

# **Children without parental care in the Caribbean**

## **Systems of protection**

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## ABSTRACT

Long term residential institutional is detrimental to children's well being, this is a proven fact. Studies conducted globally have confirmed the damages that children placed in residential institutional care sustain. Although the actual numbers of children who reside in institutions fluctuates regularly, the figures gathered at any one time are still alarming, for example there are an estimated one million children in institutional care across Europe<sup>1</sup>. With the impact of AIDS, conflict and growing poverty and disparities in (especially) developing countries institutional care continues to be one of the only options available for many children around the world<sup>2</sup>.

Prevention of family separation, kinship, family and community care are the proven and recommended solutions to the institutional alternative worldwide. However, to ensure that all children are cared for in a family setting requires the set up of specific programmes and services. Existing examples include supporting parents to prevent separation of the child, such as providing material, financial, technical and psychosocial assistance and setting up formal foster care systems. These programmes and services however depend on the support of social welfare practitioners within Government and civil society organisations who in turn need the commitment of policymakers, external international agencies and other influential actors for authorisation, coordination, enforcement of standards of care and sustainability of resources. The responsibility for children without parental care therefore rests on a number of different bodies at many different levels.

The situation is no different in the Caribbean and this study found similar commonalities across the region regarding the care of children within institutions and the (non) availability of adequate alternative solutions.

**The biggest problem continues to rest on the limited and small scale family and community based solutions that in addition are not adequately endorsed, supported or resourced**

Prevention of separation as a key solution to stopping children entering institutional care is virtually non-existent and long term support to providing programmes and services for alternative family and community care is very weak. To shed light on why these proven and known solutions are not being fully committed to and implemented requires an analysis of the role of actors at all levels of society who have responsibility for the welfare of children.

This report aims to provide an in-depth understanding of why there is a lack of family based preventative and rehabilitative services for children in the Caribbean through an analysis of the role and capacity of key actors responsible for children's welfare, most notably Governments, social services practitioners within government and civil society as well as parents themselves.

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<sup>1</sup> Browne, K. Mulheir, G. (2007) *De-institutionalising and Transforming Children's Services: A Guide to Good Practice*

<sup>2</sup> Dunn, A. Jareg, E. Webb, D. (2003) *A last resort: the growing concern about children in residential care*, Save the Children: United Kingdom

## **1/ Objective**

This consultancy will identify regional commonalities in challenges facing children without parental care specifically in the CARICOM region of the Caribbean and share regional and global tools that could assist countries to improve their programming, both in prevention and response for children without parental care.

## **2/ Output**

The final output of the consultancy will be a report documenting practises in the Caribbean region (based on CARICOM member states) on children without parental care including a separate reference CD on model practises in the Caribbean. The reference CD that accompanies this report contains a number of different models used in the Caribbean that can be shared as practices to be learnt from, adapted and adopted to improve response to children without parental care<sup>3</sup>. There are many more model practises to be found in the Caribbean that the assessment was not able to document or retrieve as reference and the following are only a sample.

The categories include:

1. Alternative care practises
2. Legal and social frameworks
3. Operational protocols in service provision
4. Social safety net programmes

## **3/ Methodology**

The information gathered for this assessment was taken from existing reports and studies encompassing both quantitative and qualitative data. Additionally the consultant visited 10 countries as a sample for the entire CARICOM region: Trinidad, Suriname, Jamaica, Barbados, Belize, Haiti, Dominica, Grenada, St. Lucia and Guyana. These countries were chosen in coordination with country offices. In the countries visited the consultant carried out a number of interviews and meetings with key stakeholders, predominantly Government social sector agencies, civil society service providers and watchdog organisations, children's residential institutions and facilities for children who in conflict with the law.

## **4/ Constraints**

Due to a lack of significant qualitative statistics and records on children from service delivery agencies it has been difficult to substantiate or cross check all information gathered in interviews.

This paper attempts to offer a broad and summarised picture of children without parental care in the Caribbean region but we are reminded that the actual realities may that differ from country to country.

The integration of the Haiti situation as part of the overall assessment posed a challenge primarily because of the levels of poverty as well as the lack of government systems making it a unique case in the region. In all fairness Haiti would require a document of its own.

