Management & Child Protection. CPC Network.

the behaviour and actions of caseworkers and the leadership of the departments and organisations working together to achieve successful outcomes in child protection.

4.3.1 Best Interest of the Child

Article 3 of the **UNCRC** states that “in all actions concerning children whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interest of the child shall be a primary consideration.” This is reflected in **Section 6(1)** of the **Children’s Authority Act Chapter 46:10** as one of the duties is to act in the best interest of the child and **Section 6(2)** of the same Act speaks to the factors based on the circumstances of the case that would have to be considered when determining what is in the best interest of the child. This includes consideration of:

- The love, affection, and other emotional ties existing between the parties involved and the child.
- The capacity and disposition of the parties involved to give the child love, affection and guidance and continue the education and raising the child in his / her own religion if any and to provide the child with food, clothing, medical care or other remedial care.
- The length of time the child has lived in a stable, satisfactory environment and the desirability of maintaining the status quo.
- family unit and reuniting the child with his relatives at the earliest opportunity.
- The right of the child to the enjoyment of family life.
- The right of the child to be heard.
- The right of the child to representation and

a fair hearing.

- Any other relevant support necessary for the well-being of the child.
- The permanence of the family unit and the home, school and community record of the child.
- The willingness and ability of each parent to facilitate and encourage a close parent child relationship between the child and the other parent or the child and the parents.
- The willingness and ability of relatives to facilitate and encourage familial relationships between the child and other family members.
- Domestic violence or any other forms of abuse, regardless of whether the violence was directed against or witnessed by the child.
- The reasonable preference of the child, if the Authority considers the child to be of an age and maturity to express such preference.
- Any other factor that the Authority may consider relevant to the particular child.

The “Best Interest” principle is the paramount consideration in child protection.

- **Do no harm:** Case management should be conducted in the best interest of the child, ensuring that steps taken during the process do not expose children to further harm. Stakeholder agencies and their caseworkers or officers should recognise the signs of possible trauma a child may have experienced or may be experiencing as a result of being in the system and should act to minimise or prevent such trauma.
- **Non-discrimination:** Every child should be treated fairly and equally regardless of

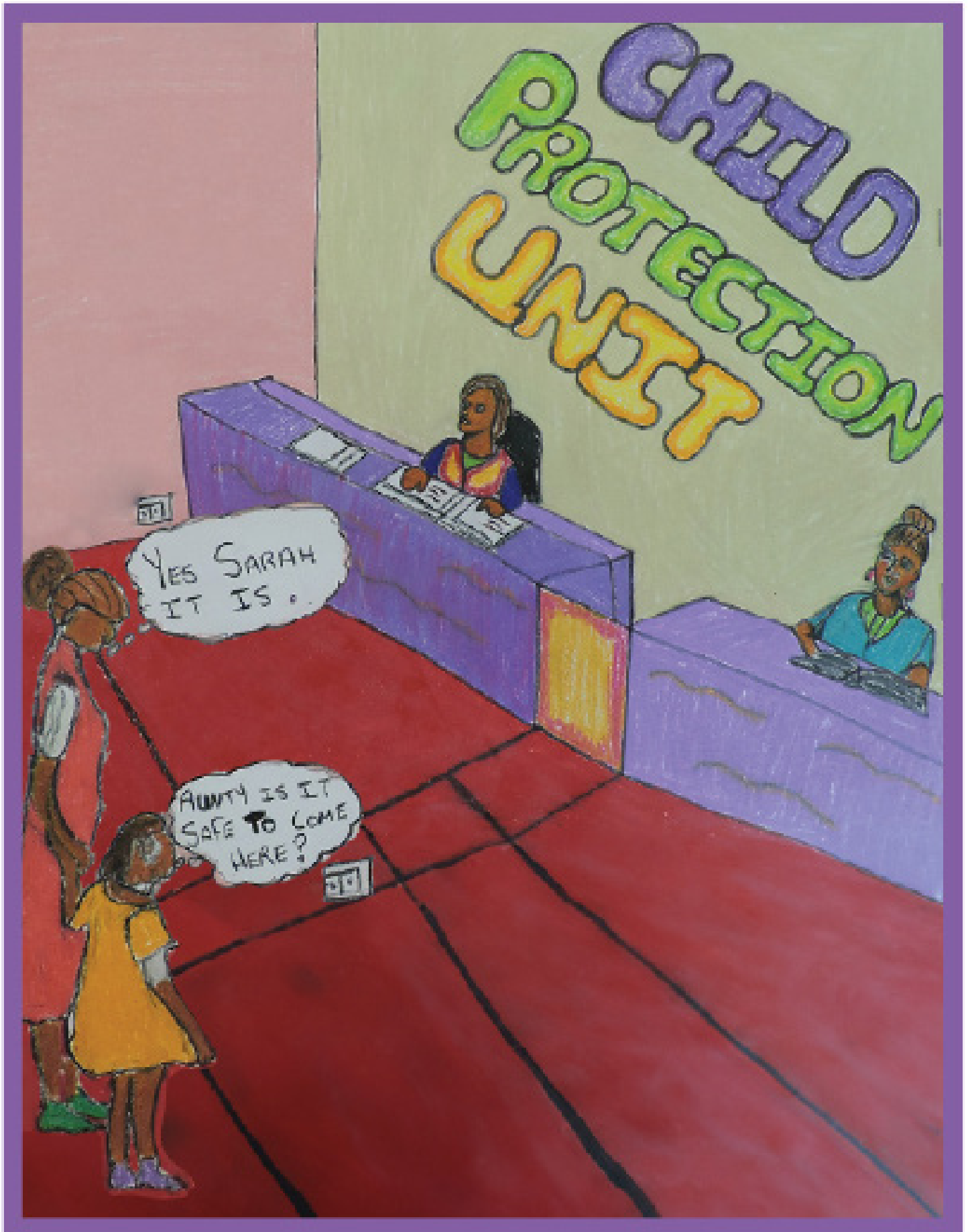
the child or child's parent or legal guardian's abilities, sex, race, age, health, disability, socioeconomic status, property religion, political or other opinion, ethnic and cultural background, birth, nationality, or status.¹²

- **Preference for children to be kept with their parent, guardian or relative:** A child in need of care and protection should remain with his/her family as far as possible and where it does not prejudice the welfare of the child. The removal from his/her home should only be considered as a measure of last resort where social interventions and monitoring and supervision would not be sufficient. Financial and material poverty of a family shall not be a justification for placing or receiving a child in alternative care but shall be seen as a signal to provide appropriate support to the family. Where adoption is not an immediate option, kinship care or foster care should be the preferred choice of alternative care for the child.
- **Confidentiality:** Information should be shared only on a 'need to know' basis and for the purpose of carrying out the case worker's duties in providing care, safety, and interventions to the child. Written records should be kept in a safe and secure place. Where interpreters are needed, they are expected to uphold confidentiality and sign an agreement to that effect. All cases must be treated as confidential and respect the right of privacy of children.
- **Accountability:** The quality of service to children comes from the responsiveness of stakeholders. Following a standard set of procedures and requisite timelines allows for greater mutual accountability among child protection stakeholders. Accountability to clients is based on involving them in decision-making, whenever possible, in the

actions and services that impact their lives. Stakeholders need to prioritise casework within acceptable timeframes across sectors and identify and overcome key bottlenecks that prevent successful results in case management. Cases that have been identified as urgent should be acted upon immediately.

- **Collaboration and partnership: Child protection is a complex area. Most situations** have multiple and varied risks, vulnerabilities, and needs. Ignoring one important risk or need jeopardises the impact of services essential for the longer-term well-being of the child. Everyone involved in case management should work in collaboration with the child and his/her parents/family, and other organisations and individuals to ensure children get the best help. Case conferencing internally and externally with external stakeholders should happen at any time in the process to ensure that all risks have been addressed or mitigated and the needs of the child are adequately met.
- **Ethical Standards:** Stakeholders in child protection must adhere to professional, ethical standards and practices such as codes of conduct, laws and policies, international norms and conventions that protect children; and other guidelines (including those provided in this document) that are fundamental to the delivery of services for the care and protection of children. This includes consent from relevant parties as may be required and may include obtaining permission from the Court if the child is before the Courts. The views of the child must be considered given his/her age and maturity when making decisions that affect them. Guardian ad litem or the CATT can be appointed by the Court to be the voice of the child.

¹² <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>
Accessed August/September 2022



DACHEL ASHBY- THE RIGHT TO BE HEARD

5.0 INTRODUCTION TO STAKEHOLDERS - PRIMARY ROLES AND RESPONSIBILITIES AND INTERNAL PATHWAYS

5.1 Office of the Prime Minister (OPM) Gender and Child Affairs (GCA)¹³

Within the Government of Trinidad and Tobago, the Office of the Prime Minister (Gender and Child Affairs - GCA), has responsibility for gender equality and the promotion of child rights. The GCA's primary roles and responsibilities include:

- Promoting gender equity, equality, and justice through policies, programmes, and initiatives.
- Promoting child rights, child protection and a nurturing environment for children through policies, programmes, and initiatives.
- Overseeing the implementation of the National Child Policy.
- Overseeing the implementation of the National Children's Registry.
- Overseeing of the State supported community residences such as the implementation of the Payment per Child Programme for Children in State Care and the provision of subventions for State managed community residences.

- The GCA has two divisions, the Gender Affairs Division and the Child Affairs Division.

The **Gender Affairs Division** has developed programmes and initiatives to promote gender equity, equality and justice such as:¹⁴

- Gender-Based Violence programmes to address domestic violence issues through its Domestic Violence Unit.
- The Male Programme to promote gender equity by considering the needs, perspectives, and expectations of men.
- Gender sensitisation activities offered to crucial target groups including members of the protective services, social media, private sector, and health.
- Technical and financial resources to NGOs to assist in promoting specific projects and programmes.

The **Child Affairs Division** is geared towards promoting child rights, child protection and a nurturing environment for children.¹⁵

- Creates and implements programmes, initiatives and policies that give effect to the UNCRC such as the online Child Abuse Prevention and Child Protection Quizzes, Child Rights Ambassadors Programme, and promotion of special awareness days and months – e.g. Child Abuse Prevention month, Day of the Girl/Boy Child, Adoption and Foster Care Awareness month, and World Children's Day.
- Oversees the operations of the National Children's Registry (**NCR**), a government data management and data sharing system that captures and securely holds information on all children. The NCR is aimed at protecting and monitoring the rights,

¹³ www.opm-gca.gov.tt/
Accessed August/September 2022

¹⁴ <http://opm-gca.gov.tt/Gender/WhatWeDoatGender>
Accessed August/September 2022

growth, care, and development of children throughout Trinidad and Tobago ensuring critical milestones are achieved. The NCR and Memoranda of Understanding with various stakeholders responsible for care of children, allow for key data on children to be shared and triangulated to track children's development and achievement of milestones, identifying potentially at risk or at-risk children. The NCR creates alerts of at-risk children who may be accessing governmental services. These alerts will be brought to the attention of the relevant agencies for action.

- Collaborates with stakeholders and devises strategies to roll out the National Child Policy.
- Oversees the implementation of the National Child Policy, including its Child Protection Implementation Plan.
- Oversees the provision of financial assistance to community residences through the Payment Per Child System for the financial upkeep and maintenance of children who are in State Care as Wards of the Court.
- Provides general oversight of the State managed community residences and provides training support for all staff at children's community residences.

5.1.1. The Children's Authority of Trinidad and Tobago (CATT)¹⁶

The CATT is a statutory body created by the **Children's Authority Act Chapter 46:10** with the primary responsibility for the care and protection of children who are at risk or have been victims of child abuse and/or neglect. The CATT falls under the remit of the Office of the Prime Minister (Gender and Child Affairs).

Primary Roles and Responsibilities of the CATT

The Authority's main roles and responsibilities under **Section 5(1)** of its parent Act include:

- Provide care, protection, and rehabilitation of children.
- Investigate and make recommendations with respect to the adoption of children in accordance with the **Adoption of Children Act, 2000**.
- Investigate complaints made by any person with respect to any child who is in the care of a community residence, foster home or nursery, that the said residence, home or nursery failed to comply with the requisite standards prescribed under the **Children's Community Residences, Foster Care and Nurseries Act, 2000** and any incident of mistreatment of children in such places.
- Investigate complaints of reports of mistreatment of children.

- Upon investigation, remove a child from his home where it is shown that the child is in imminent danger.
- Monitor community residences, foster homes and nurseries and conduct periodic reviews to determine their compliance with such requirements as may be prescribed.
- Issue, suspend and revoke licenses of community residences and nurseries as provided under the **Children's Community Residences, Foster Care and Nurseries Act, 2000.**
- Advise the Minister on matters relating to the operations of the parent Act.
- Do all such things as may be necessary or expedient for the proper performance of its duties.

The CATT also provides or makes the relevant referrals for psychosocial support for the child and his/her family as needed. In performing its duties, the CATT must ensure that it does so in the best interest of the child.

Internal Pathway

Anyone can make a report of suspected child abuse to the CATT, doing so via the following:

- Telephone including calling the Hotline
- Walk-ins
- Written correspondence
- E-mails and social media
- Referrals - done in writing, using referral forms where applicable, via court orders, or by telephone which is usually followed up in writing

All reports and referrals are made to the Registry Unit of the Authority and can be made anonymously. Stakeholder agencies can also make the report directly or they may refer to the Children's Authority for an investigation or for other services.

Referrals for specific assistance or support from CATT and reports of child abuse would trigger the entire process.

Once a child abuse report is made to the CATT, the Authority in turn makes a report to the Trinidad and Tobago Police Service – Child Protection Unit (TTPS/CPU) which will determine the potential criminal offence that has been committed against the child. This includes all offences committed against children under the Children Act 2012 such as cruelty, physical abuse, sexual abuse, neglect, abandonment, and maltreatment.

The case would either be assigned to the CATT's Investigation and Intervention Unit (IIU) or to the Emergency Response Team (ERT) for a social investigation to be conducted. The ERT is triggered where reports of abuse come in after normal working hours and require urgent attention, or during normal working hours where an immediate response is needed. The assignment of IIU depends on the locality or area where the abuse is reported to have taken place.

Once any report or referral is received by the Registry Unit of the CATT, a risk assessment is performed on the circumstances of the case, i.e. if it requires an immediate response and if other external stakeholder agencies have been engaged or need to be engaged.

A Children's Services Associate (CSA) is

15 www.opm-gca.gov.tt/

Accessed August/September 2022

16 <http://opm-gca.gov.tt/Gender/WhatWeDoatGender>

Accessed August/September 2022

assigned, and the social investigation begins. The CSA, based on the findings of the investigation, would make the relevant recommendations for the child and family, indicating whether the child should be received into care. A child is received into care where allegations of child abuse have been substantiated, and monitoring or social interventions would not be effective to prevent further abuse. This includes where the child is found to be in imminent danger. If the child is not in imminent danger and does not need to be received into care then case management, referrals, interventions and monitoring, including support services, would be initiated by CATT and other stakeholders to prevent or mitigate any further child protection concerns within the family setting.

If the child is to be received into care, then appropriate placement for the child would be found, such as a fit and suitable family member, relative or family friend, foster care, community residence, or temporary placement at a Child Support Centre. Placement options are explored with family or family friends to maintain the familial bond before other placement options are explored.

Upon receipt of a child into the care of the Authority, a Wardship and Care application would be made to Court. Referrals to other stakeholder agencies would be made on behalf of the child and family.

Children who come to the attention of the Authority may be subject to a multidisciplinary assessment (MDA) depending on the circumstances of the case. From this, a Treatment Plan is developed for the child with short term and long-term goals. These include what social interventions may be needed by way of referrals, and if other services are required such as medical, psychoeducational, further psychological or psychiatric services. The necessary recommendations and referrals would be made to the external stakeholders. The MDA may also apply to the child's siblings,

if there are any.

The child's parents, siblings and any relevant persons in the child's life would be part of the psychological assessment under the MDA. Children who are under the care of the Children's Authority or who are subject to the Children's Authority multidisciplinary assessment, would be seen by the Authority's designated doctors as part of the medical assessment of the MDA. This assessment is conducted at one of the Authority's assessment centres. Depending on the findings of the MDA, the CATT may then refer the child to a public medical facility for further treatment and care. This may include a referral for psychiatric assessment and services as part of the child's treatment plan.

In addition to the treatment plan, the CSA would also prepare a case plan that outlines the next steps in the child's care. The child may also have a care plan, also developed by the CSA, that is based on progress reports from external stakeholders; monitoring; willingness and cooperation of the family members to do the necessary social interventions; and the ability and capacity of parent or guardian or those with parental responsibility to care for child. The care plan would also set short-term goals and long-term goals. Setting short-term and long-term goals, as part of the care plan, can help in determining the final recommendations as to placement of the child or length of monitoring or supervision.

The CATT can make referrals or further recommendations for the child's care at any time during the process as the circumstances and needs of the child and family are constantly monitored and evaluated by the CSA. Case conferences both internally and externally can be conducted at any stage of the process.

Final placement options of the child into permanent care can include:

- Reintegration with parent or
- Placement in a community residence so the child remains in care
- Foster Care
- Adoption

Social interventions can still continue with aftercare service; and monitoring can be done from three months or up to a year and can be extended based on the circumstances and progress of the case.

5.2 The Ministry of National Security (MNS)¹⁷

The primary responsibilities of the Ministry of National Security (MNS) include the following:

- Ensuring the of the safety of the public and the nation through law and order and defence of the country
- Overseeing and managing disaster preparedness and relief
- Overseeing and managing the control of persons coming into and of the country
- Formulating, monitoring, and evaluating policies

The Ministry has various divisions and units with their own responsibilities and duties including, the Trinidad and Tobago Police Service (TTPS), the Trinidad and Tobago Fire Services (TTFS), the Trinidad and Tobago Defence Force, the Trinidad and Tobago Prison Services, the Trinidad and Tobago Cadet Force, the Forensic Science Centre, Immigration Division and the Office of Disaster Preparedness and Management (ODPM).

The Divisions and Units that are often engaged in the child protection system are:

- TTPS
- Counter Trafficking Unit (CTU)
- Probation Services Division (PSD)
- Immigration Division

5.2.1 Trinidad and Tobago Police Service (TTPS)

The Trinidad and Tobago Police Service (TTPS) is the main law enforcement agency in Trinidad and Tobago. As one of the branches under the Ministry of National Security, the TTPS is primarily responsible for protecting lives and property operating through a series of specialised units and general law enforcement agencies. The Police carries out its duty to protect the lives and property of individuals by enforcing law and order, detecting and investigating crime and making arrests of perpetrators for prosecution.

For the purpose of child protection, the TTPS operates via several units and departments. The following are the main units within the TTPS that are part of the child protection ecosystem:

- Special Victims and Witness Support Unit (SVWU)
 - o Gender-Based Violence Unit (GBVU)
 - o Sexual Offences Unit
 - o Child Protection Unit
- Cybercrime and Social Media Unit (CSMU)

The Special Victims and Witness Support Unit comprises the Gender-Based Violence Unit,

Sexual Offences Unit, and the Child Protection Unit. The GBVU deals with domestic violence committed against both adults and children. The Sexual Offences Unit deals with sexual offences committed against adults. The Child Protection Unit (CPU) was specifically created to treat with crimes committed against children that amount to sexual offences, abuse, abandonment, and child maltreatment.

The Cybercrime and Social Media Unit (CSMU) treats with cybercrime such as crimes committed through use of the internet or by use of a computer or related devices.

5.2.1A Child Protection Unit (CPU)

The Child Protection Unit (CPU) was created as a specialised unit to investigate reports of criminal offences that may have been committed against a child under the laws of the **Children Act 2012 Chapter 46:01**. This includes all child abuse offences including cruelty, physical abuse, sexual abuse, neglect, abandonment, and maltreatment of children.