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<sup>3</sup> See annex for details of CD content

<b>ACRONYMS</b>
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AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
BUFAZ	Bureau of Family Affairs
BTC	Boys Training College
CARICOM	Caribbean Community and Common Market
CBO	Community Based Organisation
CCB	Child Care Board
CCPA	Child Care and Protection Act
CDA	Child Development Agency
CNSP	Children in Need of Special Protection
COMPAR	Community and Parent Empowerment Programme
CP	Child Protection
CRC	Convention on the Rights of the Child
CWA	Child Welfare Authority
ECD	Early Childhood Development
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
IBERS	Institut du Bien-Être Social et de Recherches
JCRC	Jamaican Coalition on the Rights of the Child
MDG	Millennium Development Goals
MINUSTAH	United Nations Stabilisation Mission in Haiti
NCH	National Children's Home
NGO	Non Government Organisation
NOPCAN	National Organisation for the Prevention of Child Abuse and Neglect
OECS	Organisation of Eastern Caribbean States
OVC	Orphans and Vulnerable Children
PATH	Programme of Advancement Through Health and Education
PMTCT	Prevention of Mother to Child Transmission
UN	United Nations
UNODC	United Nations Office on Drugs and Crime
UNICEF	United Nations Children's Fund
USD	United States Dollar

## BACKGROUND INFORMATION

### The Caribbean region demographics

The Caribbean region is characterised by many small island states with a predominantly British colonial heritage. CARICOM member states include: Antigua and Barbuda, the Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Haiti, Jamaica, Montserrat, Saint Lucia, St. Kitts and Nevis, St. Vincent and the Grenadines, Suriname and Trinidad and Tobago. In addition, CARICOM associate members include: Anguilla, Bermuda, British Virgin Islands, Cayman islands, Turks and Caicos islands.

Most Caribbean countries are typified by small populations with the majority under 500,000 and the countries with the largest populations being Haiti (over 7 million), Jamaica (2.5 million) and Trinidad and Tobago (1.2 million)<sup>4</sup>. Countries vary in size and language with English, French, Dutch and Spanish being spoken.

Poverty remains high in some countries such as Guyana, Suriname and Haiti while the Caribbean in general has continued to grow economically with many countries qualifying as middle income.<sup>5</sup> GDP per capita ranges from under USD 2,000 in Haiti to over USD 17,000 in the Bahamas<sup>6</sup>. Five Caribbean countries are considered High Income Economies by the World Bank,<sup>7</sup> and six are among the countries ranked as “high” on the Human Development Index for 2006<sup>8</sup>. Even though countries are ranked high or middle income there are many disparities found within them with pockets of the population continuing to live in poverty and vulnerability.

The majority of Caribbean countries have very young populations. A study on countries in Antigua and Barbuda, Barbados, the British Virgin Islands, Dominica, Grenada, Montserrat, St. Lucia, St. Kitts and Nevis, St. Vincent and the Grenadines and the Turks and Caicos Islands reported that ‘35 percent are under the age of 20 and about 9 percent are between the ages of 20 and 24’.

### Family structure in the Caribbean

The concept of a ‘family’ being that of mother, father and children is not a given in the Caribbean especially in families of lower socio-economic status. The study found that where children were separated from parents nearly all were single women supporting a household. Within poorer households visiting relationships rather than marriage is common. A UN study in the Caribbean found that *‘common-law and*

<sup>4</sup> Found from source: [http://www.caricom.org/jsp/community/member\\_states.jsp?menu=community](http://www.caricom.org/jsp/community/member_states.jsp?menu=community)

<sup>5</sup> World Bank. (2005) *A time to choose, Caribbean development in the 21<sup>st</sup> century*, Caribbean country management unit, World Bank: Latin America and the Caribbean region

<sup>6</sup> UNDP (2006) Human Development Report

<sup>7</sup> Antigua and Barbuda, the Bahamas, Barbados, the Cayman Islands (UK) and Trinidad and Tobago, with six countries being categorized as Upper-Middle-Income Economies, four as Lower-Middle-Income Economies and Haiti as Low-Income Economy.

<sup>8</sup> Barbados (30), Cuba (50), St. Kitts & Nevis (51), the Bahamas (52), Trinidad & Tobago (57) and Antigua and Barbuda (59). Only Haiti is ranked under the category “low”.

*visiting unions have traditionally been formations associated with individuals from lower socio-economic groups in Caribbean societies ... there is concern for the plight of the single mother and the matrifocal extended family that lives on its margins. They are among the most vulnerable and often depend upon the financial contribution of men*'.<sup>9</sup>

A Caribbean report found *'the predominance of female-headed households, with women heading between 30 and 45 percent of all households'*.<sup>10</sup> For example in Jamaica in 2001 44% of all households were female headed<sup>11</sup>. A single parent who has responsibility for a number of children with very little external support is unlikely to be able to supervise the children thus placing them at risk. Neglect and abandonment of children has often been attributed to lack of time and finances and too many children to care for.

## **Migration**

While there is little information currently available on the effects of migration on children in the Caribbean, interviews with different actors noted that this was happening to a large extent and has been one of the major causes of children being without parental care. Formal records only show those children who have entered the welfare system because of abuse or neglect but the same UN report in the Caribbean noted that *'migration is a central element of the demographic landscape. This includes migration within the sub-region and migration to countries outside the Caribbean. There is no systematic information on the extent of this migration, but there is no doubt that it is extensive'*.

Within the smaller islands, migration seems to be mostly short term economic between countries such as St. Lucia and Martinique, Dominica and Guadeloupe, Antigua and Tortola. The general trend is for parents to go as long as they can legally be allowed (estimated two weeks), come back home for a couple of days and then go off again. Children are sometimes left with grandparents or other family members and in some cases children may even be left in the care of their siblings<sup>12</sup>. Within countries such as Guyana and Suriname, other types of long distance separation occur in the form of internal migration or internal separation. While there is limited information on the effects of internal migration or separation on children in these countries, interviews with service providers suggest that many hinterland communities in the interior of the country of Maroon or Amerindian ethnicity are sending their children to the cities for education. There is little information to show what levels of protection are granted to these children as well as what levels of discrimination these children face when coming into the city. Many children do not see their parents for very long periods of time and some do not see their parents at all during their entire stay in the city.

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<sup>9</sup> St. Bernard, G. (2003) *Major Trends Affecting Families in Central America and the Caribbean*, prepared for the United Nations, University of West Indies: Trinidad and Tobago

<sup>10</sup> Blank, L. (2007) *Situation analysis of children and women in Antigua and Barbuda, Barbados, the British Virgin Islands, Dominica, Grenada, Montserrat, St. Lucia, St. Kitts and Nevis, St. Vincent and the Grenadines and the Turks and Caicos Islands*, UNICEF: Barbados

<sup>11</sup> Jamaica survey of living conditions 2001

<sup>12</sup> Information gathered at interviews in Dominica and St. Lucia

## CHAPTER 1: DEFINITIONS AND PROFILES OF CHILDREN WITHOUT PARENTAL CARE

This chapter presents the global frameworks and definitions guiding this document. This includes the definitions as laid out in the global UN guidelines for the appropriate use and conditions of alternative care for children. The chapter also narrows down the definition of children without parental care within the context of the Caribbean through an assessment of which children are deemed to be without adequate parental care (profiles) and a causality analysis on immediate, underlying and basic causes of factors contributing to vulnerability.

The chapter is divided as follows:

1. UN guidelines for the appropriate use and conditions of alternative care for children
2. Definitions adapted to the scope of this study
3. Profile of children without parental care
4. Causality analysis

### 1/ UN guidelines for the appropriate use and conditions of alternative care for children

#### UN guidelines for the appropriate use and conditions of alternative care for children - definitions<sup>13</sup>

**Children without parental care:** All children not living with at least one of their parents for whatever reason and under whatever circumstances.

- (1) “unaccompanied” if they are not cared for by another relative or an adult who by law or custom is responsible for doing so; or
- (2) “separated” if they are separated from a previous legal or customary primary caregiver, but who may nevertheless be accompanied by another relative.

**With respect to its juridical nature, alternative care may be:**

A. Informal care: any private arrangement provided in a family environment whereby the child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.

B. Formal care: all care provided in a family environment which has been ordered or authorised by competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures.

**III. With respect to the environment where it is provided, alternative care may be:**

<sup>13</sup> UN guidelines for the appropriate use and conditions of alternative care for children (2007)



- A. Kinship care: family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature.
- B. Foster care: situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family, which is selected, qualified, approved and supervised for providing such care.
- C. Residential care: care provided in any non-family-based group setting.

**IV. With respect to those responsible for alternative care:**

- A. Agencies are the bodies and services that organise alternative child care;
- B. Facilities are the individual establishments that provide residential child care.