Primary Roles and Responsibilities

The primary roles and responsibilities

- Investigate reports of child abuse offences.
- Conduct operational functions and assist when children must be removed from unsafe or dangerous environments.
- Effect recovery orders by locating the whereabouts of children who have absconded and returning them to the home, community residences, or other CATT-approved facility where they resided.
- Treat with matters involving children in conflict with the law and children in need of supervision (ChINS).

- Referring to internal units and/or external stakeholders for psychosocial and counselling support for children, where required.

5.2.1B Gender-Based Violence Unit (GBVU)

The Gender-Based Violence Unit (GBVU) of the TTPS investigates allegations of domestic violence under the **Domestic Violence Act Chapter 45:56** and applies for protection orders on behalf of children under the Act. Children who live in their homes where domestic violence occurs are often present during the acts of domestic violence.

Primary Roles and Responsibilities

The key roles and responsibilities therefore include:

- Investigating cases of domestic violence
- Applying for protection orders on behalf of children where necessary
- Referring to internal units and/or external stakeholders for psychosocial and counselling support for children, where required.

5.2.1C Cybercrime and Social Media Unit (CSMU)

The Cybercrime and Social Media Unit also called the Cybercrime Unit is a specialised team of police officers in Trinidad and Tobago Police Service whose primary role is to provide technical assistance in the detection and investigations of cybercrime. Cybercrimes are crimes committed online – via the Internet,

using a computer, mobile device or other related devices and can take the form of cyberbullying, cyberstalking, cyber grooming, sextortion and sexting, recording and circulating sexual images of children, and live streaming of sexual abuse.

Primary Roles and Responsibilities

The primary responsibilities of this Unit include:

- Investigating cybercrimes
- Charging perpetrators of cybercrime offences
- Referring to internal units and external stakeholders for psychosocial and counselling support on behalf of victims and their families

5.2.1D Victim and Witness Support Unit (VWSU)

The Victim and Witness Support Unit (VWSU) is another specialised unit within the TTPS. Victim and Witness Support officers are civilian staff who are qualified professionals such as social workers, counsellors, and psychologists. This Unit bridges the service gap between the TTPS and victims and witnesses of crime. It is also a confidential source of support to victims including psychosocial services. The Unit also provides its service to individuals, groups, and communities to cope with all forms of crime victimisation. It develops policies, programmes, and initiatives which manifest into interventions that provide valuable and individually tailored assistance to each victim. The types of cases addressed include all crimes ranging from homicides, domestic violence, robberies, road fatalities, and any other crimes where there

are victims. The Unit treats with all victims and witnesses of crime including children.

The VWSU may act in loco parentis for child victims and witnesses when being interviewed by police officers where a parent or other family members are unavailable. Usually the police officer, in the request for someone to act in loco parentis would indicate that no parent or family member is available. The officer can also sit in on interviews where children may be victims of trafficking if support is requested from the VWSU. They can also offer support for victims who may be in the Justice Protection Programme to assist them in coping with the isolation and they may make further recommendations.

Primary Roles and Responsibilities

The key roles and responsibilities of the Unit include:

- Engaging victims and witnesses of crime and conducting needs assessment.
- Providing short term counselling.
- Linking clients to services that they need such as psychosocial interventions.
- Providing guidance and emotional support to victims and witnesses by keeping them abreast of status of investigations, advising on the court process if they must give testimony and on the available resources, and sometimes accompanying victims to court, medical institutions, or social agencies.
- Providing psychoeducational workshops to educate and sensitise victims and the public on victim-related matters.

17 www.nationalsecurity.gov.tt/
Accessed August/September 2022

Internal Pathway:

TTPS and Specialised Units

The TTPS has a “One Door” policy, allowing anyone to make a report at any police station, regardless of where the incident occurred. Once the report is made, it is transferred to the relevant police station in the district area and to the relevant unit. The report can be made to the Senior Officer in Charge of the Police Station. The police can be contacted via e-mails, telephone, emergency numbers, social media and walk-ins.

The Police, including its specialised units such as CPU and GBVU, would conduct its investigations into any matter that has been assigned or reported to them. Anyone can make a report to a specialised unit such as CPU or GBVU. While a direct report can be made to the CSMU, it is likely that the report would have been made to the Police or one of the other units such as CPU which in turn can engage the Cybercrime unit. The VWSU would be engaged internally by any one from the unit or other department in the TTPS. The services of the VWSU is not dependent on the investigation as it considered a short-term intervention with referrals to more long-term interventions. Once a person is referred to them, the Victim and Witness Support Unit makes contact and sets up an appointment to conduct an assessment of the person’s needs and to and set the interventions and goals for that person. This can also include referrals to external agencies.

5.2.2 The Counter-Trafficking Unit (CTU)

The Counter-Trafficking Unit (CTU) was established under the **Trafficking in Persons Act Chapter 12:10** and is a specialised Unit under the Ministry of National Security. The CTU is responsible for the prevention of human trafficking, investigating matters pertaining to trafficking, protection of victims and witnesses, and referring all matters requiring the initiation of criminal prosecutions to the Office of the Director of Public Prosecutions.

Primary Roles and Responsibilities

The key roles and responsibilities of the Counter-Trafficking Unit include but are not limited to the following:

- Investigate all cases pertaining to trafficking which includes interviewing possible victims of trafficking and persons believed to be traffickers.
- Gather evidence to secure convictions against traffickers.
- Liaise with external stakeholder agencies to provide the protection and support to victims.
- Conduct educational public awareness campaigns against human trafficking.

Internal Pathway

Anyone can make a report to the CTU, once they believe a trafficking offence has been or is being committed. A report can be made anonymously and via the following means:

- Telephone
- E-mail and social media

- Walk-ins
- Referrals by stakeholder agencies via telephone with follow-up in writing

Once a report or referral is made to CTU, it begins its investigation, gathering evidence which would then be turned over to the Office of the Director of Public Prosecutions (DPP). This process would include identification and surveillance, case management, investigation and family tracing, arrest of perpetrator, and prosecution by criminal courts. The DPP's office, in considering the evidence presented by the CTU, would determine whether charges can be laid.

The CTU would also refer the cases to the relevant stakeholder agencies for support and assistance. In situations where the person trafficked is a non-national with a child/children, they can be referred to the Ministry of Social Development and National Family Services for appropriate housing, education and training, psychological counselling, legal assistance and legal information, and medical assistance.

If the trafficked person is an unaccompanied minor, the CTU refers the child to the CATT for assistance and appropriate placement in a care environment. Counter-Trafficking would provide the relevant documentation as to the Authority such as a birth certificate and provide details on how the child arrived in the country. The Unit would also give the status of the ongoing investigation; confirmation that the child has legal representation; contact information as to the child's family or relatives in Trinidad or the child's country of origin; and any recommendations regarding placement including whether repatriation and reunification or possible enrolment into the Witness or Justice Protection Programme, are being pursued.

If the child is unaccompanied and a victim of trafficking and is a returning national of Trinidad and Tobago, CTU would contact the CATT for appropriate placement.

This can include reunification with family members upon the completion of a suitability assessment by the Authority. If the child has no suitable or interested family or relatives, then the child may be received into care.

The CTU, in addition to referring and liaising with the MSDFS and Children's Authority, refers and liaises with other agencies such as Immigration Division, civil society groups, embassies and consulates, the Legal Aid and Advisory Authority, non-governmental agencies, and the Ministry of Health via hospitals and medical centres.

Case conferencing is critical to ensure the needs of the children are being met and that their rights are protected. The information is also kept confidential by all stakeholder agencies involved while the CTU conducts its investigation.

The CTU continues to investigate and gather information to assist the DPP's office in prosecuting offenders. CTU would also collaborate with and refer to the Ministry of National Security for those child victims or witnesses whose parent or guardian consented to enter the Justice Protection Programme.

5.2.3¹⁸ Immigration Division

The Immigration Division controls and regulates the admissions of persons into the country, inter alia, by ensuring that persons have the appropriate documents, meet the entry requirements for entering, and do not fall within

18 <https://nationalsecurity.gov.tt/divisions/immigration-division/>
Accessed August/September 2022

19 Immigration Act Chapter 18:01

the prohibited class of persons.¹⁹

Primary Roles and Responsibilities

The Division is responsible for the administration and enforcement of all immigration and citizenship laws in Trinidad and Tobago. Its primary responsibilities therefore include:

- Issuing travel and entry documents such as Passports and Visas.
- Checking a person's immigration status and on the validity of their travel documentation.
- Granting Extensions of Stay to non-nationals.
- Granting Certificates of Immigration status
- Detaining and deporting illegal immigrants.
- Interviewing applicants for permanent residency and citizenship.
- Advising the Minister of National Security on matters of immigration and citizenship.

The Immigration Division also has various units that carry out the functions of the Division. These units include:

- **The Enforcement Unit:** is responsible for monitoring and enforcing compliance with the immigration laws and policies of Trinidad and Tobago. The Enforcement Unit investigates breaches and alleged breaches of immigration laws and refers these matters to the TTPS. In appropriate cases the Enforcement Unit would prepare the necessary documentation for approval to remove illegal immigrants. The Immigration Detention Centre operates under the Enforcement Unit.
- **The Intelligence Unit:** This unit assists the Intelligence Services in the country.

- **The Passports and Passport Production Units:** These units are responsible for processing passport applications and producing passports for citizens of Trinidad and Tobago whether abroad or in the country.

- **The Extensions Unit:** This unit is responsible for the issuance and extension of Work Permits, Student Permits, Holiday and Business Extensions, Medical Visas, Missionary Permits and Entry Visas. This Unit also endorses the travel documents of persons who have been granted permanent residence.

Internal Pathway

A person can make a report anonymously to Immigration Division by telephone, email, or walk-ins. Stakeholder agencies can make a referral in writing to the attention of the Chief Immigration Officer but the stakeholder agency can make initial contact by telephone. The Chief Immigration Officer would assign staff accordingly to treat with the referrals or make requests for assistance.

The Immigration Division can refer cases to stakeholders for assistance and the necessary investigation and/or interventions. It refers, where necessary, matters involving children where the support or intervention of the Children's Authority may be required, such as unaccompanied minors. The Immigration Division would also refer cases to the CTU where there are indicators of human trafficking.

The Immigration Division is usually engaged when stakeholder agencies need assistance in ascertaining the immigration status of a person, status of unaccompanied minors as to whether or not their parents are in the jurisdiction or not, the validity of travel documents, questions on immigration process and procedures, and repatriation.

5.2.4 Probation Services Division (PSD)²⁰

The Probation Services Division (PSD) is a division within the Ministry of National Security and was established under the **Probation of Offenders Act Chapter 13:51**. Children's Probation Officers (CPOs) treat with children who are in conflict with the law under the Act in addition to treating with children who are in need of supervision (ChINS) as set out under the **Children Act 2012**. The CPO has been trained and qualified as a specialist in the welfare of children that provides probationary or diversionary services.

Probation Officers and Children's Probation Officers are attached to Family and Children Court locations respectively across Trinidad and Tobago. The CPOs also work with the Ministry of Education Student Support Services.

Primary Roles and Responsibilities

The key roles and responsibilities of the Probation Services Division is to provide probationary services which include:

- Conducting investigation and social enquiries such as interviews and home and school visits.
- Conducting risk assessment for children in conflict with the law and children in need of supervision (ChINS).
- Supervising, monitoring and follow up services.
- Providing reconciliation services to parents and children and parents.
- Offering diversionary programmes to

children.

- Providing reports to the Courts and recommendations to assist the Court in making better recommendations.
- Ensuring children comply with court probation orders or recognisance orders.
- Working with children so they feel comfortable and at ease when appearing in Court by ensuring that they understand the Court process.
- Drug testing in accordance with Court Orders.
- Providing counselling services such as individual and family counselling.

Internal Pathway

Children can be referred or come to the attention of the Probation Services Division:

- a. by the Courts via Court orders
- b. by walk-ins or referrals for children who are not before the Courts

Referrals can be made verbally or in writing. If it is being done in writing, it can be addressed to the Chief Probation Officer (CPO).

If the child is before the Court, such as ChINS, the PO assigned would facilitate the services requested in the Court Order and provide a report to the Court with its recommendations. The Court can order anything from conducting a risk assessment, investigation, social enquires, counselling for the child and or child and family, supervision or monitoring, or any services that the Court ordered that is under the duties of the Division. The PO would provide a report and its recommendations to the Court. The Probation

²⁰ www.nationalsecurity.gov.tt/divisions/probation-services
Accessed August/September 2022

Services Division can also do referrals to other stakeholder agencies.

If a child breaches a condition of the order or condition of the probation, the child is brought back before the Court to be dealt with accordingly.

If the child is not before the Court and diversionary services are necessary for a child, the PO would make the necessary referrals to programmes that would be of benefit to the child. These can include MiLAT, (Military-Led Academic Training Programme), under Ministry of Youth and Development National Services – a two-year residential programme in a quasi-military environment that offers discipline to at risk youths while allowing them to pursue to their academic development); ALTA (Adult Literacy Tutors Association) teaches free writing and reading classes for children sixteen years and up; and NESCC (National Energy Skills Centre) that offers technical skills training for the energy and industrial sectors.

These programmes allow for children who may not be attending school to obtain skills that are marketable and prepare them for adulthood. It supports their development by providing the necessary life skills training and mentorship. The child and parents or guardians can also be exposed to Cognitive Behavioural Therapy (Thinking for Change Programme) by the PO to assist with their rehabilitation.

Other duties of the Probation Officer:

- The PO would monitor, and conduct follow ups on how the children are performing in their programmes.
- The PO can also make an application for a protection order for a child under the **Domestic Violence Act Chapter**

45:56 where there are domestic violence concerns.

- The PO can also refer a child to the Ministry of Education Student Support Services for a psychoeducational assessment.
- The Probation Services Division would make the relevant referrals to the appropriate stakeholder agencies including reporting or referring a case to CATT and the TTPS if there are child abuse concerns.

5.3. The Ministry of Social Development and Family Services (MSDFS)²¹

The Ministry is responsible for providing social services and programmes to help address some of the country's biggest social challenges, such as poverty, social inequality and social inclusion, providing relief through its various divisions. The primary roles and responsibilities of MSDFS include:

- Social Services delivery and providing social support to vulnerable and marginalised groups of society such as children, women, the elderly, persons with disabilities, the poor or indigent, the socially displaced, ex-prisoners, deportees and persons living with HIV/AIDS.
- Centralised coordination of research, policy and programme planning, and development of the Social Sector.
- Facilitating information and data gathering and dissemination within the social sector.

21 Ministry of Social Development and Family Services
<https://social.gov.tt/>
Accessed on August-September 2022

- Monitoring and evaluating the social services sector by developing systems, strategies, and programmes.
- Providing disaster relief support services to families.

The various divisions within the Ministry are:

- **National Family Services**
Provides psychosocial support and counselling to families.
- **Social Welfare Division**
Offers financial and social assistance through social grants to persons in need or have little or no means of support.
- **Division of Ageing**
Provides services and support to the elderly population in society.
- **National Social Development Programme**
Offers social grants for the improvement of the infrastructure and living conditions of homes to vulnerable persons.
- **Disability Affairs Unit**
Provides services and support to persons with disabilities in society.
- **Social Displacement Unit**
Provides services and support to persons who are displaced in society.
- **Interdisciplinary Child Development Centre**
Preschool facility that serves underprivileged at-risk children from vulnerable families in the Couva and surrounding environments.
- **HIV/AIDS Coordinating Unit**
Provides programmes and initiatives to sensitise and educate and treat with

psychosocial issues.

- **Non-Governmental Organisation Unit**

Oversight of NGOs through registration and processing requests for financial assistance and subventions while monitoring and evaluating NGOs who receive financial assistance.

5.3.1.²²

National Family Services Division (NFSD)

The National Family Services Division (NFSD) offers services to promote healthy family functioning by providing preventive, developmental, and remedial programmes to families. The Division provides psychosocial support and counselling to families in need of such services and includes programmes such as National Parenting Programme; Family Initiatives Programme that includes the radio programme It's Family Time Let's Talk; and Critical Incidents Response which includes Lay Responders Training for Domestic Violence.

Primary Roles and Responsibilities

- Psychosocial support and counselling to family and family members such as individual, group, and family counselling which can include anger management, parenting training, and self-development counselling. Clients can therefore range from individuals, groups, and family members such as parents, children, the elderly, the disabled, and the disadvantaged.
- Policy formulation, public education and sensitisation campaigns, workshops, as well as designing and implementing

²² <https://social.gov.tt/national-family-services-division/>
Accessed August/September 2022

training programmes. These workshops and programmes cover topics related to parenting training, abuse/incest, domestic violence, marital problems, depression, family life (parenting, co-parenting, and grandparenting), drug abuse, life crises, behavioural issues, and financial issues.

- Engaging in crisis intervention in cases of tragedies and disasters impacting families such as homicides, suicides, vehicular accidents, natural disasters, and other incidents impacting families.

Internal Pathway

Services offered by NFS can be accessible by:

- Walk-ins to one of its locations
- Telephone and SMS
- E-mail and via social media platforms
- Appointments
- Referrals both internal from other divisions within their Ministry and external from stakeholder agencies

Referrals from stakeholder agencies can be done in writing addressed to the Assistant Director or Director and sent to the Head Office of the Division.

If a case is referred or a request for services is made by traditional means such as walk-ins, telephone, or in writing, a Preliminary Intake Form is completed and forwarded to the Regional Coordinator or designated Senior Social Worker for assignment to a Family Services Social Worker (FSSW). The assignment is based on the geographic location of the client but there are instances where a case can be assigned to a specific social worker not based on geographic location if the case requires immediate attention or where a

specific type of intervention is required.

The client would be contacted within twenty-four hours of receipt of the case or referral if it was done by telephone or by written correspondence to set up their appointment. If NFSD is engaged through walk-ins, then a Preliminary Intake Form is filled out and the client can receive immediate attention.

Cases of domestic violence and suicide ideation are dealt with immediately.

If a case is referred or a request for services is made by non-traditional means such as e-mail, social media, or SMS, it would be reviewed and assigned according to geographic location. Contact is then made with the client, 'a preliminary intake is form is filled out and forwarded to the Regional Coordinator or designated Senior Social Worker for assignment to a FSSW. The FSSW would contact the client for a discussion, and where necessary, an in-person appointment would be set, to determine the needs of the client. Following this, a Client Intake Form is filled out by the FSSW which would contain the demographic and socio-economic data for the client and family members (where relevant).

The FSSW works with the client to establish a care plan outlining the steps to be taken and the time frame for the intervention. This care plan can be reviewed during the process and amended accordingly. When the FSSW determines with the client that the interventions has been successful, the client exits the system. The FSSW will continue to monitor the client's progress for a period up to one year. The client is made aware that he/she can return at any time for additional intervention.

Where deemed necessary, clients are referred to other stakeholder agencies for additional support. Client files are updated accordingly and filed away in secured cabinets. FSSW can

refer the client internally also to other divisions for assistance but would continue to act as the primary FSSW on the case.

5.3.2.²³ **Social Welfare Division (SWD)**

The Social Welfare Division of the Ministry of Social Development and Family Services is tasked with providing financial assistance in the form of grants to meet the needs of the elderly, disabled, poor and vulnerable in the society. These grants include: -

- Senior Citizens Pension Grant
- Public Assistance Grant
- Disability Assistance Grant (Adults)
- Disability Assistance Grant (Children)
- Food Support
- General Assistance Grants

To qualify for these grants, persons must either satisfy the established criteria stated in the legislations, regulations and/or guidelines.

Roles and Responsibilities

1. To provide a major social safety net for vulnerable persons;
2. To provide income support to older persons;
3. To provide income support to persons with disabilities;
4. To provide financial assistance to the infirmed and needy;
5. To provide assistance to families who are

6. Provide assistance to persons who have contributed to national development and who are experiencing difficult circumstances.

7. Internal Pathway

The Social Welfare Division has ten (10) offices across Trinidad and one (1) in Tobago; this ensure that the vulnerable across the country are met in their communities or regions.

- Officers at the various offices make home visits based on actual applications or referrals received.
- Interviews and assessments are conducted by Officers to determine whether the applicant satisfies the criteria for the particular grant.
- All applications are submitted to the Local Board which is responsible for the determination of the claim, i.e. to approve, reject, continue or discontinue.

Applicants are informed in writing of the outcome of the application and of the option to appeal if dissatisfied with the decision of the Local Board.

²³ <https://social.gov.tt/social-welfare-division/>
Accessed August/September 2022

5.4 The Judiciary of the Republic of Trinidad and Tobago²⁴

The Judiciary was established by the Constitution of the Republic of Trinidad and Tobago and is a separate arm of government and therefore independent from both the executive and the legislature. It is the country's system of courts that work towards resolving disputes and ensuring that justice is done in accordance with the laws of Trinidad and Tobago. It consists of the summary courts such as the Magistrates' Court or District Courts and the Petty Civil Courts; and the Supreme Court of Judicature which is the High Court and the Court of Appeal. The **Family and Children Division Act No 6 of 2016** established the Family and Children Division of the High Court of Justice which treats with matters pertaining to family and children.

The Family and Children Court Division (FCD) comprises the Family Court, Children Court, and the FCD Court Administration Department. Under the **Family and Children Division Act 2016**, both Masters and Judges exercise jurisdiction from the hearing to the disposition of matters. The Family Court was operating as a pilot project prior to proclamation of the Act in February 2018 and the Children Court was operational in 2018 upon said proclamation.

The Family Court: This Court hears family matters that include, divorce, legal custody and legal guardianship, access, maintenance, domestic violence, property settlement, and adoption matters.

The Children Court: This Court hears matters relating to children such as applications

from the Children's Authority, Children In Need of Supervision (ChINS) applications, domestic violence matters, child charge matters, and private complaint summary matters.

The Family and Children Court Division has court services such as the Court Social Services Unit and specialised court annexed programmes, such as drug treatment court, that are available to children before the Courts as well as their families. The Social Services Unit comprises social workers, psychologists, children's probation officers who are also social workers. The Judicial Officer would have to make the relevant orders for internal referrals of these services and programmes. This includes supervised Court access.

Primary Roles and Responsibilities of the Courts

- Resolving disputes conflicts that are adjudicated on by the Courts.
- Ensuring justice is done in accordance with the laws of Trinidad and Tobago.
- Ensuring that in children matters, the best interest of the child principle is always the paramount consideration.
- Appointment of Children Attorneys where necessary or where the legislation provides for such.
- Ensuring children have legal representation where necessary or where the legislation provides for same. This can be for a Legal Aid Attorney or Duty Counsel.
- Ensuring the child and family are receiving the necessary social interventions.

²⁴ www.ttlawcourts.org
Accessed August/September 2022

The primary roles and responsibilities of the Court Social Services Unit via Court ordered include the following:

- Counselling and psychosocial and analysis and support to the child and family
- Supervising Court ordered access
- Mediation Services
- Probationary and Diversionary services through the Children Probation Officers attached to the Unit
- Risk Assessment by the Children Probation Officers
- Psychotherapy and psychosocial evaluations and assessment
- Supervision, monitoring and follow ups

Internal Pathway

Family Court Matters: Parties would file the appropriate applications with the appropriate Court with regards to respective disputes, matters, or issues to be resolved. Parties would usually be represented by their attorneys but this is not always the case.

Criminal Matters: When a child has been charged and the matters are dealt with in criminal proceedings either as a summary offence or indictable offence. The Courts also deal with sentencing and monitoring in these cases.

Private Complaints: These are very rare. A private citizen may make a private complaint against a child alleging a summary offence has been committed and some type of compensation or intervention is needed. The

child is not charged in these matters.

Domestic Violence (DV): The intake process of DV applications are similar to ChINS applications but the form required to be completed is different. The Respondent is not the child in these proceedings but almost anyone can make an application on behalf of a child as provided by the **Domestic Violence Act Chapter 45:56** as amended by the **Domestic Violence Amendment Act 18 of 2020**. There are no Children's Attorneys requested in these cases but the Court always has such powers to make such orders if one needs to be appointed. DV applications that relate to a child is heard at the Children Court before a Master.

Children in Need of Supervision (ChINS)²⁵: These applications are made at the Children Court. The application can be brought by the parent or legal guardian of the subject child or the person who has parental responsibility for a child where the party alleges that they are unable to control the child.

The process is initiated where the applicant who is the party bringing the application fills out a form with respect to the contact information and concerns and provide the birth certificate of the subject child. The child is named as a respondent in the proceedings. The matter is assigned to the Judicial Officer. Masters of the Court preside over ChINS matters.

Once the intake process is completed and the matter has been assigned, it would be heard before the Master of the Court. The Court shall then refer the child to the Children's Probation Officer which is attached to the Court Social Services Unit; notify the Children's Authority; and request the Solicitor General Office to appoint a children's attorney for the child.

25 Section 50A of the Children Act 2012

The Children PO shall provide a report to the Court with respect to its enquiries, investigations, evaluations and recommendations. It is upon receipt of the probation report, the Court may make an order that the child be deemed a child in need of supervision and refer the child to the Authority who may recommend appropriate intervention; and or may make orders as it relates to care and placement, counselling and other rehabilitative intervention.

The Court also has the power to deem a ChINS child as a child in need of care and protection. It can make interim orders while awaiting the PO reports, and can refer the child to the any external stakeholder agencies other than the CATT for relevant services such as counselling and intervention, medical screening, psychoeducational assessment, mental health or psychiatric evaluations, and monitoring. Counselling and social interventions can be ordered for the child; the child's family; members of the child's household; or persons connected to the child. The referrals made by the Court are sometimes done simultaneously and at the discretion of the Judicial Officers.

The Court would make an order as final placement based on recommendations and progress of referrals. Both external stakeholder agencies and Court Social Services Unit provide feedback such as updates, assessments, evaluations, diagnoses, and recommendations in the form of reports that are submitted to the Court.

5.5 The Ministry of Labour (MOL)²⁶

The Ministry of Labour promotes fairness and protection of workers in their work environment, promotes conciliation where possible between employers and employees, provide job programmes and opportunities, and ensure compliance to the labour laws of the country. The Ministry is therefore made up of various Units or Sections in charge of particular services or programmes that are offered.

Primary Roles and Responsibilities

- Monitoring workplaces and enforcement of labour laws
- Conciliation, Advisory, and Advocacy services
- Educating employers and employees; empowering individuals
- Providing job-related programmes and job placement such as On the Job Training Programme (OJT) for young adults to gain work experience and employment

5.5.1 Labour Inspectorate Unit (LIU)²⁷

The Labour Inspectorate Unit is responsible for the monitoring and enforcement of three key pieces of labour laws of the country. The three key pieces of labour laws that are under the purview of this Unit are the Minimum Wages Act Chapter 88:04 and Orders, the Maternity Protection Act Chapter 45:47, and Part XIV

26 www.labour.gov.tt/
Accessed August/September 2022

27 <https://www.labour.gov.tt/services/labour-inspectorate/a-closer-look-into-the-labour-inspectorate-unit>
Accessed August/September 2022

Children Act 2012 Chapter 46:01 that deals with the Employment of Young Persons.

Key Roles and Responsibilities

The primary role and responsibilities of the Unit include:

- Investigation of complaints made to ensure compliance.
- Routine Inspection visits of workplaces.
- Enforcement of labour laws particularly in regard to the three key pieces of legislation.
- Advise employers and workers on the legislation.

The LIU is empowered under Part XIV of the Children Act 2012 Chapter 46:01 to investigate complaints of child labour. It is an offence for a child under the age of sixteen to be employed or to work for any public or private organisation except where it is a family-based employment with members of the same family employed.²⁸ There is an exception if the work is for educational, technical or vocational purposes and meet certain stipulated requirements.²⁹

Internal Pathway

Anyone can make a report to the Labour Inspectorate Unit of the Ministry of Labour pertaining to a child under the age of sixteen engaged in economic activities. Stakeholders can also make a report through referrals to the Unit. The minimum information required by the LIU to initiate an inspection would be the name, contact number and/or email address of the person making the report on a suspected case of child labour. The Inspector can then contact the informant for more details to facilitate the inspection visit. The report or referral can be

done by telephone, walk-ins, e-mail, social media or in writing.

Once the report is made or the referral received it would be assigned to a Labour Inspector who would contact the reporter or informant for details or additional information. The Labour Inspector would then physically visit the location where the child is working to investigate. The Labour Inspector during the visit would interview the child, parents or guardians and the employer. Once the information is collected then an assessment is done to determine if other agencies or stakeholders should be engaged such as:

- Occupational Safety and Health Agency (OSHA)
- Child Protection Unit
- Children's Authority
- Counter Trafficking Unit
- The Ministry of Education
- The Ministry of Social Development and Family Services: National Family Services and Social Welfare Division

The Labour Inspector ensures the child is removed from the workplace and no longer subject to child labour; the external agencies would have to render interventions and support services to the child and possibly the child's family. The Unit would be responsible for enforcing labour laws and if an offence has been committed then charges can be laid against the offender in the District Courts.

28 Section 105 Children Act 2012 Chapter 46:01

29 Section 106 Children Act 2012 Chapter 46:01

30 www.moe.gov.tt

Accessed August/September 2022

5.6 The Ministry of Education (MOE)³⁰

The Ministry of Education (MOE) under the **Ministry of Education Act Chapter 39:01** responsibility for the management of all public Early Childhood Care Education (ECCE), Primary, Secondary and Tertiary education institutions and oversight of all private education institutions in Trinidad and Tobago (in conjunction with the Tobago House of Assembly's Education, Research and Technology Division). The day to day management of a school is the responsibility of the school's principal. The promotion of education including the oversight of early childhood education centres falls under the MOE. The compulsory school age for children are five years and up to the age of sixteen³¹. It is an offence under the Education Act if a parent or guardian neglects or refuses to have children in their care attend schooling unless the child is legally excused from attendance³². The MOE has oversight over primary, secondary and tertiary education that falls under it.

Primary Roles and Responsibilities

- Overseeing the public education and promoting education in the country
- Ensuring there are schools available for the promotion of education

The MOE has various units and divisions to assist in carrying out its functions.

Internal Pathway

While each school has its own principal, there are District School Supervisors and School Supervisors who assist in the operations of the

public-school system. All children of school age must attend a school and children who are in the child protection system must also do as it is their right. This means a referral to the MOE can be done for a respective school transfer or for school enrolment.

These requests for school transfers from stakeholders can be made with the principal of the school that the child is to be expected to attend. If there is space to accommodate the child, the principal would then give the person with parental responsibility a transfer form that is to be signed off by the principal of the school that the child is being transferred from. Once the form is signed it can be taken back to the new school principal to forward to the District School Supervisor or the person with parental responsibility can take it themselves to the District School Supervisor. The stakeholder agency can also engage the District School Supervisor if there are challenges with the school transfer.

The MOE, the school's principal, school supervisor and district school supervisor can assist with school enrolment or late school enrolment.

The principals and teachers of schools are also engaged by the caseworkers where school visits are conducted and, once available, they would be interviewed by the caseworkers and would also provide school reports to the caseworkers as to the status and progress of schoolwork of the subject child.

31 Section 76 Education Act Chapter 39:01

32 Section 83 Education Act Chapter 39:01

5.6.1 Student Support Services Division

(SSSD)/Student Support Services Unit (SSSU) (Tobago)

The Student Support Services Division (SSSD) is a division under the Ministry of Education (MOE) and Student Support Services Unit (SSSU) is under the Division of Education, Research and Technology of the THA. These agencies offer psychosocial support and counselling to students to support their healthy development. The services are usually provided in cases where a teacher observes learning or behavioural problems being displayed by a student and consults with the child's parents and the school's team of service providers to intervene; or when a referral is made by one of the stakeholder agencies.

Primary Roles and Responsibilities

The SSSD provides a variety of services across the seven Educational Districts to students enrolled in Early Childhood Care and Education Centres, primary and secondary schools. The primary roles and services of SSSD include:

- Psychoeducational assessment
- Psychosocial sessions such as guidance and counselling
- Diagnostic/ prescriptive services
- Social work
- Special education
- Behavioural modification and psychotherapy

The SSSD comprises four Units that deliver

these particular services:

- Guidance and Counselling Unit
- Social Work Unit
- Special Education Unit
- Development and Assessment Intervention Unit

Internal Pathway

SSSU can be contacted for services via the following:

- Telephone
- E-mail
- Referral through written correspondence by external stakeholder
- Referral can be done internally by teacher or principal

The referral can be sent to SSSU at its office where the caseworker or parent is contacted to set up the appointment or scheduling of services for the child. The child would be assessed to determine the particular services that may be required or have the child referred to external agencies for specific services.

Once a referral is done by an external stakeholder agency, SSSU would provide the stakeholder agency with status updates and reports such as the psychoeducational report.

33 www.health.gov.tt/
Accessed August/September 2022

5.7 Ministry of Health (MOH)³³

The Ministry of Health (MOH) has oversight for the country's public health care system and ensures that organisations and institutions conform to standards of safety and health in regard to goods and services. Public health care services include all medical health care services, dental, audiology and optical and mental health and psychiatric services. The MOH also has oversight of District Medical Offices.

The responsibility for health care and health services including mental health and psychiatric health services, and the operations of all health facilities including hospitals and health centres are under the **Regional Health Authorities established under the Regional Health Authorities Act Chapter 29:05**. The current five Regional Health Authorities (RHAs) operate the health facilities in their respective regions.

The five RHAs that deliver public health care services to the population are as follows:

- Eastern Regional Health Authority (ERHA)
- North Central Regional Health Authority (NCRHA)
- North West Regional Health Authority (NWRHA)
- South West Regional Health Authority (SWRHA)
- Tobago Regional Health Authority (TRHA) falls under the Tobago House of Assembly.

Primary Roles and Responsibilities

The Regional Health Authorities primary role and responsibility is providing and ensuring

an effective delivery system of all public health care services to the population which include the construction, repairs, and operations of all public health facilities.

Health care services include but are not limited to medical care, audiology, optical, dental, paediatric services, laboratory services, pharmaceutical services, dietician services, mental health, and psychiatric services. The medical facilities in addition to medical personnel are staffed with medical social workers and psychiatric social workers.

Internal Pathway

The hospitals and facilities under the Regional Health Authorities and Ministry of Health provide services to the population including children.

Anyone who requires medical attention can seek same at a medical hospital or health care facility. When any person is brought to the attention of a hospital or medical facility for medical screening or medical checks, medical assessment, and acute or urgent medical attention or medical needs, the person is attended to by a medical doctor at a hospital or health care facility. This is the same for a child, and a child who has been abused is provided with the same medical services and attention at any hospital or medical health facility regardless of time or holidays since no child or person requiring medical checks or services is turned away from a hospital or health care facility without good cause. These medical services provided include forensic medicals by the District Medical Officers regarding sexual abuse cases.

If there is a need for specialised medical services, a medical doctor can make a referral to one of the specialised units or departments within that hospital or medical health facility or to another if the service is not available within. The intended patient can seek medical services via walk-ins or by appointments.

Forensic medicals are performed by the District Medical Officers (DMO) of the particular region under their respective Regional Health Authorities. The DMOs are under the management of the County Medical Officer (CMO). If the subject child is brought by the TTPS for a forensic medical especially in acute cases, the forensic medical is done. The DMOs offers medico legal services to the TTPS, and their reports are used as evidence in criminal investigations and prosecutions.

The Children's Authority would only conduct forensic medicals if one had not been done by the DMO and one is necessary in the course of their duties. These, however, are not for cases that require urgent medical attention unless there is a reason that the same services could not be provided by the DMO.

If this happens, in such instances, a referral is to be made by the DMO to the Children's Authority indicating the reason for the DMO not being able to conduct the forensic medical and the circumstances for the referral to the Children's Authority.

Hospitals are staffed with medical and psychiatric social workers. Medical Social Workers (MSW) provide services to assist persons to function socially and to build successful interpersonal relationships.

They help persons and families cope with challenges in their socio-economic life and emotional issues caused by illness, disability or death and connect families to community resources. They conduct enquiries or investigations and make the necessary referrals for interventions. This is usually done before a child is discharged and before contacting the Children's Authority to avoid duplication of resources.

The Psychiatric Social Workers (PSW) provide counselling and help individuals and families cope with mental health or psychiatric issues while recommending the appropriate

intervention and services. They conduct psychosocial assessments and carry out interventions to enhance the developmental, problem solving and coping capacities of persons requiring psychiatric support at primary, secondary, and tertiary levels of the health care system.

Both medical and psychiatric social workers would make the relevant referrals or reports to stakeholder agencies for the relevant services to be accessed. They would also make a report or referral to the Police or CATT if there are child protection concerns. Reports or referrals are usually done in writing, by e-mail, and if by phone, would usually be followed up in writing. Doctors would usually make reports as to suspected child abuse to both the Police and CATT.

5.7.1 Mental Health and Psychiatric Services

The **Mental Health Act Chapter 28:02** regulates the public's mental health and psychiatric services provided under the Ministry of Health and the respective Regional Health Authorities. The Minister of Health under the **Mental Health Act 28:02** has the power to appoint any house or building or premises or thereof to be a psychiatric hospital for mentally ill persons; or any part of a general hospital to be a psychiatric ward for mentally ill persons. The mental health and wellness clinics that are part of health clinics and hospitals fall under their respective Regional Health Authorities.

Children who are in need of care and protection and under the purview of the Children's Authority. They can be referred to the St. Ann's Psychiatric Hospital for a two-week evaluation and treatment, as well as the Eric Williams Medical Sciences Complex or the San Fernando General Hospital, if there are grounds to believe that the subject child has urgent mental health

issues or suspected to be mentally ill.

The referrals can be made by a psychiatrist, other medical doctor, or a psychologist. If however the child under the Children's Authority is thought to be in need of this service, the subject child can be brought to these facilities with a representative who is capable of giving the history of the child. It is at that point, it would be determined if the child should be admitted or require outpatient care. These facilities are accessible at any time.

For children who are in the care of the Children's Authority, where there is suspicion that the child is suffering from a mental health illness, a psychiatric report may be required and the Children Court may order the child to a 14 day inpatient stay at the St. Ann's Psychiatric Hospital Children Evaluation and Treatment Unit (CETU). This is usually done upon the Children's Authority making the application for children in their care, to the Children Court, with the necessary referral to support the application. The CETU can be contacted by the Children's Authority to make the arrangements for time and admission of the subject child. If, however, the child is not under the care of the Children's Authority, and the Court makes an order based on the circumstances of a case before it, the Court Social Services Unit would contact the CETU. to make the arrangements time and admission of the subject child.

The St. Ann's Psychiatric Hospital under the **Mental Health Act Chapter 28:02** would provide a report to the Court and CATT as to its recommendations including if the child needs to remain at the psychiatric hospital for further evaluation and or treatment or be discharged after the 14-day evaluation period. evaluation. The report may also recommend any appropriate medication to be taken by the subject child and sometimes as to the type of placement setting that may benefit the child.

The **Child Guidance Clinic (CGC)** is a child and adolescent outpatient clinic that provides specialist psychiatric services including clinical

diagnosis and the treatment of disorders of thinking, feeling and behaviour affecting children and their families. There are two Child Guidance Clinics located in Trinidad: one in Port of Spain which is under the purview of the North West Regional Health Authority and Child Guidance Clinic in San Fernando which is under the purview of the South West Regional Health Authority.

Referrals to the Child Guidance Clinic can be completed by anyone with a concern over the mental health status of the child such as parents, physicians, nurses, education personnel, the Children's Authority, any social service workers, and external stakeholder agencies.

Referrals to the CGC are done in writing and once received and the case assigned, contact would be made for an appointment. The CGC would evaluate the child's progress, prescribe medications where necessary and make any further recommendations in regard to the wellbeing of the child. The services provided by the CGC include counselling and the assessment of the mental health status of children, social work intervention, school and home visits, and psychoeducation.