**The scope of alternative care as foreseen in the draft UN Guidelines does not extend, however, to:**

- a. Persons under the age of 18 who are deprived of their liberty by decision of a judicial or administrative authority as a result of being alleged as, accused of or recognised as having infringed the law, and whose situation is covered by the *United Nations Standard Minimum Rules on the Administration of Juvenile Justice* and the *United Nations Rules for the Protection of Juveniles Deprived of Their Liberty*;
- b. Care by adoptive parents from the moment the child concerned is placed in their custody, as of which moment, for the purposes of these Guidelines, the child is considered to be in parental care. These Guidelines are however applicable to pre-adoption or probationary placement of a child with the prospective adoptive parents, as far as they are compatible with requirements governing such placements as stipulated in other relevant international instruments;
- c. Informal arrangements whereby a child voluntarily stays with relatives or friends for a limited period for recreational purposes and for reasons not connected with the parents' inability generally to provide adequate care.<sup>14</sup>

## **2/ Definitions adapted to the scope of the study**

Adapting the UN guidelines to the scope of this study included some attention to children in conflict with the law. Although this report looks predominantly at children in need of care and protection, it also includes persons under the age of 18 who are 'deprived of their liberty by decision of a judicial or administrative authority as a result of being alleged as, accused of or recognised as having infringed the law'.<sup>15</sup> Children who have come into conflict with the law often have the same origins and background situations as those who are in need of care and protection and the prevention and rehabilitative measures are often the same. Since a response to dealing with children who have come into conflict with the law includes not only a legal issue but is also a key area of social policy, it is included within the scope of this report.

The report will look mostly at temporary care options and therefore adoption will not be analysed closely bearing in mind that the processes for adoption and its success depends on all the factors described in this report including the role and capacity of the key actors and institutions.

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<sup>15</sup> UN guidelines for the appropriate use and conditions of alternative care for children (2007)

### **3/ Profile of children without parental care**

A more thorough understanding of children without parental care comes from an analysis of causality. This also provides a good basis for more tailored programme and policy recommendations at different levels.

The following profiles and causes were those provided by social services agencies, civil society organisations and other service providers during the course of the assessment. Due to the given time available for the assessment it was not possible to collect data/statistics on all the cases from Government agencies as they did not all have organised records available. The following manifestations of children without parental care were the ones most frequently cited by service providers across the Caribbean.

The main profiles include:

- Child who is in a residential care facility for children
- Child who is in a detention facility for children
- Child who is left unattended or locked at home for long periods of time unsupervised
- Child without parents
- Child who is a victim of violence
- Child who is neglected and/or abandoned
- Child who has been sexually abused
- Child who has been physically abused
- Child who is roaming the streets
- Child who is infected or affected by HIV and AIDS
- Child with disability
- Child who has dropped out of school
- Child who engages in sexual acts for money, material goods or attention

Identification and referral of a child should normally be done through social welfare agencies but does not always happen. Children can be identified and referred to different services by a number of persons including the general public, parents themselves, the police, schools and other. Identification and referral usually happens in the following ways:

- A child is identified by a social worker
- A child is referred to a social worker by their own family, by neighbours or members of the general public
- Child is referred to social workers by hospitals or schools
- Child is taken straight to residential care institutions
- Child is 'picked up' by the police for being on the streets
- Child is 'picked up' by the police for being in conflict with the law

### **4/ Causality analysis**

The causality analysis examines three different levels of causality to why children are without parental care. It identifies immediate, underlying and basic causes. This analysis was done mostly comprising commonalities in causes across the region.