5.7.2 Mental Health Care Services in Tobago

The Mental Health Unit of the Scarborough General Hospital provides adult inpatient services, community psychiatric services for adults across Tobago as well for elderly persons via the Memory Clinic. Speciality outpatient services to children and adolescents are provided via the Child and Adolescent Centre.

The Child and Adolescent Centre in Tobago treats with children with mental health and psychiatric illness. This agency offers psychiatric assessment and care to young children and adolescents with suspected

cases of mental disorders. The Centre is responsible for treating children living with mental disorders who have experienced child abuse and maltreatment in Tobago. The Centre provides for psychiatric services for children using knowledge of biological, psychological, and social factors in working with children and adolescent patients; and the Centre conducts assessment, create treatment plants, conduct interventions as well as provide CATT with reports on the assessments conducted.

5.8 The Division of Health, Wellness and Social Protection (DHWSP)³⁴, Tobago House of Assembly (THA)

The Division of Health, Wellness and Social Protection provides health, wellness and social protection to the population of the Tobago. The Division provides health and wellness services as well as social services. The various Units within the Division provide the specific services that falls within their scope. The Units are as follows:

- **Alcohol and Drug Abuse Prevention Programme**
Provides support services for substance abuse intervention and prevention and delivers education and training on substance abuse awareness and prevention to schools and communities.
- **Ageing Unit**
Provides support services to the elderly in Tobago such as caregiver services, senior

citizens activities, opportunities for senior citizens to socialise with one another, and connects them with organisations that support senior citizens.

- **Children and Family Services Unit**
Provides services such as therapeutic counselling to individuals, groups and families including interventions to children; assists Community Social Services Unit in providing support to vulnerable persons; and provide educational sessions at schools and communities.
- **Community Social Services Unit**
Provides therapeutic counselling to individuals, groups, and families, and provides access to social services grants such as household assistance and items, rental assistance, medical assistance, and funeral grants.
- **Community Mediation Unit**
Provides mediation services for small claims matters, juvenile conflicts, neighbourhood conflicts, issues of threat and harassment, and offers training such as conflict management, peer mediation and customer service. The Community Mediation Centre conducts seminars and offers training on topics such as anger management, conflict management, parenting and co-parenting skills, peer mediation and dealing with difficult people and difficult situation and/or team building.
- **Disability Affairs Unit**
Provides services, support, information, referrals and advice to persons with disabilities and the general public by collaborating with stakeholders and civil societies to ensure that persons with disabilities have access to services and resources they may need to live independently.

³⁴ <https://www.tha.gov.tt/divisions/health-wellness-and-social-protection/>
Accessed August/September 2022

- **Gender Affairs Unit**
Provides therapeutic counselling and interventions for victims of gender-based violence and facilitates educational sessions at schools and communities on gender-based issues.
- **Litter Eradication Programme**
The programme is intended to maintain a clean, safe, and healthy environment through the collection of litter.
- **Office of the County Medical Officer of Health**
Together with the Public Health department, focuses on the administration of public health and safety which includes food safety.
- **Probation Services Unit**
Provides support to the Judiciary in criminal, civil, and family courts.
- **Probation Hostel**
This is a state-run community residence for children under the Division of Health, Wellness and Social Protection.
- **Programme for Adolescent Mothers**
Provides support for adolescent mothers such as counselling, empowerment opportunities, academic support for those who have not completed secondary school, and life skills, family planning, sexual health and literacy training.
- **Public Health Services Department**
Provides for safe environment health within the communities such as disease prevention and health promotion and protection.
- **Realisation for Economic Achievement**
Project focus on empowerment and poverty eradication and provides grants entrepreneurs to establish small businesses, training to properly manage businesses,

and opportunities to sell and market their products.

- **Social Welfare Department**
Provides public assistance to the public such as grants if they meet the criteria for the particular grants.
- **Technical and Vocational Centre**
Provides further education and skills training to persons with disabilities which include children.

5.8.1 Community Social Services Unit

The Community Social Services Unit was established by Executive Council Minute No. 137 of February 15, 2012. It was created to facilitate institutional strengthening of the Department of the Social Services Unit by improving its monitoring and evaluation capability, thereby increasing the efficiency and effectiveness of social services intervention. It functions as an integrated health and social services delivery entity, spanning the primary health care services as well as the social services needs in the communities.

The services are gender-sensitive and client-centred across all districts in Tobago, with an emphasis on social reintegration and family reunification. The Unit increases the quality of access to social services delivery and undertakes to reduce major threats to the social well-being of vulnerable and disadvantaged Tobagonians (individuals, families and communities), especially those most in need.

The Unit seeks to promote healthy and productive individuals, families and by extension, communities, so they can manage their own economic and social development needs; to provide a supportive environment for the resolution of individual and family problems

and challenges; to keep the public updated and aware of all services including new and emerging programmes; to liaise, interface and collaborate with all agencies and stakeholders; and to develop, formulate and execute relevant research initiatives that would inform and underpin meaningful and ongoing change.

Internal Pathway

Contact can be made by telephone, e-mails, and walk-ins. Stakeholders can submit referrals in writing to head or person in charge of the Unit or the Administrator.

5.8.2 Community Mediation Centre

The Community Mediation Centre under the Division of Health, Wellness and Social Protection of the Tobago House of Assembly offers state sponsored Mediation to the communities of Tobago. **Act No. 08 of 2004** designates the THA with responsibility for Community Mediation as an approved Mediation Agency. The Division of Health, Wellness and Social Protection is the Division that has been assigned the responsibility for Community Mediation.

It offers a constructive mechanism for resolving differences and disputes between individuals, families, groups, and organisations in the communities. Mediation is about respect and is governed by professional standards. Mediation is both a voluntary and participatory process. The process creates a safe and confidential space to work through disputes in a mutually beneficial manner. The Centre seeks to empower individuals, groups, organisations and communities by facilitating the mediation process in a non-threatening environment and by conducting outreach programmes, teaching the necessary skills for resolving disputes

through the tenant of mediation.

The manager manages the day-to-day affairs and the provision of the mediation services at the Mediation Centre. The Coordinating Assistant would inform the client of the procedures pertaining to the mediation process. The Intake Officer is the first point of contact with clients who walk into the Mediation Centre. Essentially, this officer provides information to clients on the mediation process and procedures and completes the Intake Form which is forwarded to the Coordinating Assistant.

The Mediator must be registered and certified by the Mediation Board of Trinidad and Tobago. The mediator is a neutral third party who facilitates the mediation process by guiding the negotiations between the parties so that the parties may arrive at a mutually acceptable solution.

Internal Pathway

The Manager of the Community Mediation Centre directly reports to the Administrator of the Division. Request for mediation services are usually made through stakeholders, these include but are not limited to the Courts, the CATT (for parents, adults and children who are in the system), the TTPS, the THA, internal units of the Division of Health, Wellness and Social Protection and/or walk-ins. The requests are addressed to the Administrator of the Division and/or the Manager of the Centre. The Intake Officer would facilitate the intake process.

5.8.3 Probation Services Unit, Tobago

The Probation Services Unit, Tobago provides a unique level of service to the District, Supreme, Family and the Children Courts in Tobago. The Judicial Officers request the Probation Officers'

reports to assist them in making informed decisions in matters whether criminal, family or civil. Specific to the Children Court, the Unit provides support to the Judiciary by providing assessment services of offenders including children in conflict with the law; children in need of supervision; and children who are victims of abuse. The Unit also counsels (or rehabilitates) offenders, victims, and families, and monitors the placement of Children by the Court.

The objectives of the Probation Services Unit include:

- Protecting the public's interest and safety by reducing the incidence and impact of crime by probationers.
- Developing the clients understanding, and skills needed in leading industrious, law-abiding lives.
- Promoting the rehabilitation of probationers, offenders, victims, and dysfunctional families.
- Providing interventions and the necessary referrals for clients; and conducting thorough investigations and provide comprehensive reports to the Courts.
- Assisting in community service for probationers.
- Participating in Case Conferences and Care Case Management.
- Facilitating rehabilitative intervention programmes like the Thinking for a Change Programme, Remedial Therapy, and group sessions at the Learning Enrichment Centre (a Centre for suspended students).

Internal Pathway

Court orders are prepared and forwarded from the Judiciary and can be done via e-mail.

Other external stakeholder agencies can also do referrals in writing via e-mail, particularly for rehabilitative and restorative interventions. Unofficial cases are captured through walk-ins and telephone.

Referrals to the Unit are addressed to the Supervisor of the Unit (Probation Officer II/ III). The Case Management process is integral for the optimal operation of the Unit and begins with registering of all referrals in the designated register/database, creating of files and assigning to an Officer. The Officers then contact the clients and begin enquiries or supervision.

5.8.4 Probation Hostel, Tobago

This is a state-run community residence for adolescence who are either placed by the Children's Court or referred from the Children's Authority of Trinidad and Tobago, Probation Services Unit or the Child Protection Unit. There are programmes and interventions that are offered to the children and their families through the collaborative efforts of Units within the Division and external stakeholder agencies geared towards:

- Positive youth development.
- Improvement of quality of life through social care and support in a safe caring environment.
- Effective problem solving.
- Improved networking and interactivity among stakeholder agencies for the facilitation of a multidisciplinary approach to address issues involving youths; and the utilization of timely and appropriate intervention strategies.

Children between the ages of twelve to eighteen are residents and are children who are in need of care and protection, children

in need of supervision, and children with no criminal charges or offences. It is also important to note that Probation Hostel does not house children with severe mental health disorders. Notwithstanding this, exceptions are made for children with anxiety disorder; conduct disorder; depression disorder (dependent on circumstance of case); developmental delay; and intellectual disability.

The objectives of Probation Hostel include providing care and protection to children in care; providing suitable facilities and living arrangements for adolescents that would enable their development and/or rehabilitation; assisting with educational, psychological, nutritional, emotional, social and developmental care; providing the necessary interventions and services that will foster positive changes thus reducing recidivism; fostering a better relationship between parents/relatives and children through interventions and the collaborative services of the necessary stakeholders; reintegration with family or preparing the residents for independent and interdependent living/transitioning into adulthood.

Internal Pathway

There are guidelines and procedures that are set for the admission of a child and notification upon the discharge of child from Probation Hostel. There is also documentation that would be required for the placement and care of the child. Placement requests can be made to the Programme Coordinator of Probation Hostel. The following agencies can place or transfer a child to the Probation Hostel:

- Children’s Court
- Children’s Authority of Trinidad and Tobago
- Division of Health, Wellness and Social

35 www.msdc.gov.tt
Accessed August/September 2022

36 <https://msdc.gov.tt/mediation/>
Accessed August/September 2022

Protection

- o Probation Services Unit
- o Community Social Services Unit
- o Community Residence for Children
- Child Protection Unit of Trinidad and Tobago Police Service.

5.9 Ministry of Sport and Community Development (MSCD)³⁵

The Ministry promotes the national development of sport through programmes, grants, and education.

Primary Roles and Responsibilities

The key roles and responsibilities of the Ministry interconnects three Divisions:

- Physical Education and Sport
- Community Development
- Mediation

The Community Mediation Services Division (CMSD)³⁶

The Community Mediation Services Division focuses is governed under the **Mediation Act Chapter 5:32**. The Division focuses on:

- Mediation Services
 - Social Work Practice
 - Therapeutic Social Interventions
- Parents or guardians of children can be referred for family conflict, anger management,

stress management, and parenting. Parents or guardians referred to CMSD must not be professionally diagnosed with any mental illness, long term trauma, mental and development challenges, require palliative care, substance abuse issues or be involve in any violent criminal matters.

Internal Pathway

A referral from a stakeholder agency in writing to the Division's Head Office to the attention of the Executive Director. The Division would respond in writing and would initiate contact with the referred client for services. This case would be assigned, and interventions would be ongoing as needed. While the Division would indicate that services have initiated and ongoing, it does not provide reports on the mediation services as it is confidential. The client must be willing to do mediation services.

5.10 Ministry of Youth Development and National Service (MYDNS) ³⁷

The Ministry has oversight for coordinating and implementing youth development programmes and policies within the country.

MYDNS is guided by the National Youth Policy 2020-2025 which focuses on strategic engagement and empowerment of youths.

Primary Roles and Responsibilities

- Ensure that there is a coordinated and effective youth delivery system in the

country.

- Provide technical expertise on youth development matters.
- Represent the Ministry on committees on youth issues.
- Facilitate provision of subventions and grant funding to support youth development.
- Oversight and control of transition homes where youths on leaving children's homes are prepared with the practical skills to assist them with reintegration into society.

Some of the programmes under the MYDNS include:

- **Geriatric Adolescent Partnership Program (GAPP)** which is an intensive short term intergenerational programme that imparts knowledge and caregiving skills for the elderly to young people.
- **Retiree Adolescent Partnership Program (RAPP)** is an intergenerational youth programme which utilizes retiree and suitable members of the community to provide support, mentorship and remedial classes and guidance in character formation to youth.
- **Youth Development and Apprenticeship Centres (YDACs)** facilitates a two-year full time residential programme designed for young people referred to as 'at promise', to equip them with inter-personal as well as technical vocational skills to enable their meaningful reintegration into family, community, and national life.
- **Transition Homes** facilitate youths who

³⁷ www.mydns.gov.tt/youth-development/
Accessed August/September 2022

have aged out of community residents at age eighteen by offering a two-year residential programme to help them build the necessary skills and competencies needed to become independent, healthy, and productive individuals in society.

- **Specialised Youth Service Program (SYSP)** is a voluntary youth military-led programme that is managed by the Trinidad and Tobago Defence Force.
- **Civilian Conservation Corps (CCC)** which seeks to develop positive attitudes and prosocial behaviours in youths through technical, vocational and life skills training complemented with conservation engagements to develop a sense of awareness for the care and preservation of the natural environment.
- **Military-Led Academic Training Programme (MiLAT)** is a two-year full time residential academic programme in a quasi-military environment designed for youth to fulfil the Caribbean Secondary Education Certificate (CSEC) and the Caribbean Certificate of Secondary Level Competence (CCSLC).
- **Military-Led Youth Programme of Apprenticeship and Reorientation Training (MYPART)** is a three-year residential programme that involves both vocational and military training in induction, academic and pre-technical vocational training and specialised study that is geared towards providing a safe, structured, and regulated environment for youth in which training, certification and positive character development can occur.

Internal Pathway

Contact can be made by phone and walk-ins and the MYDNS website where further information

can be provided, and appointments scheduled. Referrals can be made in writing to the person in charge to the Director of Youth Affairs or the person in charge of the relevant programme. The relevant forms and documentation to be submitted as well as the candidate may have to go through an assessment to ensure that they meet the criteria for the programme, is of the required age, and qualify for the programme. Clients are encouraged to apply for the programmes and attend the interviewing process to determine their best fit for personal development and skills training programme.

5.11 The Division of Community Development, Youth Development, and Sport (THA)

The Division of Community Development, Youth Development and Sport, Tobago House of Assembly has three portfolios under this Division with their respective responsibilities:

- Community Development
- Youth Development
- Sport

Primary Roles and Responsibilities

5.11.1 Department of Community Development

This Department is responsible for the development of sustainable communities by providing community support through its social programmes. The Department provides direct services to Village Councils which include registration and support of development of

community-based organisations that are offered by community centres and multipurpose centres. The programmes offered by the multipurpose centres are directly managed by the Community Development Unit which include skill development and vocational training programmes. Community centres are directly managed by the Village Councils.

5.11.2 Department of Youth Development

This Department is responsible for providing management and programme support to youth organisations in Tobago. The Department is managed by a Youth Director and is responsible for Youth Development Centres which provide services such as daily homework assistance to youths. The Department advocates for services for youths and youth focus agencies such as transition homes for children aging out of the child protection systems; and support for youths within the justice system.

The Department is advocating for outreach programmes to schools with the objective of assisting youths through referrals and access to mentorship and programmes offered by youth organisations. The Department is also working towards establishing a Youth Information Management System where a database is created that registers youth and youth organisations connecting them to services and training.

5.11.3 Department of Sport

The Department of Sport endorses physical health, wellness, recreational, and organised physical activity in communities, as well as giving support to professional sport development including for elite athletes. The Department also provides technical and financial assistance to sporting associations.

Internal Pathway

The services under this Division can be accessed via social media, walk-ins, and telephone. Referrals from external stakeholders and requests for assistance can be done in writing to the Director of the specific Department. When a request is received, an assigned officer will make contact with the client/requesting organisation to undertake and make specific recommendations for administrative approval. The client will be notified of the actions taken and requisite timeframes.

5.12 Attorney General's Office and Ministry of Legal Affairs

Solicitor General's Office (SGO) – Under Section 88(5) of the Children Act, 2012 as amended, the Court can make an order for this Office to appoint a Children's Attorney to represent the voice and views of the subject child. The appointed attorney would contact the child, conduct interviews, and make recommendations regarding the child. The attorney then submits the report to the Court.

Legal Aid and Advisory Authority (LAAA) is governed by the **Legal Aid and Advice Act Chapter 7:07** where, if the child conflicts with the law and is detained,

LAAA provides legal representation in the form of a Duty Counsel pursuant to **Part IIA of the Legal Aid and Advice Act Chap 7:07**. If the parent or guardian in Wardship/Care proceedings meets the criteria for obtaining an attorney, an attorney would be appointed to represent the parent or guardian in the Wardship/Care proceedings. The person must apply formally and if they meet the criteria, they would be contacted to begin the process for legal representation.

5.13 Non-Governmental Organisations (NGOs)

Non-Governmental Organisations (NGOs) are critical pillars in the provision of both short term and long-term support to children and their families. NGOs provide assistance to families in specialised services and are often times the entities directly in contact with persons afflicted within communities. The following NGOs are only just some of the stakeholders that are often engage in the child protection system.

5.13.1 Rape Crisis Society (RCS)³⁸

- The Rape Crisis Society of Trinidad and Tobago is a non-profit, non-governmental organisation. It offers free professional counselling and referral services to victims of rape, child sexual abuse, incest, buggery, domestic violence, family, and other personal conflicts. These programmes may take the form of counselling sessions, video/discussion, lectures/discussion workshops and/or interactive drama. Volunteers and

staff members of the Society facilitate these programmes.

- The Society provides psychosocial support to individuals brought to its attention through the provision of several programmes or referrals. The Society is responsible for ensuring programmes are suitable for its intended population and that the necessary funding of projects are advocated for and received.
- Persons seeking assistance can contact the RCS through by telephone, its hotline, social media, and walk-ins. Referrals are done in writing to the Head of RCS. Once received, the client would be contacted to set an appointment. RCS would provide progress reports to the caseworker when requested on the status of the counselling sessions.

5.13.2 ChildLine (CL)³⁹

- ChildLine is a not-for-profit non-governmental organisation which provides a 24-hour free, confidential telephone helpline which is available every day of the year. Individuals can feel safe and comfortable in expressing their feelings and accessing support from trained active listeners and volunteers.
- ChildLine offers outreach and counselling services to facilitate psychosocial awareness and wellbeing to ensure children live in an environment free from physical, emotional, sexual, and psychological abuse. ChildLine's main roles and responsibilities are to provide psychosocial counselling, life skills information, including sexual reproductive health and HIV, offer crisis intervention, and

38 www.ngocaribbean.org/rape-crisis-society-of-trinidad-tobago/
Accessed August/September 2022

39 www.ngocaribbean.org/rape-crisis-society-of-trinidad-tobago/
Accessed August/September 2022

to make referrals to specialised services.

- ChildLine can be accessed by telephone, via its website, social media, mobile app, and by e-mail. It can be anonymous and referrals from external stakeholders can be via e-mail.

5.13.3⁴⁰

Coalition Against Domestic Violence (CADV)

- The Coalition Against Domestic Violence (CADV) is a non-profit organisation whose members include stakeholders such as ChildLine, some community residences, and shelters as well as volunteers. The organisation seeks to provide services such as psychosocial support to the population who may be victims of domestic violence and those who may want to change their abusive ways. CADV connects persons to other agencies that can assist as well as provide public awareness programmes to educate persons on domestic violence.
- The Coalition's services include counselling, legal advice, and referrals for protection. The organisation advocates for responses and policies that protect against and prevent all forms of domestic violence. The organisation lobbies and advocates for human rights issues and is engaged in research, public education, educational aid to victims of domestic violence and gender-based violence, witness support and legal aid and prevention programmes.
- Individuals can contact the Coalition by phone, e-mail, via their website, walk-

ins, and referrals in writing. CADV would provide its services or refer the client to the appropriate stakeholder agency where they can get the necessary assistance.

5.13.4⁴¹

Families In Action (FIA)

- Families in Action (FIA) is a non-profit, non-governmental organisation that provides support through counselling and other services including its 24-hour Hotline to assist families with issues of substance abuse, domestic violence and children who may be homeless. The organisation is dedicated to the healing of the family unit and its members through counselling and group support. FIA supports individuals and families in managing life's challenges and in meeting their full potential.
- Families in Action provides counselling to persons - peer counselling, group support to families of recovering addicts, outreach programmes, support on domestic violence, and parenting training programmes.
- Services specifically geared to children include individual counselling; addiction assessment, counselling, and group support; youth development workshops (Life Skills and Leadership Development); and parenting training.
- Person can contact the organisation via its website, social media, telephone, its hotline, e-mail, referrals in writing to the head office. FIA can also refer to other stakeholder agencies. Referrals for counselling or addiction must be

40 www.coalitionagainstdomesticviolence.org/
Accessed August/September 2022

41 www.familiesinaction.net/contact-us-2/
Accessed August/September 2022

directed to the Clinical Lead/Head of Clinic Services; and for parenting education training programmes or youth development programmes, it can be sent via e-mail to the respective Project Leads.

- Once contacted for those in need of counselling, the client is assigned to a counsellor and an intake and informed consent forms are completed. There will be an initial assessment and the counsellor would determine the frequency of appointments or if further referrals would be required.

5.13.5 Living Water Community (LWC)⁴²

- This organisation is the implementing partner of the United Nations High Commission for Refugees (UNHCR) that assists with basic and essential services to migrants, asylum seekers and refugees. LWC provides case management services for specific needs in Trinidad and Tobago to asylum seekers and refugees including unaccompanied and separated children.
- LWC provides support services by making the necessary referrals to stakeholder agencies and information in regard to housing, education, health, social services, documentation, security, legal advice and representation, and translation services.
- Persons can contact LWC by telephone, walk-ins, e-mail, social media and referrals. Referrals can be done in writing or by telephone. Once referred, contact would be made to the stakeholder agency and LWC would support in obtaining the services

for the individual once internal approval is given.

- LWC makes external referrals and if there is a suspicion of child abuse, they would report it to CATT.
- LWC case management involves: identification of persons with specific needs; risk level determination; comprehensive needs assessment; case planning; implementation of case plan, including referrals to cash assistance, and other stakeholders and service providers; accompaniment to vulnerable migrants when needed to access public services or other services provided by stakeholders; follow up, monitoring and review, documentation and case tracking; and case closure.
- LWC also has bilingual child guidance counsellors who provide specialist psychosocial support to migrant children who are in need of mental care.

5.13.6 Archdiocesan Ministry for Migrants and Refugees (AMMR)

- This organisation is the implementing partner of the United Nations Children's Fund (UNICEF) that supports child migrants, asylum seekers and refugees. AMMR provides services such as case management for unaccompanied and separated children, conducts community outreach initiatives, provides mental health and psychological support, and implements online, face-to-face, and roving child friendly spaces as a risk mitigation measure for children on the

⁴² <https://help.unhcr.org/trinidadandtobago/where-to-seek-help/living-water-community-lwc/>
Accessed August/September 2022

move.

- AMMR leads on the implementation of a joint alternative care programme which supports comprehensive case management including family reunification, family and community-based alternative care options and referrals to other services such as education, birth registration, food and non-food items, mental health and psychosocial support and social services.
- Persons can contact AMMR by telephone, e-mail, social media, and referrals. Referrals can be done in writing or by telephone.



EMMA ROSE FROST- THE RIGHT TO BE PROTECTED

6.0 CHILD PROTECTION SYSTEM AND PATHWAYS

6.1 Overview of Reporting and Process

REPORTING

Reporting

As previously indicated, anyone can make a report of child abuse to the Children’s Authority of Trinidad and Tobago (CATT) and if a criminal act is believed to have been committed, the person can also report to the Police of Trinidad and Tobago (TTPS). Certain individuals, by law are considered Mandatory Reporters and are bound to make a report of child abuse to the Police if such abuse is suspected. Some mandatory reporters, in addition to reporting to the Police, also report to CATT. Applications deeming a child to be a Child in Need of Supervision are filed at the Children Court of Trinidad and Tobago where the Court treats with each case accordingly and make the relevant orders. Reports of victims of child trafficking and unaccompanied minors are made to the Counter-Trafficking Unit and Immigration Division respectively.

Multiple Reporting

The reporter may make reports of the same incident to different stakeholder agencies simultaneously or at different times. There may also be multiple reports of the same incident from different reporters to one or more stakeholder agencies. These reports may also cause secondary reports to be made between two stakeholder agencies or among multiple stakeholder agencies. Stakeholder agencies can also be the initial reporters where they have suspected child abuse to have occurred or a child abuse offence to have been committed in the course of their duties. They can make a report to the Police and/or CATT and any relevant agency. The reports can also take the form of a referral to the relevant agencies.

Secondary Reporting

Interagency Reporting/ Cross Reporting

Where a suspected child abuse case may fall within the remit of more than one stakeholder agency, there is interagency reporting or cross reporting among the stakeholder agencies by making reports or by referrals which allows for the child and family to obtain the most appropriate and necessary support, protection, and intervention that are needed.

Modes of Reporting

Reporting can be done by various modes to the different stakeholders which includes walk-ins, social media, telephone, e-mails, and written correspondence. Some stakeholders allow for reporters to remain anonymous when making reports of child abuse. Interagency reporting can be done by telephone, e-mails, or written correspondence.

Reporting is critical to the child protection process

While the reporting system may seem to be overlapping, it makes it easily accessible to trigger the child protection system process and responses; as well as to activate immediate responses in cases where children are in imminent danger. It allows for child abuse to be captured by at least one of the responders to act and respond by ensuring the safety, protection, and wellbeing of child victims. It activates the collaboration and information sharing among the stakeholder agencies in the course of their duties while providing the relevant responses in the child protection process. It most importantly minimises the risk of a child abuse case being left undetected by allowing reporting to be done with ease.

INTAKE

Processes Activated:
When report is received by Stakeholders

When reports, referrals and interagency reporting of child is made or has been brought to the attention of any of the stakeholder agencies, each stakeholder agency has its designated unit or personnel to receive the information for processing and assignment. The urgency and the response time would usually be determined at the intake stage based on the circumstances of the case but can change during the process or later if the circumstances change or if further information was obtained than what was initially reported.

PROCESS

OVERVIEW OF PROCESS:
Criminal Investigation/
Social Investigation
Evidence
Case Management
Referrals
Assessment
Care/Treatment Plans
Recommendations
Interventions

The case then goes through the processes of the stakeholders who have been engaged. This can be in the form of an investigation, assessment, court application, services to be provided and or further referrals to be made. Criminal and social investigations are separate investigations though they can be done concurrently. The investigation findings would indicate if it were able or unable to substantiate the allegations made. Medical evidence, disclosures and statements, interviews, and witness statements are all part of the investigation process. The child victim and family can be referred for some type of assessment to be conducted and or refer to counselling or other interventions. The process involves case management, care plans or treatment plans, short-term and long-term goals, and recommendations to be made for the child and family.

OUTCOME

Social Investigation:
Effect of Substantiated/
Unsubstantiated Cases

If the social investigation substantiates the report of child abuse, then it affects long-term placement, safety of the child, care plan, treatment plan, recommendations and interventions that are made for the child and the family. The case remains open until the objectives of the care or treatment plans and interventions have been obtained and the recommendation of long-term placement have been made and facilitated. This child can remain in care up to age 18. Family reintegration in cases where children

were removed from their abusive home environment, can be possible if circumstances have improved, interventions were successful, and there is no longer any danger or risk of harm to the children. If it is not substantiated, some recommendations such as counselling or support or monitoring can be made only if needed. If not needed, the case can be closed.

Placement/Safety
Recommendations
Interventions
Monitoring
Open/Closed cases

Placement options can be with family members or relatives, close family friends or those who the children know or are familiar with, foster care, community residences, reintegration where possible, and adoption if applicable. The necessary suitability assessments and monitoring are conducted to determine this. Where children were not removed and the circumstances only required social interventions and support, monitoring and follow ups are conducted. It should be noted that placement options can be interim or long-term depending on the circumstances of the case and the progression obtained in the case.

Placement:
interim or long
options
Suitability

**Criminal
Investigation:**
Effect of
Substantiated/
Unsubstantiated
Cases

If the criminal investigation is substantiated, this would lead to an arrest and charges be brought against the perpetrator, and criminal proceedings take place before the Courts. If it is unsubstantiated, then no further action is taken, and the case is closed.

6.2 Risk Assessment

This refers to where the responding agency assess the risk of harm, danger or threats to the child based on the main risk factors of the circumstances of the case to determine the following:

- **Response:** the type of actions, interventions and services required in response to eliminate and prevent the risk of harm, danger, or threats in protecting and safeguarding the child
- **Response Time:** if no immediate and urgent actions need to be taken then case would be treated in a timely manner based on the risk level. Urgent cases are dealt with immediately.
- **Stakeholder Agencies:** which stakeholder agencies can best provide the services and interventions needed immediately and urgently; within the designated response time; or in a timely manner.

Risk Assessment is conducted when a case is reported or referred to the stakeholder agency as each agency conducts a risk assessment to treat with the case accordingly. This is usually upon receiving the case but must be **continuous** throughout case management as circumstances may change, or new circumstances may present itself, that can either cause the risk level to escalate or deescalate. The caseworkers **must therefore be vigilant** in order to maintain safety and stability for the child.

There are three main levels of risk of harm, danger or threats:

High - Requires Emergency Response:

Involving serious, unexpected and often dangerous situations requiring immediate action. ***There is imminent danger; or high likelihood that the child would be harmed again within 24 hours or less, with the potential to have fatal or highly traumatising results.*** Other contributing factors include:

- There is no other intervention agency involved.
- Alleged perpetrator resides with or has easy access to the victim.
- There are no protective factors in the home.

Examples: Ongoing sexual and ongoing severe physical abuse; physical neglect or lacking supervision of infants and toddlers; Acute Suicidal Ideation/ Self-harm (recent or current occurrence or experienced to severe degree).

High

Involving a level of danger ***that does not meet the imminent danger threshold requiring emergency response***, however there is substantial risk that the child may suffer harm or injury.

Other contributing factors include:

- There is external agency intervention, however the immediacy of intervention is unclear.
- Requires more immediate intervention from the stakeholder agency to mitigate potential risks.
- Alleged perpetrator has easy access to the victim; but there are protective factors in the home.

Response: immediate response or action to be taken

Medium:

Involving exposure to maltreatment or neglect that does not pose immediate risk to the child's life, but requires intervention. Other contributing factors include:

- There is external agency intervention (referral received).
- There are reliable protective factors in the home.

Response: response or action is usually within seventy-two hours or less

Low:

Involving situations deemed to be child protection concerns, **but it is not likely that the child would suffer harm/injury or is in imminent danger**. Low risk cases include those which meet legislative criteria for intervention, however, the likelihood is very low that the child may suffer harm, injury, or is in imminent danger.

Examples: Children in conflict with the law; abuse occurred several years ago and child has since been removed from the harmful environment; single incident of abuse with low severity; educational neglect.

Response: response or action to be taken is usually within seven to fourteen days.

Risk Factors: The following are the main factors that are used by each stakeholder agency when determining the level of risk:

1. Type of abuse
2. If the abuse is present and ongoing
3. Frequency of abuse
4. If immediate medical attention is needed

5. Proximity/accessibility between the child and the alleged perpetrator(s)

6. Age of the child

7. Special needs of the child if any

8. History of abuse or any other type of abuse

9. Whereabouts of the subject child, guardian/parent, and alleged perpetrator(s)

10. If the guardian/parent or those with parental responsibility for the subject child is the alleged perpetrator

11. If there are any child protection agencies engaged/responding at the time

12. Presence/absence of protective factors

6.3 Indicators of Child Abuse

An important first step in stemming the tide of child abuse is putting in place preventive measures. Given the rate at which child abuse, in various forms, is occurring in Trinidad and Tobago punishment for perpetrators must sought even as preventive measures are explored and put into place.

However, child abuse can only be reported and dealt with if it is first recognised or detected. To those persons not trained in certain fields, a knowledge and understanding of the indicators would help significantly in being able to recognise the signs of child abuse and neglect.

It is important to note that there is no one set of signs that point to a particular or definitive form of child abuse or maltreatment. Indicators may reflect more than one form of abuse or exploitation or may point to one form of abuse but there may be other types of abuse to which a child is subjected. The indicators are by no

means limited to the factors listed in **Appendix II** and should only be used as a guide. It should also be noted that the presentation of child abuse would differ based on the varying circumstances including the following factors:

- Age of the child
- Developmental Stage
- Chronicity and Severity
- Number and degree of risk factors
- Number and degree of protective factors

6.4 Points of Collaboration

There are multiple levels of engagement for stakeholder groups and agencies in the process of identifying, reporting, and treating with child abuse.

Reporting: This can be any type of reporting, usually performed at the initial stage where a report is made to a particular stakeholder agency, and this triggers the engagement of other agencies. However, this can also be done at any stage of the process if information that was not previously revealed or made known to the agency is revealed subsequent to the initial stage of the process; where there is a discovery or disclosure of new information through any ongoing investigation or evaluation; or where circumstances would have changed during the process.

Referral: This can be done at any stage of the process and is usually made in writing to the designated person in charge or designated Unit of the stakeholder agency. The referral should contain only the pertinent details and information

- The reason or purpose of the referral

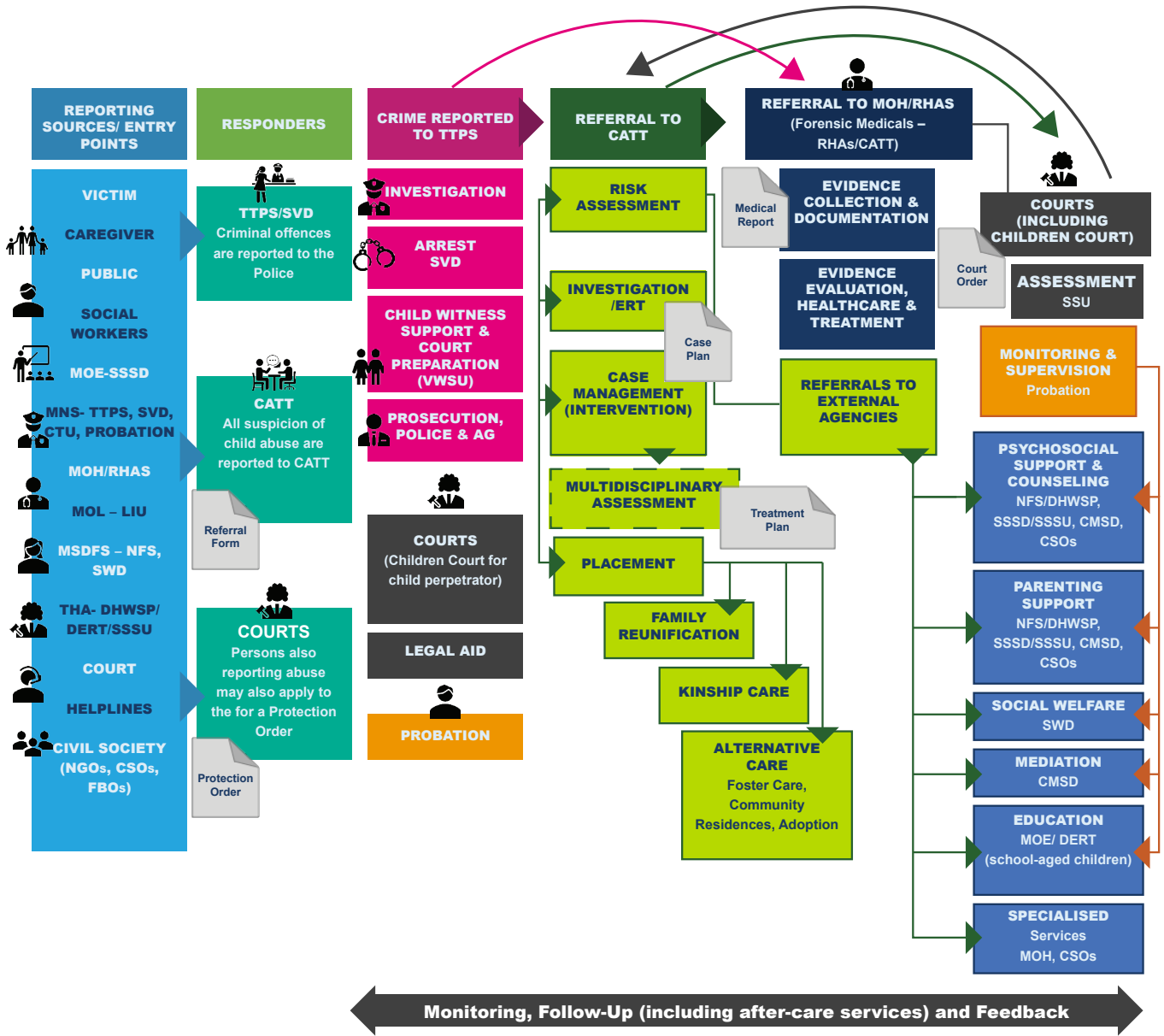
- Whether or not it is urgent and requires immediate response or if there is any stipulated time that is require
- The port of contact for the child, with their contact information

If this is made verbally, it should also be followed up in writing. Once the referral is received, an acknowledgement letter is sent acknowledging receipt of the referral or request, indicating who would be assigned and how to contact the assigned person, when would services be engaged, and/or when a report or an update would be provided to the agency that made the referral or request.

Case Conference: This can happen at any stage of the process once the intake session is completed. This can be done internally within the particular stakeholder agency and or with external stakeholder agencies to discuss the next steps; discuss short term and long term goals; agree on the roles and functions of each agency to accomplish certain tasks during the case management to avoid duplication of process and resources; determine if any tasks may have to be done jointly by particular stakeholders or support may be required to assist another stakeholder in completing their assigned task; any recommendations or implementation of recommendations; discuss case plan, care plan or treatment plan; discuss appropriate placement of a child and how best his needs can be met; and discuss any other aspects of the case that require input or collaboration.