<p>Immediate causes</p>	<ul style="list-style-type: none"> <li>• Child ran away from home to join friends, be on the street or join a gang</li> <li>• Child has committed an offence</li> <li>• Child has a mental disability</li> <li>• Child has demonstrated difficult, unruly or ‘uncontrollable’ behaviour</li> <li>• Child has been abandoned by parent/s</li> <li>• Child’s parent/s have died</li> <li>• Child is being sexually abused</li> <li>• Physical abuse in the household against the child and other members of the family</li> <li>• Domestic violence against mother causing her to leave the household and her children</li> <li>• Child in residential care who are not or cannot be reintegrated back into families</li> <li>• Child is unable to cope in school and is discriminated against (for different reasons)</li> <li>• No placement for child in residential care</li> <li>• Child who re-commits an offence is incarcerated</li> <li>• No foster care placement for child especially adolescent child</li> <li>• Child has been rejected by community due to HIV/AIDS discrimination</li> <li>• Child is on drugs or is an alcoholic</li> <li>• Mother is a teenager and leaves child unattended to ‘live her own life’</li> </ul>
<p>Underlying causes</p>	<ul style="list-style-type: none"> <li>• Parent is an alcoholic or a drug addict</li> <li>• Parent has a mental disability (sometimes can be due to drugs)</li> <li>• Single parent cannot cope with caring for many children therefore places some of them in an institution</li> <li>• Parent is unable to ‘control’ or communicate with child</li> <li>• Parent has had to go to another country to find work (temporarily) leaving behind the child – Martinique, Guadeloupe etc.</li> <li>• Parent living in the interior or rural area has sent child to the city either for economic reasons (they cannot care for the child) or because they think the child will benefit from better services</li> <li>• Single parent needs to work and does not have anyone supervising children</li> <li>• Poor financial and economic situation in the family and no basic needs met e.g. food, clothing etc.</li> <li>• Parent is HIV positive</li> <li>• Inadequate referral services</li> <li>• Parent is incarcerated</li> <li>• Parent relies on child working to sustain the family</li> <li>• Single mother relies on income provided by boyfriend/husband who abuses the child</li> <li>• Nowhere to place young children while mother is working – day care is too expensive</li> <li>• No Government (consistent) support to parents to assist them to take back children who have been placed in alternative care facilities or in detention facilities</li> <li>• No psychosocial support to single parent caring for children</li> <li>• Insufficient number of social workers, probation officers, rehabilitation officers to cope with caseload</li> <li>• Inadequate follow up on the part of the social workers</li> <li>• No programmes for children ‘leaving care’ institutions</li> <li>• Public assistance is not coupled with social work – no continuum of care</li> <li>• Quality of teaching and time for students</li> </ul>
<p>Basic causes</p>	<ul style="list-style-type: none"> <li>• Learnt attitudes and behaviours in the general population concerning children prevent application of CRC principles (e.g. best interest of child)</li> <li>• Lack of Government understanding of child protection issues translating into lack of commitment to support social sectors and parental</li> </ul>

	<p>rehabilitation and support</p> <ul style="list-style-type: none"> <li>• Lack of preventative actions in place to prevent children from becoming unaccompanied or separated</li> <li>• Insufficient allocation of resources at the level of Government, especially human resources for the social welfare sectors</li> <li>• No continuum of care for children across Government programmes and agencies and between Government and civil society service providers</li> <li>• Legislation is not respected or enforced and structures to enforce legislation are not sufficiently supported</li> <li>• Fiscal policies responding to a countries' debt means that tight conditions are put upon social sector expenditures</li> <li>• Rise in levels of violence and crime (especially) in urban cities makes it more difficult for social services to access certain communities and provide services to vulnerable populations</li> <li>• Rise in levels of violence correlate to a rise in offences committed by children and against children</li> <li>• Lack of Government accountability in child rights abuses</li> <li>• Lack of civil society human rights watchdog organisations with authority to hold Government accountable to its obligations</li> <li>• Lack of certain types of professional capacities (esp. in smaller countries) such as psychologists needed for rehabilitation of child and parent</li> <li>• Regional migration and mobile movements between islands for work means children may be left unattended or more at risk of abuse</li> </ul>
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In addition to breaking down the causes of children's vulnerability, the causality analysis is also able to categorise causes into certain classifications which is useful in providing evidence of the most common groups of causes and thus assists in directing response strategies. In this case the most common classifications include: cultural causes based on attitudes and behaviours towards children and perception of children by parents, caregivers and government policymakers; institutional causes such as incapacities of certain services and service providers to assist parents and children; and external causes such as debt, donor aid conditionality and rising violence.

Causality analysis is also important to show that inadequate parental care does not necessarily point to 'bad' parents but provides a deeper understanding of the causes of parent's behaviour due to certain circumstances they may find themselves in and the inability to free themselves from these situations. The following case study is a good example of this. It is one of many situations commonly found in the Caribbean's poor and vulnerable populations.

Shirley \* is a single mother of 12 children. Her children range from around 2 years to over 20 years. 8 of her children live with her in a one bedroom house in one of the most violent communities in the inner city. No one leaves the house after dark and gunfire is a nightly routine. Gang warfare is the real thing here and young men in the neighbourhood typically tend to have scars all over their bodies. Graffiti on walls list names in memory of the dead.

Shirley does not have a steady income and relies on day-to-day jobs like cleaning laundry for households around the community. Although she makes little money, her house is well kept, clean and tidy.

When asked if she receives any kind of poor relief grant or public assistance from the State she replied that social workers refuse to enter her community for fear of violence and so there has never been any assessment done. She simply cannot access State resources because of her geographic location.