6.5 Pathways/Process Map

FIGURE 2. CHILD ABUSE/GENDER-BASED VIOLENCE



- **REPORTERS / MANDATORY REPORTERS:** Anyone, including any stakeholder agency, can make a report of suspected child abuse to the CATT and the Police. Mandatory reporters are mandated by law to a case/suspected case to the Police.
- **POLICE:** The report is received by TTPS, and it is assigned to the relevant police station and Child Protection Unit under Special Victims Department. If the case involves domestic violence, then it would be referred to the Gender Based Violence Unit. If it involves cybercrime offences, it can be referred to the Cybercrime Social Media Unit. The case may be referred internally to the Victim Witness and Support Unit for support and counselling to the victim/witness. The investigating police officer continues the criminal investigation.
- The Police reports to CATT the child abuse via the Registry Unit of the CATT.
- If the Police removes a child, then that child is put in a place of safety as defined by the Children Act 2012. The Police would usually contact the CATT to enquire as to placement and to report the abuse. If the Police places child at a community residence, the community residence would contact the CATT to inform them of the placement. Placement at a community residence or even at a Child Support Centre would require a handover form to be filled out by the officer. Police officers, alternatively, would contact the CATT if they believe that the child should be removed from the facility, and the CATT would conduct a social investigation before the child is removed.
- Once the police investigation into a case of abuse begins, several interviews are conducted as part of the evidence gathering process. These interviews could also be managed jointly by the Police and the CATT.
- The Police take child to hospital or health care facility for medical screening or for a forensic medical to be performed by the District Medical Officer. If parents, guardian, or family members are unavailable, the police would contact the VWSU to act in loco parentis.
- When a child is providing statements to the police, he/she must be accompanied by the caseworker or caregiver. If the child is not under the purview of the Authority and is a victim or witness the VWSU would act in *loco parentis*.
- Only when there is sufficient evidence from the outcome of the criminal investigation, would the police arrest the perpetrator. Updates of the criminal investigation is usually provided to CATT upon request.
- If the perpetrator is arrested, prosecution can be pursued by the Police Prosecutor or by the Office of DPP.
- The criminal case is handled in the Criminal Division of the High Court of Justice.
- **CATT:** The CATT receives a report of child abuse by its Registry Unit. If it is not from the Police, then the CATT would make the report. Domestic violence cases would only be reported to the CATT if there are child protection concerns and where the Court requests the attendance of the CATT.
- The CATT conducts its risk assessment to determine the urgency of the case. If it is high-risk based on the factors and the circumstances of the case or needs to be treated with urgency, then it is immediately assigned to the ERT who responds within 24 hours.
- Other high-risk cases that do not require emergency response are assigned to the Investigation and Intervention Unit (IIU),

which operates during regular working hours. The IIU responds to high risk cases within 72 hours or less. Medium and low risk cases are also assigned to IIU, these cases are responded to in a timely manner usually within seven to fourteen days.

- Once assigned, the social investigation begins and includes interviews with all persons and stakeholders involved in the case. These include the child, parent or guardian and other relevant parties such as, siblings. Community enquiries, suitability assessments, home and school visits and obtaining medical reports if available. Joint interviews can also be conducted by the CATT and the Police.
- If the child is in imminent danger or at risk and no other interventions would be effective, the CATT would remove the child. The CATT can engage the Police for assistance in the removal if the Authority's officers are going into a hostile environment or a high-risk crime area. Police officer from the CPU or other area would support the CATT wither by conducting the removal or protecting the caseworkers during the process.

The CATT would take the child to a hospital or medical centre for screening. The medical screening would also be used by the Police as part of its criminal investigation. The Police would take a child to a District Medical Officer for a forensic medical especially in acute cases. The CATT Assessment doctors may conduct medical screenings or forensic medicals on non-acute cases if the hospital or health facility did not conduct same, if the doctors are available, and if it is during regular working hours.

- If the child is not removed, then social interventions would be recommended and or referrals for the child and family would be made to external stakeholder agencies.
- If the child is removed and received

into care, then an application would be made to the Children Court for Wardship filings. Simultaneously, there could be an internal case conference or external case conference. When a child is being received into care, placement must be sought. Family members and relatives or family friends would be considered first before seeking placement in foster care or at a community residence. Temporary placement at Child Support Centres may be available until alternative placement is sought.

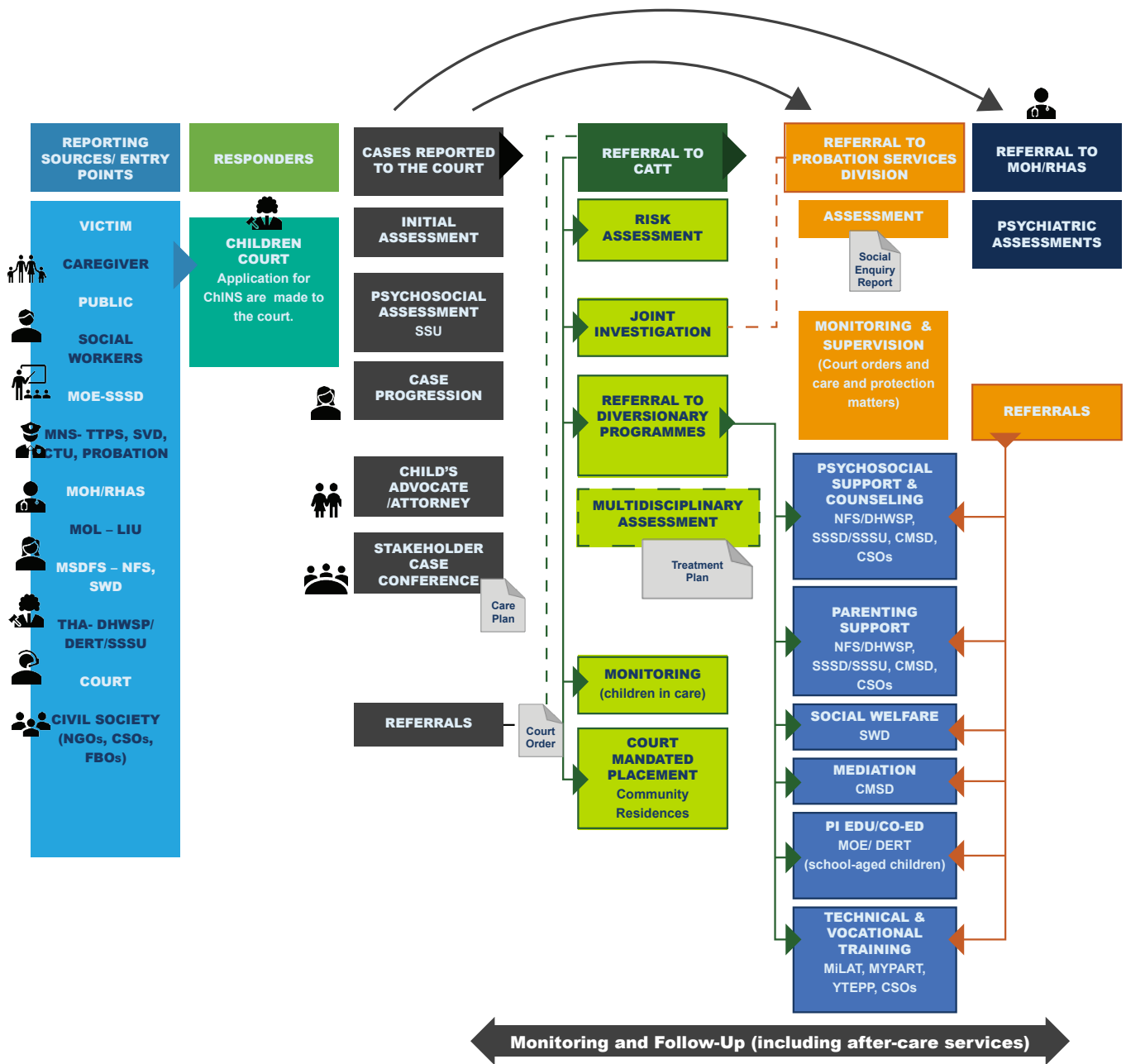
- The assigned Children's Services Associate (CSA) would make recommendations for social interventions such as counselling or therapy to begin. The relevant referrals would be made for the child and family to external stakeholders. If there are concerns with the child's mental health, a doctor or psychologist, usually at the Hospital or at Child Guidance Clinic, and sometimes based on an order from the CATT, would make a referral to the St. Ann's Psychiatric Hospital for evaluation. If the child is in care, the CATT would make an application before the Court to have the child evaluated at St. Ann's. This usually takes two weeks during which St. Ann's would prepare a report with its recommendations.
- The child may also be subject to a multidisciplinary assessment (MDA) by psychologists and medically examined by one of the assessment doctors. The relevant family members or relevant parties would be interviewed by the psychologists. If the child is part of a sibling group and there are concerns about the siblings, then they may also be assessed as part of the MDA. The treatment plan for the child would be developed by the Assessment Unit and recommendations would be made for the CSA to implement by making the necessary referrals and conducting the necessary follow ups. The doctors from the Assessment Team may also conduct medical referrals for

- the child. The child does not have to be in care for an MDA to be recommended. The treatment plan would also indicate short term and long-term goals and recommendations on long term placement for the child in care.
- The CSA would implement the necessary referrals to the external agencies and if the child were in care, the CSA would accompany the child for appointments or make arrangements for the child to attend the appointments.
 - If a school transfer or school enrolment are needed, then the case worker would engage the school principals or District Supervisors. Student Support Services would also be engaged for school counselling or for a psychoeducational assessment to be conducted.
 - The Children Court would be provided with updates at the child's hearings and the relevant applications are made in accordance with placement of the child. Placement can be with family member or relative or family friend, foster care, community residence, reintegration or integration with parent or guardian or family. Monitoring is done for a period of time in most cases and a Supervision Order for some. Some supervision is done via a Court Order. Monitoring involves the case worker's continued interaction with a child/family, usually with a specific purpose e.g. ensuring interventions are effective. A Supervision Order usually becomes necessary where monitoring is needed but the parents/guardians are not cooperative. The court may also impose a Supervision Order which details specifics as to the frequency of monitoring and/or the feedback needed.
 - If the child was put up for adoption, then the adoption process begins and approved prospective adopters are sought.
 - If the child was never received into care because social interventions were sufficient then monitoring or supervision would be done. Some supervision is done via a court order.
 - **CHILDREN COURT:** If an application in this type of matter is brought before the court, the Court can make orders referring the child or parents or guardian to a particular stakeholder. The Court can also make orders for counselling and psychosocial support services to be done by the Court Social Services Unit or Probation Services. These orders can be directed to any stakeholder and are not limited to the Court Social Services Unit and Probation Services.
 - Domestic Violence (DV) applications involving a child is made at the Children Court before a Master of the Court. Almost anyone can make DV application for a protection order on behalf of a child which includes parent, member of household, police officer, social worker, probation officer, the CATT or anyone who has the best interest of the child. The Court also seeks the assistance of the CATT in domestic violence cases.
 - The Court can also order that the Solicitor General's Office appoint a Children's Attorney.
 - The parents or respondents in a case may seek legal advice and assistance from Legal Aid and Advisory Authority.
 - The Court refers matters to the CATT in domestic violence cases as well as private custody cases where child protection concerns were revealed or disclosed to the Court.

REFERRAL STAKEHOLDER AGENCIES:

- The child and or family would be referred to the following depending on the needs or circumstances of the case:
- Counselling or therapy or psychosocial support to NFS, DHWSP, SSSU, NGOs, CSOs, FBOs.
- Therapy or psychiatric evaluation of the child to the Child Guidance Clinic or St. Ann's and Hospitals/Health Clinics, DHWSP
- Parenting training and support to NFS, DHWSP, SSSU, NGOs, CSOs, FBOs
- Psychoeducational Assessment and Education to SSSU, MOE and Schools
- Mediation Services to MSCD
- Public Assistance to SWD
- Mentorship or Youth Services to MSYD

FIGURE 3. CHILDREN IN NEED OF SUPERVISION (ChINS)



- **REPORTING:** A parent, legal guardian or person who has parental responsibility of the child who alleges that they are unable to control the behaviours of the child can make an application in the Children Court where it would be heard before a Master of the Court. The parent, legal guardian, or person with parental responsibility of the child may also make a report to the CATT.
- **COURT:** Once the application is made and the matter is listed before the Court, the Court in its first hearing shall refer to a Children Probation Officer (PO) who is assigned to the Court Social Services Unit; notify the Children’s Authority; and request the Solicitor General’s Office to appoint a children’s attorney for the child. The Court would usually do this by orders of the Court.
- When the Court refers to the Children PO, the officer would have to produce a report for the Court at the next date of hearing. Upon receipt of the report the Court can:
 - o Deem the child “in need of supervision” and refer to the CATT.
 - o Order the child be deemed a child in need of care and protection.
 - o Make an order for care and placement of the child and refer to CATT.
 - o Order that the child be referred to counselling or any rehabilitative intervention or treatment.
 - o Order that the parent or guardian or anyone in the household of the child or connected to the child be referred to counselling
 - o Make any other interim order that the Court sees fit.
- The Court can also make interim orders even before receipt of the report from the PO including:
 - o Placing the child in the care of the CATT.
 - o Referring the child to CATT.
 - o Deeming the child in need of supervision and in need of care and protection
 - o Referring the child and family, or members of the child’s household or persons connected to the child for counselling and other social interventions.
- Social interventions can include referring the child to MOH/hospitals/health care facilities/ St. Ann’s/DHWSP for medical screening or attention or if the child’s needs a psychiatric evaluation. St. Ann’s would produce a report to the Court and to the CATT subsequent to its diagnosis and recommendations.
- **Court Social Services Unit** can also be engaged or initiated for counselling and psychosocial support to the child and family. The child may also be referred to the Drug Treatment Court programme or other programmes that may be applicable and available through the Court. The decision to utilise the services of the CATT and other external agencies instead of first utilising the same services from Court Social Services Unit and Probation Services, is dependent on the Master of the Court. The Court may/ would refer to other stakeholders based on the child’s needs
- This initial hearing simulates the initial risk assessment of the case to ensure that in the

interim the child's needs are being met until further ordered. The matter would then be adjourned to a next date of hearing.

- At the next date of hearing, the Children PO would provide its report and recommendations to the Court; the other agencies would also provide updates or reports and recommendations to any of the other stakeholders. Based on the recommendations, from the PO and other stakeholders, the Court can vary and discharge some of its orders and make further orders. The Court may adjourn the matter if no final orders were made and if further updates and monitoring is needed. This allows for case progression.
- The court hearing continues until the Court is satisfied of the progress and completion of the social interventions and the monitoring report from either the PO or the CATT. The CATT monitor if the child is in its care or if an order is made to do same. The PO would usually do the monitoring if there were no such order made in regard to the CATT or if the child is not in the care of the Authority.
- The matter would be closed before the Court once the issues with the child are resolved or have improved and there is no need for the intervention of the Court.
- **PROBATION SERVICES DIVISION:** The Children Probation Officer assigned to the Court SSU would make enquiries, conduct its investigation via interviews, home and school visits, and community enquiries. The child would be assessed, and the needs of the child would be determined.
- Psychosocial services and support would be available to the child and his/her family by Court SSU. The PO can make recommendations for services to be accessed by the child and family. These services can include Court SSU services and the PO can also make recommendations to other external agencies.
- The PO and the CATT can conduct case conference as to the discussions on who is doing what in terms of investigation, referrals, and services. This is to avoid duplicating efforts, time, and resources.
- The PO provides a report to the Court as its recommendations.
- The monitoring, supervision and taking the child for medical screening or appointments would depend on who has care or responsibility of the child at the time and the order that was made, if any, at the time for the intervention. This can also be coordinated through case conferencing.
- **CATT:** When a ChINS case is referred to the CATT via a Court order it would be assigned accordingly, and the CATT would conduct a risk assessment to determine the needs of the child. The CATT would comply with the Court order and make its own recommendations.
- The CATT would also conduct an investigation of the circumstances if there were child abuse concerns. The child abuse process in Figure 1. Would be initiated.
- If an MDA is needed, then the CATT would refer internally to its Assessment Centre for same.
- The CATT would make recommendations and or referrals for services for the child and family to external stakeholder agencies. The recommendations can be both for services or programmes from the Court to be utilised; this includes Court SSU services and Probation Services to assist in the intervention, or for other external agencies to be engaged.

- The CATT would submit its reports and recommendations to Court before the next date of hearing.
- As the matter progresses before the Court, the CATT may be directed to monitor and/or supervise the child where the child remains in the care of the parent. However, where the Court deems same to be necessary, it may also order a Probation Officer to provide oversight and monitoring of any child brought before the Court pursuant to **Section 25K of the Children's Authority Act Chapter 46.10.**
- If a ChINS who is under the care of the CATT absconds, then Authority would file for a recovery order via an application for the Police to recover the child. Applications also have to be made to publish the child's image. Once granted by the Court, the CATT would provide a copy of the order and a picture of the subject child to the TTPS. The TTPS would make attempts to search or locate the child for recovery and if found then deliver the recovered child back into the care of the CATT. The Authority would keep the Court informed of the status of the recovery efforts by the Police.

- **SOLICITOR GENERAL'S OFFICE:** When the Court orders that SGO appoints a Children's Attorney, SGO upon receiving the order would assign a Children's Attorney to the child. The Children's Attorney would interview the subject child and would provide a report to Court at the next date of hearing.

REFERRAL STAKEHOLDER AGENCIES:

The child and or family would be referred to the following depending on the needs or circumstances of the case:

- Counselling or therapy or psychosocial

support to NFS, DHWSP, SSSU, NGOs, CSOs, FBOs.

- Therapy or psychiatric evaluation of the child to the Child Guidance Clinic or St. Ann's and Hospitals/Health Clinics, DHWSP
- Parenting training and support to NFS, DHWSP, SSSU, NGOs, CSOs, FBOs
- Psychoeducational Assessment and Education to SSSU, MOE and Schools
- Mediation Services to MSCD
- Public Assistance to SWD
- Mentorship or Youth Services to MSYD

FIGURE 4. CHILDREN VICTIMS OF TRAFFICKING

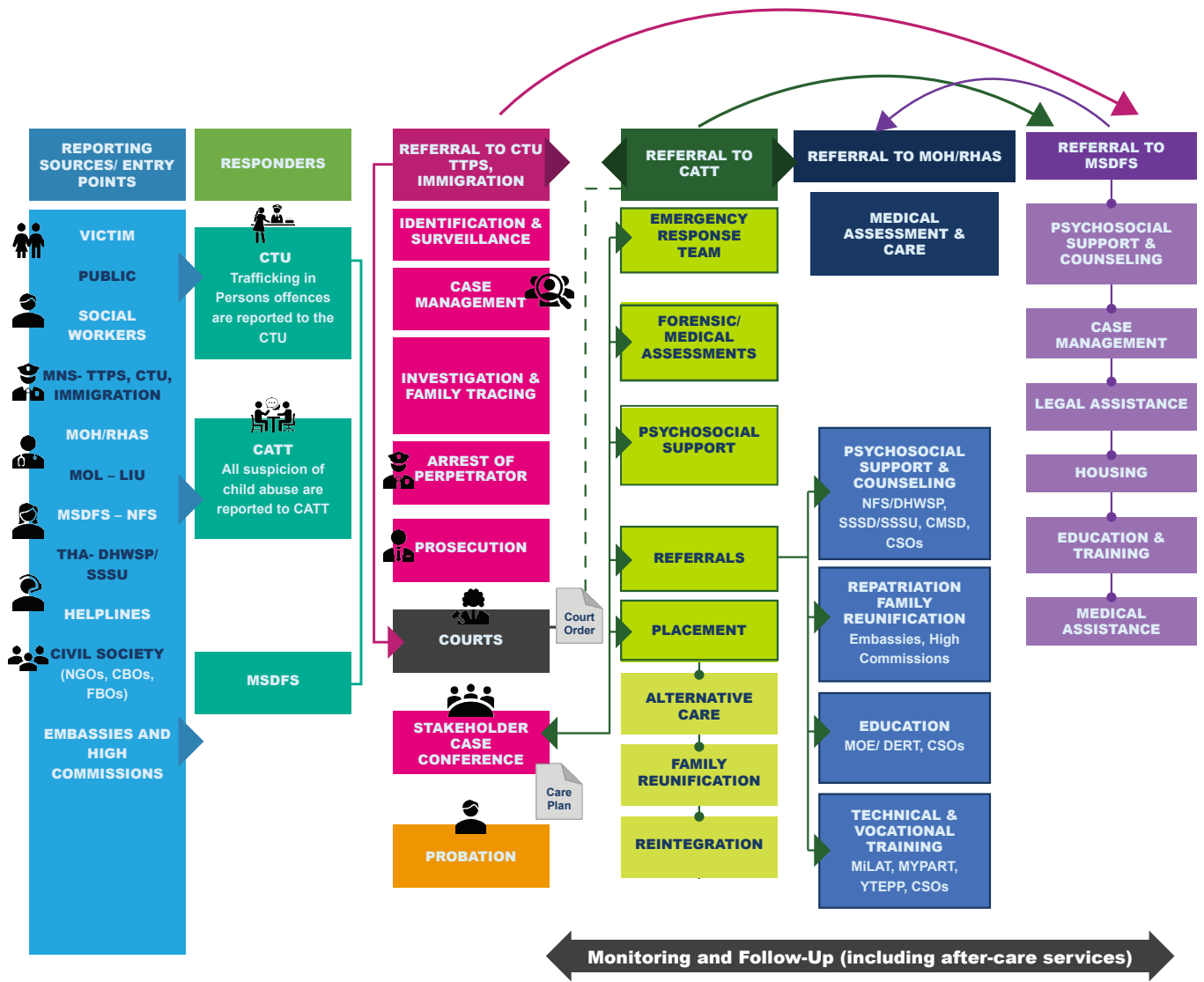
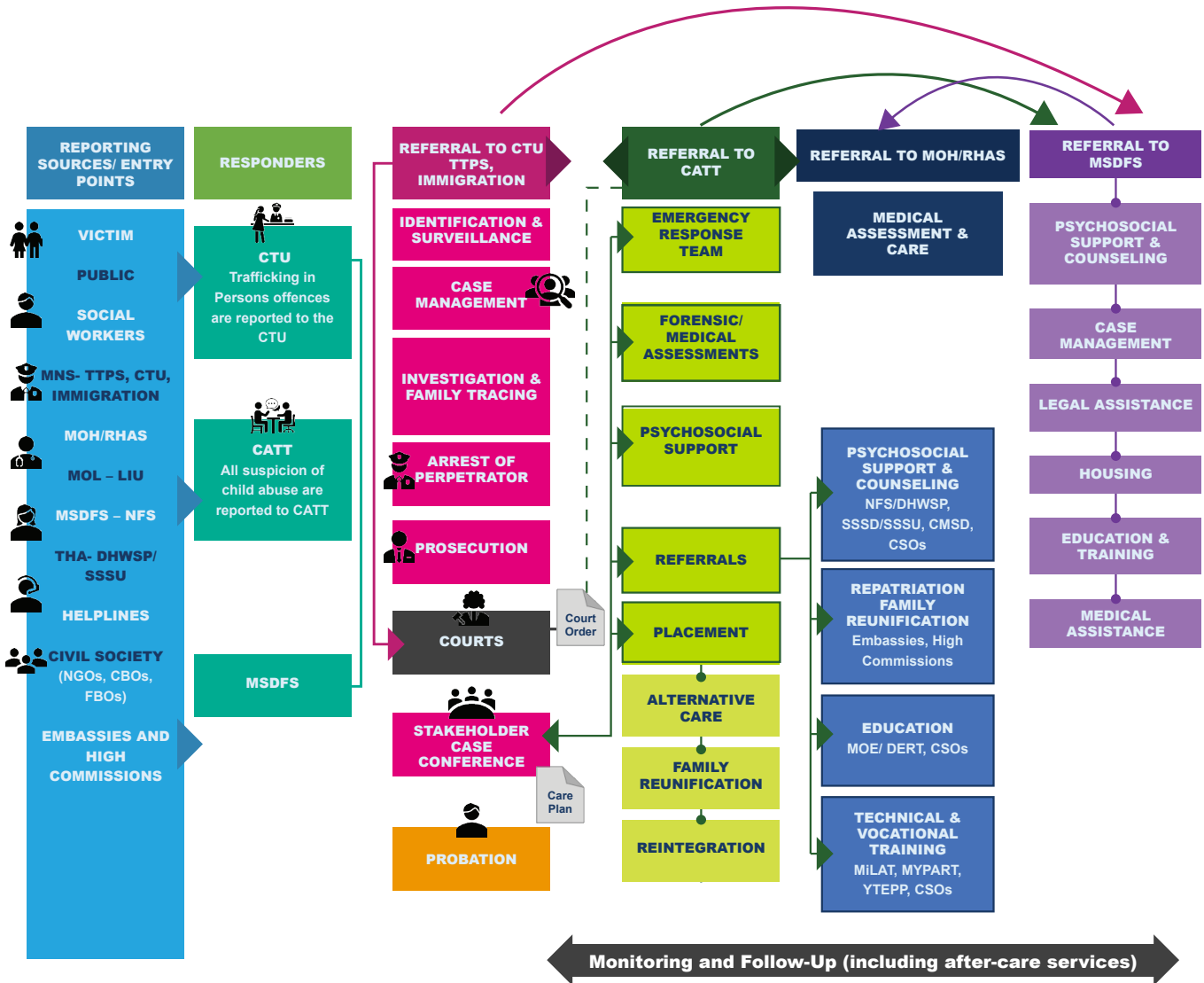


FIGURE 5. UNACCOMPANIED AND SEPARATED CHILDREN



CHILDREN VICTIMS OF TRAFFICKING PROCESS UNACCOMPANIED MINORS PROCESS

- **REPORTING – Victims of Trafficking:**

Anyone can make a report of suspected victims of trafficking to the CTU, and stakeholders can refer a case to the CTU. Reports can also be made to the TTPS who would then refer to the CTU. If a child is believed to be a VOT, then it is referred to the CTU to determine whether this is so or not.

- **REPORTING - Unaccompanied Minors:**

If the child is an unaccompanied minor, then the case would be reported to both the Immigration Division and the CATT. Anyone can make such a report to the CATT, the TTPS, and or the Immigration Division.

- The **Immigration Division** would report to the CATT any unaccompanied minor and to the CTU if suspected as a VOT, whether the child is an unaccompanied minor or not. The CATT would also contact the CTU if there are signs of possible child trafficking regarding a child.

- **CTU:** Conducts its investigation, family tracing and identification and surveillance. The investigation can be done as a joint investigation with the Police. The surveillance can be done with the Police and Immigration Division.

- The CTU determines if the child is a national or non-national. This can involve conducting interviews and liaising with embassies or consulates to verify same. The CTU may also contact the Immigration Division as to the status of the VOTs and to verify any travel documents.

- If there is sufficient evidence, then the Police would make an arrest and charges laid. The case is then dealt with at the District Court

or High Court of Justice Criminal where prosecution is done by the DPP.

- The CTU, during the course of its investigation or surveillance, if they recognise that a child may be a VOT, would ensure the safety of that child and is responsible for liaising with the Police and Immigration Division. The CTU must obtain information if the child is a national, verification and proof of the child's name, date of birth, address, and full names, addresses and contact information of the child's family. The CTU should be able to obtain the information through its identification process and family tracing or through liaising with Immigration Division. The CTU is responsible for ensuring that children are attending school and that they have access to legal representation.
- The CTU would contact MSDNFS for psychosocial support, appropriate housing, and other support. The CTU would contact the CATT for support services only in regard to psychosocial support, collaboration in regard to a child's care plan, and any further recommendations from the CATT.
- The CTU would take a trafficked child for medical screening, COVID 19 testing, or for a forensic medical by a DMO if sexual abuse. The child would have to be accompanied by a police officer, non-offending family member or relative, or person from the VWSU. There are instances however where the CTU would seek the assistance of the Assessment Unit for a forensic medical. The same requirements would apply as to whom can accompany the child.
- If removal is done by the Police or the CTU and there is no family placement for the child, the child should be placed at a designated safe place. The child should not be placed in any community residence or child support centre as this would endanger the life of other residents or staff. The CTU

would place the child in their designated safe house.

- If the child is an unaccompanied minor and repatriation is to occur, then the CTU would engage the Immigration Division with respect to liaising with the embassies and consulates for safe repatriation of the child.
- The CTU would also refer the cases to the relevant stakeholder agencies for support and assistance in accessing services. If a non-national victim of trafficking is an adult with child, then they can be referred to the Ministry of Social Development and National Family Services for appropriate housing, education and training, psychological counselling, legal assistance and legal information, and medical assistance.
- The CTU would also ensure that the child has the requisite order of supervision from the Immigration Division or a Minister's Permit from the Minister of National Security for the child to remain in Trinidad and Tobago. The CTU would apply to the Court if they require any orders from the Court. The Court can order that the Solicitor General's Office appoint a Children's Attorney if needed.
- When the CATT receives a report or referral regarding a child VOT, it may offer support to the CTU in making any referrals for psychosocial support and any other recommendations. The CTU is to collaborate with the CATT for any care plan for the child.
- If the CATT determines that the child needs an MDA, then the same would be conducted by the Assessment Centre. The CATT can liaise with the CTU for obtaining translators if needed or make its own arrangements for same.
- Where unaccompanied minors who are in care but under the custody and control of the CTU, the CATT would ensure the child is

attending schooling by liaising with Ministry of Education or by liaising with District School Supervisors if the child is a national, for the arrangements for the child to be enrolled in school. The CATT would also ensure that the child has a medical screening done and is receiving appropriate counselling by referring to external agencies. The CATT may also reach out to NGOs such as AMMR or Living Water Community and UNICEF for available services to assist the child.

- The CATT would also refer to Immigration for verification status and the validity of travel documents. The Authority would conduct its social investigation and receive child into care if there is no suitable or fit family placement available. Once the child is received into care, the CATT would apply for Wardship at the Children Court. The Court may order that a Children's Attorney be appointed by the Solicitor General's Office. The child goes through the CATT process simultaneously while proceedings are ongoing and while Immigration provides feedback on the possibility of repatriation.
- **IMMIGRATION DIVISION:** Once a case is referred to the Immigration Division, it identifies the child's identity, his/her immigration status and then verifies the authenticity of the travel documents. The Division would refer to the CTU if there is possible child trafficking, whether or not the child is accompanied. If the child is not a VOT, then child would be referred to ID for processing and repatriation. If the child is unaccompanied, the Immigration Division would refer to the CATT for their social investigation and placement until possible repatriation.
- The Division would liaise through the Ministry of Foreign and Caricom Affairs to embassies and consulates as to family members of the child. It may also reach out directly to the embassies or consulates in

some circumstances.

- Case Conferencing is done with the CATT and the CTU to provide each party with updates and the progression of the case. This can happen at any time during the process.
- If repatriation is possible, the Division would make arrangements through the Ministry of Foreign and CARICOM Affairs or directly to the embassies or consulates to ensure that someone would be present from the embassy or consulate when the child is being repatriated. The embassy or consulate personnel would accompany the child on the return to the country of origin.

6.6

CHILD PROTECTION

The child protection system adopts a comprehensive approach where it not only treats with the child but with the family as far as possible. The system is guided by the overriding principle of acting in the best interest of the child. The process involves multiple stakeholder agencies as it is not practical for one agency to do it alone. The system and laws have to constantly evolve so as to address the increase in child abuse cases versus the depletion of resources.

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GLOSSARY

Child: means a person under the age of eighteen years.

Child abuse: includes physical abuse, sexual abuse, verbal abuse, exploitation, neglect, abandonment, and emotional or psychological maltreatment.

Child in Need of Care and Protection: means a child referred to in **Section 22(1) of the Children’s Authority Act, Chap. 46:10** where the intervention of the Children’s Authority is needed and the Authority has found that the subject child is a child who has been a victim of child abuse or has been lost or abandoned, ill-treated or neglected in a manner likely to cause him suffering or injury to health or the child is likely to be at risk of same, has been exploited, is beyond the control of his parent or guardian, or is destitute without any place of abode or visible means of subsistence, and the intervention of the Children’s Authority is needed.

Child Labour: exploitation of children through any form of work that deprives children their childhood, interferes with their ability to attend regular school and is mentally, physically, socially and morally harmful.

Child pornography: a photograph, film, video or other visual representation, whether or not made by electronic, mechanical, artistic or other methods, that shows for a sexual purpose, the child engaging in explicit sexual activity or conduct, child in a sexually explicit pose, or images or representations of parts of the child’s body that is not for educational, counselling, promotion of reproductive health, part of criminal investigation, prosecution, criminal and civil proceedings or in the lawful performance of a person’s professional duties or functions.

Child protection: protecting a child from child abuse or neglect; it is sufficient for a risk assessment to have identified a likelihood or risk of significant harm from abuse or neglect. It involves measures and structures to prevent and respond to violence, abuse, exploitation and neglect affecting children.

Corporal Punishment: where a parent or guardian can exercise reasonable punishment to discipline a child but it must not amount to any form of cruelty or child abuse.

Cruelty: where the child has been subjected to assault or ill treatment which can be physically, emotionally, verbally or psychologically.

Cyberbullying: bullying of a person, through electronic means, by sending to that person, messages of an intimidating or threatening nature and includes sharing or posting of negative harmful, false or unkind messages about that person on social media, messaging platforms, gaming platforms, and mobile phones.

Diversionsary Services: activities that are geared towards either improving the child’s behaviour or are more positive as opposed to criminogenic behaviours, e.g. sporting activities and joining police youth clubs.

Domestic violence: includes physical, sexual, emotional or psychological or financial abuse committed by persons in a domestic relationship which includes a child in the household.

Educational Neglect: failure to meet a child’s educational needs where the child is at compulsory school age.

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Emotional/ psychological abuse: a pattern of behaviour of any kind, the purpose of which is to undermine the emotional or mental well-being of a person; any act or omission that results in adverse or impaired psychological, social, intellectual and emotional functioning or development; a person emotionally or psychologically abuses a child if that person causes or allows the child to see or hear, or experience the effects of or puts or allows the child to be put, at real risk of seeing, hearing or experiencing the effects of physical or sexual abuse or emotional abuse.

Emotional Neglect: failure to provide comfort, attention and love, overt rejection, criticism, excessive demands for performance for a child's age and ability.

Fit person: a relative of the child or such other person, including a body corporate, authority, agency or society established for the reception of children and young persons and who is found by the Court to be a suitable person to care for the child.

Foster care: where an approved foster parent receives a child in care and assumes temporary care, maintenance, and parental obligations of that child.

Guardian: a person appointed by a will or by order of a Court to be the guardian of a child, or who in the opinion of the Court has the charge of or control over a child.

Harm: the ill treatment or the impairment of health or development of the child, including suffering impairment as a result of seeing or hearing ill-treatment of another.

Imminent danger: likelihood of physical, emotional, mental or psychological harm.

Luring of a child: where a person communicates with a child or tricks or coerces that child into communication or attempts to do same by any means including electronic means, or meets with child, for the purpose of engaging in sexual activity or committing a sexual offence. This applies to the subject child or if the perpetrator reasonably believes the person to be a child.

Maltreatment of child: where the child is ill-treated, neglected, abandoned, physically, emotionally, verbally, and psychologically abused, or the child has been subjected to cruel treatment.

Mandatory Reporter: those who has care, custody, charge and control or parental responsibility of the child, or those given the nature of their relationship to the child and the purpose of their job are mandated by law to report to the police suspected sexual abuse committed against a child.

Medical neglect: not taking care of a child's health needs.

Multidisciplinary Assessment: psychosocial and medical assessment of child which produces a treatment plan for the child.

Neglect: the persistent failure to meet a child's basic physical, medical, educational or psychological needs of a child, likely to result in the serious impairment of the child's health or development.

Neglectful supervision: leaving children without someone to look after them;

Non-physical sexual abuse: enticing a child to engage in masturbation or bestiality while the offender watches, pornography, prostitution, exhibitionism, voyeurism, committing acts of luring or sexual communication with a child for sexual purpose, and sexual grooming.

Notify: where a stakeholder agency has been

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informed of a case so that stakeholder can be aware of what is happening.

Physical abuse: any deliberate or intentional act that results in physical harm or injury to a child. It also includes an attempt to commit any of the offences listed in the First Schedule of the Domestic Violence Act Chapter 45:56. It may involve hitting, shaking, biting, burning, scalding; any act or omission or failure to intervene when a child is being abused. Child abuse can range from soft tissue injury, bruises, welts, to bone fractures and even death of the child.

Physical neglect: not providing the necessities of life, as adequate food, clothing, shelter and safety.

Physical sexual abuse: when a person exploits a child for the perpetrator's own gratification, as in sexual penetration and sexual touching of a child and incest.

Referral: when one stakeholder agency refers a case to another stakeholder agency for an investigation or for a service to be provided. The referral is usually in writing or followed up in writing.

Relative: a parent; a stepparent; a grandparent; a brother or sister; a half-brother or half-sister; a stepbrother or stepsister; a brother-in-law or sister-in-law; aunt or uncle; aunt-in-law or uncle-in-law; nephew or niece; cousin.

Reporter: person who makes a report of child abuse to one of the stakeholder agencies. This includes Mandatory Reporters.

Separated children: those separated from both parents, or from their previous legal or

customary primary caregiver, but not necessarily from other relatives. These, therefore, include children accompanied by other adult family members.

Sexual abuse: sexual contact of any kind that is coerced by force or threat of force or enticement and the commission of or attempt to commit a sexual offence that can be in the form of physical or non-physical sexual abuse.

Sexual Communication: where a person communicates with a child or coerces or tricks a child or attempts to do so for obtaining sexual gratification or encouraging the child to make communication which is sexual with the perpetrator or any other person. This applies to the subject child or if the perpetrator reasonably believes the person to be a child.

Sexual extortion (sextortion): blackmailing of a person by the use of self-generated images of that person in order to extort sexual favours or other benefit from that person under threat of sharing the images on social media.

Sexual grooming: action of gaining the trust of a child or of a person who takes care of the child, for the purpose of sexual activity with the child. The perpetrator would have at least met or communicated with the child by any means including electronic means for the purpose of sexual grooming to have committed the offence of sexual grooming. Further, if the perpetrator meets or communicates with a child by any means, including the internet, on at least two earlier occasions for the purpose of sexual grooming, and he meets, attempts to meet or travels for the purpose of meeting the child with the intention of doing anything to or in respect of the child during or after the meeting constitutes the offence of meeting a child following sexual grooming. This applies to the subject child or if

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the perpetrator reasonably believes the person to be a child.

Sexting: the exchange of sexual messages and self-images through mobile phones or the internet.

Suitability assessment: an assessment of home and subject person conducted by the Children's Authority to ensure that there are no child protection concerns identified before a child can be placed there. The assessment includes interviews, home visit, and community enquiries.

Trafficking children or children who are Victims of Trafficking: the recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation, irrespective of the means used so long as the purpose is the exploitation of the child.

Unaccompanied Minor: children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.

APPENDIX I: INTERNATIONAL INSTRUMENTS AND LIST OF LEGISLATION

I. International Instruments

- United Nations Convention on the Rights of the Child.
- Hague Convention on Civil Aspects of International Child Abduction
- United Nations Convention on the Rights of Persons with Disabilities
- ILO Convention 138 on Minimum Age of Employment
- ILO Convention 182 on the Worst Forms of Child Labour
- Protocol to Prevent, Suppress, and Punish Trafficking in Persons, especially Women and Children
- International Convention on the Elimination of All Forms of Racial Discrimination
- International Protocols on Civil and Political Rights and Economic Social and Cultural Rights
- United Nations Convention and Protocol Relating to the Status of Refugees
- United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
- Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women. (Belem do Para)

II. Local Legislation

- Adoption of Children Act Chap. 46:03
- Adoption Regulations of the Adoption of Children Act Chap. 46:03
- Attachment of Earnings (Maintenance) Act Chap: 45:22
- Births and Deaths Registration Act Chap. 44:01
- Children Act Chap. 46: 01
- The Children’s Authority Act. Chap. 46:10
- Children’s Authority Regulations 2014
- The Children’s Community Residences, Foster Care and Nurseries Act Chap. 46:11
- The Children’s Community Residences (Children’s Homes) Regulations 2018
- The Children’s Community Residences (Rehabilitation Centres) Regulations 2018
- Children and Young Persons (Harmful Publications) Act Chap.11:13
- The Child Rehabilitation Centres Act Chap. 13: 05
- Dangerous Drugs Act Chap. 11:25
- Domestic Violence Act Chap. 45:56
- Education Act Chap. 39:10

APPENDIX I: INTERNATIONAL INSTRUMENTS AND LIST OF LEGISLATION

- Emigration (Children) Act Chap. 18:02
- Family Law (Guardianship of Minors, Domicile and Maintenance) Act Chap. 46:08
- The Family and Children Division Act, 2016
- International Child Abduction Act. Chap.12:08
-
- Legal Aid and Advice Act. Chap 7:07
- Liquor Licences Act Chap. 84:10
- The Marriage Act. Chap. 45:01
- The Mediation Act Chap. 5:32
-
- Mental Health Act Chap. 28:02
- Public Health (Nursery Schools and Primary Schools Immunisation Act. Chap 28:03
- The Probation of Offenders Act Chap. 13:51
- The Sexual Offences Act. Chap. 11:28
- Status of Children Act Chap.46:07
- Summary Offences Act. Chap11:02
- Tobacco Control Act Chap 30:04
- Trafficking in Persons Act Chap12: 10

APPENDIX II: INTERNATIONAL INSTRUMENTS AND LIST OF LEGISLATION

CHILD ABUSE INDICATORS

It is important to note that there is no one set of signs that point to a particular or definitive form of child abuse or maltreatment, and that indicators may reflect more than one form of abuse or exploitation or may point to one form of abuse but there may be other types of abuse that the child is being subjected to. The indicators are also shared or are similar in multiple forms of child abuse. The indicators are by no means limited to those listed in **this Appendix** which should only be used as a guide. It should also be noted that the presentation of child abuse would differ based on the varying circumstances including the following factors:

- Age of the child
- Developmental Stage
- Chronicity and Severity
- Number and degree of risk factors
- Number and degree of protective factors

1. Physical Abuse Indicators

- **Ingestions:** resulting from carelessness, neglect, ignorance or forced ingestion being given inappropriate food drink or drugs.
- **Burns:** including from cigarettes, patterned contact burns in clear shape of hot object –fork, clothing iron, curling iron, cigarette lighter, etc. Burn patterns correspond to heated objects such as a

lighter or iron etc. Immersion Burns such as sock like and or glove like. The burn is sharply outlined.

- **Bruises or Welts:** on face, lips, mouth, or large areas of body, such as back, buttocks or thighs – in various stages of healing and indicative of instrument used. Bruises can sometimes be in areas not usually visible. Bruising can also be around the eyes and checks. Bruising in a child who is nine months or cannot walk. Bruises on babies who are not yet crawling or walking.
- **Lacerations and Abrasions:** to mouth, lips, gums eyes, ears, hands, fingers to external genitalia.
- **Human Bite Marks:** Anywhere.
- **Fractures:** Skull, jaw, or nose fractures. Spiral fractures of the long arms or leg bones. Multiple fractures. Fractures in various stages of healing. Any fracture in a child under two years of age.
- **Head Injuries:** Absence of hair in patches due to pulling and Subdural haematomas as seen in a C-T Scan. Unexplained head injuries to a baby.
- **Dislocations:** Of shoulder and hip sockets possibly caused by pulling. Evidence of repeated injury. Wasting of subcutaneous tissue.

APPENDIX II: INTERNATIONAL INSTRUMENTS AND LIST OF LEGISLATION

2. Sexual Abuse Indicators

- A sexually transmitted disease
- Recurrent vaginal infections in child under twelve years of age
- Symptoms of soreness, bleeding, or discharge from the vaginal or rectal area
- Severe psychosomatic symptoms
- Emotional disturbances
- Difficulties with bowel and bladder control
- Pregnancy, especially in early teen years
- Sudden weight gain or extreme weight loss
- Trauma to breasts, buttocks, lower abdomen, thighs, genital, or rectal area
- Torn, stained or bloody underclothing
- Semen around mouth, genitalia, rectal or on clothing
- Difficulty or pain upon sitting down or walking
- Pain when going to the bathroom
- Precocious, promiscuity
- Excessive fear when attempts made to change diaper
- Sexualised Behaviour
- Behavioural changes, sexualised acting

out, sexualised acts

- Eating disorders
- “Sore Bum”
- Attempted suicide

3. Physical Neglect Indicators

- Failure to thrive
- Malnourished
- Persistent hunger or inadequate nutrition
- Hoarding or stealing food
- Untreated cuts, sores, or illness
- No immunization
- No preventative medical care
- Dehydration
- Clinical signs of deprivation which improve with a more nurturing environment: cradle cap, severe diaper rash, impetiginous lesions, diarrhoea, vomiting, anaemia, acute or recurrent respiratory involvement.
- No laboratory evidence of systemic disease or abnormality to account for initial growth failure
- Lags in development (emotional and cognitive), underdeveloped
- Has pale pasty appearance and lack of

APPENDIX II: INDICATORS OF CHILD ABUSE

muscle tone

- Consistently dressed in inappropriate clothing that is torn, dirty
- Has dull eyes, listless appearance
- Tired or lethargic, especially at school
- School Uniform appears dirty and dishevelled
- Frequently late or absent from school
- Over-responsibility for siblings in school
- Mentally or physically disabled
- Lice infested, skin shows signs of impetigo or other infection
- Poor dental care

4. Emotional Neglect Indicators

- Psychosomatic complaints, headaches, nausea, abdominal pains
- Failure to thrive
- Facial and body carriage may reveal feelings of sadness, lack of confidence
- Timidity confusion, no organic cause.
- Bedwetting and/or diarrhoea
- Behaviours inappropriate for age
- Fear of failure, overly high standards,

reluctance to pla

- Fears consequences of actions, often leading to lying
- Extreme withdrawal or aggressiveness, mood swings
- Overly compliant, too well-mannered
- Violence is a subject for art or writing
- Complains of social isolation
- Forbidden contact with other children

5. Child Behavioural Indicators of Abuse and Neglect

- Child discloses or gives a report of sexual abuse
- Child changes story about report
- Seems afraid of parents or other adults
- Apprehensive in face of adult disapproval
- Very concerned about parent
- Does not turn to parent for support and assurance
- Shows extremes in behaviour, aggression, withdrawal
- Seems sad, anxious, depressed, poor self-esteem
- Poor social relationships with peers

APPENDIX II: INDICATORS OF CHILD ABUSE

- Alcohol or drug abuse
 - Shows inappropriate adult or infantile behaviours
 - Suicidal or self-harm
 - Sleep disorders
 - Eating disorders
 - Regressive childhood behaviours such as bedwetting or sucking thumb
 - Age-appropriate sexual knowledge or behaviours
 - Forcing or coercing other children to engage in sexual play
 - Inappropriate sexual boundaries
 - Unexplained gifts, new clothing, or money
 - Academic difficulties such as changes in school performance or difficulty concentrating
 - Lack of response and eye contact
 - Excessive fear when attempts made to change diaper
 - Sexualised Behaviour
 - Behavioural changes, sexualised acting out, sexualised acts
 - Eating disorders
 - “Sore Bum”
 - Attempted suicide
- ### 6. Indicators of Abuse and Neglect by Parent / Caregiver
- Offers illogical, unconvincing, contradictory of no explanation of child’s injury
 - Undue delay in obtaining medical help
 - Refuses consent for further diagnostic studies
 - Failure to visit or enquire about the child after admission
 - Over-reacts or under-reacts
 - Gives history of repeated injury
 - Critical of the child and angry with him/her for being injured
 - Gives no indication of feeling guilt or remorse regarding the child’s condition
 - Uses discipline inappropriate to child’s age condition
 - Indicates poor understanding of normal child development
 - Seems suspicious for some unknown reason, bizarre or strange behaviour
 - Changes physician frequently and moves from one area to another

APPENDIX II: INDICATORS OF CHILD ABUSE

- Has little motivation or skill to effect changes in his/her life, does not learn from past experiences
- Shows irritation at being asked about the development of the child's symptoms or about other problems
- Shows more concern about what will happen to him/herself rather than the child
- Is preoccupied with himself/herself and the concrete things of life; is competitive with his/her child/children
- No adequate support system
- Chaotic home life with little evidence of regular, healthful routines, disorganized and disordered
- Alcoholism and drug abuse
- Presence of family violence
- May have fanatical beliefs
- Geographical and social isolation
- Overcrowding in the home
- Unmanaged mental health challenges
- Refuses all offers of help; ignores the child.
- Child unable to access services because of lack of documentation such as registration
- Poor school performance, low attendance, disruptive behaviour, dropping out of school or other activities
- Complain of longer hours of tiredness without any reason
- Inability to concentrate
- Complain of aches, pains, and injuries that they have from the work they do
- Visibly injured and show signs of unexplained physical harm or common workplace injuries seen in adults
- Health problems such as drowsiness and exhaustion; nutritional problems; feeling unwell and having general ailments; rashes or skin infections; animal bites or injuries; hearing; vision, skin, dental problems
- Child experience stress, depression, mood swings or changes in temperament
- Use of drugs, cigarettes and/or alcohol
- Self-destructive behaviour such as self-harm/suicide or running away from home.
- Secrecy or unwillingness by parents or caregiver to provide information as to the where the child attends school or works or where the child is staying
- Inconsistent family histories between child and parent or caregiver of the child or they

7. Indicators/Signs of Child Labour

- Child not attending school but visible in community
- Inconsistent family histories between child and parent or caregiver of the child or they

APPENDIX II: INDICATORS OF CHILD ABUSE

- may give prepared stories similar to other children
- A child may regularly return home late at night or spend whole nights away from home with unknown people or in places linked to criminal activity or sexual exploitation
- A child may go missing for periods of time or may one day disappear altogether; this may also happen with other children of the same family
- Reports of persons in their communities talking about children going to unusual or “better places” or “easing the burden” which can indicate trafficking risks.
- Child is willing participant in the exploitation
- Display of inappropriate sexualised behaviour or inappropriate language with peers or adults, over familiarity with strangers dressed in a sexualised manner
- Unexplained gifts, possessions or money that are inconsistent with household income
- Health problems that indicate heavy and hazardous work such as physical problems: broken bones; internal and soft tissue injuries; serious cuts, bruises, and burns; pesticide poisoning; breathing and respiratory difficulties; asbestosis and cancer; growth deficiencies and musculoskeletal disorders
- Signs of physical and psychological abuse or injuries from violent assault or controlling measures, such as bruises, internal and soft tissues injuries
- Involved in criminal activities or are living and working on the street
- Regularly travel distances to work in another location, district, or city
- Disclose by child or parent or caregiver that the child works, contributes to household income or is working in other geographical areas or households

8. Indicators a Child is the Victim of Trafficking

- Shows evidence of physical, mental, or sexual abuse
- Child cannot or will not speak on own behalf
- Child is not allowed to speak to you alone
- Child is being controlled
- No access to identity and/or travel documents
- Child works unusually long hours and is unpaid or paid very little
- Child will not cooperate including giving wrong information about identity and living situation
- Child is not in school or has significant gaps in schooling
- Child lives at his/her workplace or with employer and/or lives with many people in a small area

- Child has a heightened sense of fear and distrust of authority
- Child has engaged in prostitution or commercial sex acts

STAKEHOLDERS

Name of Stakeholder	Address	Contact	Website
Archdiocesan Ministry for Migrants and Refugees (AMMR)	27 Maraval Road, Port of Spain, Trinidad.	(868) 622-6680	https://rcsocialjustice.org/?page_id=43
Attorney General's Office and Ministry of Legal Affairs	AGLA Tower, Government Campus Plaza, Corner of London & Richmond Streets, Port of Spain, Trinidad.	(868) 223-AGLA (2452)	https://agla.gov.tt/
Child Guidance Clinic (CGC)	74 Pembroke Street, Port of Spain, Trinidad.	(868) 726-1324 / 623-2348	
ChildLine (CL)	# 3 San Diego Park, Diego Martin, Trinidad.	(868) 632-3254	https://childlinett.org/
Child Protection Unit (CPU)	Police Administration Building, Corner Edward and Sackville Streets, Port of Spain, Trinidad.	621-2588/ 621-3160	
Coalition Against Domestic Violence (CADV)	1 Robinsonville, Belmont, Port of Spain, Trinidad.	(868) 627-3844 or (868) 624-0402	https://coalitionagainstdomesticviolence.org/
Community Mediation Centre	#16 Bagatelle Trace, Calder Hall, Scarborough, Tobago.	(868) 635-0237/ (868) 660-7709	
Community Social Services Unit	Ground Floor, Habib Building, #107 Wilson Road, Scarborough, Tobago.	639-3395 Exts: 47209-47210	

STAKEHOLDERS

Name of Stakeholder	Address	Contact	Website
Cybercrime and Social Media Unit (CSMU)	10th Floor Riverside Plaza, Besson Street, Port of Spain, Trinidad.	(868) 612-0742 or (868) 715-2072	
Families in Action (FIA)	#4 Warner Street, Newtown, Port of Spain, Trinidad.	(868) 622-6952	https://www.familiesinaction.net/
Gender-Based Violence Unit (GBVU)	Police Administration Building, Corner Edward and Sackville Streets, Port of Spain, Trinidad.	(868) 627-5217	
Immigration Division	3-9 Richmond Street Port of Spain, Trinidad.	(868) 225-4664	https://nationalecurity.gov.tt/divisions/immigrationdivision/
Labour Inspectorate Unit (LIU)	Duke Place Level 3 # 50-54 Duke Street, Port of Spain, Trinidad.	(868) 299-0300 Option 3	https://labour.gov.tt/empowerment/labour-inspectorate
Living Water Community (LWC)	109 Frederick Street, Port of Spain, Trinidad.	(868) 235-5510	https://lwc-tt.com/v2/
Mental Health Unit of the Scarborough General Hospital	Connector Road, Signal Hill, Tobago.	(868) 660-4744 ext. 3152 / 3157 or (868) 639/2551 to 25556 or 639-8742	
Mental Health and Psychiatric Services	5th Floor Sacred Heart Building 16-18 Sackville Street, Port of Spain, Trinidad.	(868) 285-9126 ext. 2573, 2606, 2590, 2571, 2492, 2436	https://health.gov.tt/~healthgov/services/mental-health

STAKEHOLDERS

Name of Stakeholder	Address	Contact	Website
Ministry of Health (MOH)	63 Park Street, Port of Spain, Trinidad.	(868) 627-0010 (868) 627-0012	https://health.gov.tt/
Ministry of Sport and Community Development (MSCD)	Level 8, Nicholas Tower, 63-64 Independence Square, Port of Spain, Trinidad.	(868) 625-6088 ext. 5187	https://mscd.gov.tt/
Ministry of Youth Development and National Service (MYDNS)	#2 Elizabeth Street, St. Clair, Port of Spain, Trinidad.	(868) 612-9367	https://www.mydns.gov.tt/
National Family Services Division (NFSD)	95-97 Frederick Street, Port of Spain, Trinidad.	(868) 623-2608	https://social.gov.tt/national-family-services-division/
Office of Disaster Preparedness and Management (ODPM)	4A Orange Grove Road, Trincity, Tacarigua, Republic of Trinidad and Tobago.	640-1285	publicinfo.odpm@gmail.com
Office of the Prime Minister (OPM) Gender and Child Affairs (GCA)	13-15 St Clair Avenue, Port of Spain, Trinidad.	(868) 622-1625	http://opm-gca.gov.tt/
Probation Hostel, Tobago	Location not listed because it is a safe home.	(868) 631-1810	
Probation Services Division (PSD)	3rd Floor, ANSA House Corner Henry and Queen Streets, Port of Spain, Trinidad.	(868) 623-8248	https://nationalsecurity.gov.tt/divisions/probation-services/

STAKEHOLDERS

Name of Stakeholder	Address	Contact	Website
Probation Services Unit, Tobago	Kennedy Building, Main Street, Scarborough, Tobago.	(868) 635-1788	
Rape Crisis Society (RCS)	# 1 Robinsonville, Belmont, Port of Spain, Trinidad.	(868) 627-7273	
Social Welfare Division (SWD)	45A-45C St. Vincent Street, Port of Spain, Trinidad.	(868) 623-2608 ext. 1203	https://social.gov.tt/social-welfare-division/
St. Ann's Psychiatric Hospital	St. Ann's Road, St. Ann's, Trinidad.	(868) 624-1151	
Student Support Services Division (SSSD)	Level 1, Building A, Education Towers # 5 St. Vincent Street, Port of Spain, Trinidad.	(868) 622-2181 (Ext. 1033 / 1034 / 1035 / 1036)	https://www.moe.gov.tt/student-support-services-division-sssd/
Student Support Services Unit (SSSU) (Tobago)	The Division of Education, Research and Technology Dutch Fort Plaza, Dutch Fort, Scarborough, Tobago.	(868) 299-0781	https://thadert.gov.tt/student-support-services/
The Child and Adolescent Centre	Scarborough Regional Hospital, Admin Building, Fort King George, Scarborough, Tobago.	(868) 635-0821/ (868) 660-7338/ (868) 660-4744 Ext. 3400 or 3401/ (868) 639-4301	

STAKEHOLDERS

Name of Stakeholder	Address	Contact	Website
The Children Court	6 Elizabeth Street, St. Clair, Port of Spain, Trinidad.	(868) 223-1060 ext. 1205-1, 1444, 1445	
The Children's Authority of Trinidad and Tobago (CATT)	Corner Dere St. and Queen's Park West, Port of Spain, Trinidad.	(868) 627-0748 (868) 623-7555 (868) 625-7151	https://www.ttchildren.org/
The Counter-Trafficking Unit (CTU)	Temple Court 1, 31-33 Abercromby Street, Port of Spain, Trinidad.	(868) 800-4CTU (4288)	https://nationalecurity.gov.tt/divisions/the-counter-trafficking-unit-ctu/
The Division of Community Development, Youth Development, and Sport (THA)	#10 Montessori Drive, Glen Road, Scarborough, Tobago.	(868) 639-4818	https://www.tha.gov.tt/divisions/community-development-youth-development-and-sport/
The Division of Health, Wellness and Social Protection (DHWSP), Tobago House of Assembly (THA)	# 5 Montessori Drive, Glen Road, Scarborough, Tobago.	(868) 639-3395	https://www.tha.gov.tt/divisions/health-wellness-and-social-protection/
The Family Court	Cipriani Place, 4 Cipriani Boulevard, Port of Spain, Trinidad.	(868) 223-1060 Ext. 3520, 3555, 3595	
The Judiciary of the Republic of Trinidad and Tobago	Hall of Justice, Knox Street, Port of Spain, Trinidad.	(868) 224-5182 (868) 62-TTLAW (88529)	https://www.ttlawcourts.org/
The Ministry of Education (MOE)	Education Towers # 5 St. Vincent Street, Port of Spain, Trinidad.	(868) 235-2988	https://www.moe.gov.tt/

STAKEHOLDERS

Name of Stakeholder	Address	Contact	Website
The Ministry of Labour (MOL)	International Waterfront Centre Tower C, Level 5 #1A Wrightson Road, Port of Spain, Trinidad.	(868) 622-2181	https://www.labour.gov.tt/
The Ministry of National Security (MNS)	Temple Court 1, 31-33 Abercromby Street, Port of Spain, Trinidad.	(868) 625-8478 (868) 623-2441-5	https://nationalecurity.gov.tt/
The Ministry of Social Development and Family Services (MSDFS)	CL Financial Building, 39-43 St Vincent Street, Port of Spain, Trinidad.	(868) 623-2608	https://social.gov.tt/
Trinidad and Tobago Police Service (TTPS)	Police Administration Building, Corner Edward and Sackville Streets, Port of Spain, Trinidad.	(868) 627-5217	https://www.ttps.gov.tt/
Victim and Witness Support Unit (VWSU)	Riverside Annex, Besson Street, Port of Spain, Trinidad.	(868) 612-0301 Ext. 13551 to 13553	https://www.ttps.gov.tt/Services/Victim-and-Witness-Support-Unit



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To eliminate violence against women and girls



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