Although Shirley lives in desperate conditions she is quick to point out that she is not the worst off in her community. That title goes to the 'pig people' so called because they tend pigs in the far end of a field and are despised and shunned by other 'better off' members of the community. It soon becomes clear that there is no neighbourly love in this community. Class structures exist and those lines form a clear parameter around those who are richer and those who are poorer. Shirley's richer neighbours discriminate against her because of her poverty and tell her she is a bad mother for being unable to supervise her children during the day.

Due to her inability to be at home or close to home for long periods during the day, Shirley's children fend for themselves. The older children who should be in school usually do not go. They prefer to hang around with friends and some get involved in gangs. Girls can be pressured to get involved in relationships very early having babies as teenagers. This is what happened to one of the older sister's who no longer lives in the house. Siblings care for each other during the day when no parent is around.

When Shirley is home the children cling to her demanding attention. It is clear she loves them and they in turn adore her. To alleviate the burden of care, she had tried to place one of her sons with an aunty but he cried so much that he had to be returned home. The attachment between mother and children is very strong.

When asked about whether she has thought about alternative care placement for her children Shirley becomes pensive and a little sad. She admits that because she simply cannot care for her children she would like to have the option of placing them in residential homes where they would at least go to school and receive regular meals. "They (social services) wouldn't even have to take all of them ... they can take only three or four of them" was what she told us.

\* names have been changed

## CHAPTER 2: SITUATION OF CHILDREN IN TEMPORARY CARE

### Introduction

This chapter demonstrates the size of and problems affecting children in temporary alternative care in the Caribbean. Kinship care, foster care and institutional care make up the most common temporary options of alternative care for children available in the Caribbean.

This chapter is divided into six different categories constituting existing temporary alternative care placements:

1. Kinship care
2. Foster care
3. Institution care
4. Supporting families and communities to care for children
5. Monitoring and Evaluation

### **1/ Kinship care**

Kinship care involves the care of children by extended family members, friends and other persons in the community. Worldwide there is lack of information on kinship care. This is backed up by a study carried out in London that noted that '*There is a lack of evidence about kinship care placements in terms of their numbers, their durability and the views of children and young people of living in such placements*'.<sup>16</sup> Due to the hidden nature of kinship care it is impossible to determine whether host families who have taken in children have the capacity to care for them. Kinship care provides a family setting and therefore should be promoted but there is always need to monitor the care given to a child by another family.

Kinship care is already taking place all over the Caribbean and placements can be both temporary and permanent. Because kinship care is largely informal, cases never enter the social welfare system and therefore very little data exists to provide the numbers of children living without their parents. A UNICEF report in the Caribbean noted that grandparents were the main secondary caregivers of children especially if parents themselves are very young and unable to care for their children<sup>17</sup>.

Although it is universally accepted that children should be raised within a family environment where possible, the option that kinship care provides in the Caribbean is largely unknown. Additionally kinship care, if not monitored can result in exploitation and abuse. For example in Haiti many children are sent to the city from villages by their parents to stay with relatives or even unknown persons in the hope that these children will find better opportunities for education. Many of these children are exploited as domestic workers, treated extremely badly, abused and in most cases

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<sup>16</sup> Broad, B. et al. (2001) *Kinship care for vulnerable young people*, National Children's Bureau: London, United Kingdom

<sup>17</sup> Loudon, M. (2006) *A study of child vulnerability in Barbados, St. Lucia and St. Vincent & the Grenadines*, UNICEF and the Governments of Barbados, St. Lucia and St. Vincent & the Grenadines: Barbados

never go to school. These ‘hidden’ children are not known to authorities, cannot access any protection and their only assistance comes from NGO’s.<sup>18</sup> There are an estimated 300,000 children in domestic work in Haiti of which 70% are girls<sup>19</sup>.

## LESSONS LEARNT

Anecdotal evidence and reports from the region indicate that kinship care is happening in most communities and can be a very positive form of alternative care for children who cannot live with their parents. However, for kinship care to be a viable option in fulfilling children’s rights more information needs to be gathered on the size and popularity of kinship care in the Caribbean, coping practices of kinship families, whether or not this type of care has led to increased cases of abuse and exploitation and whether there is a need to formalise and monitor it.

### 2/ Foster care

Formal foster care is administered through or with Government authorisation in various countries in the Caribbean. Of the countries visited, foster care is implemented under formal Government authority in seven countries and informally by civil society in one country (see following table).

Globally foster care has proven to be a good temporary alternative care placement for children providing a family setting. However foster care implementation is time consuming and case management is labour intensive. In some countries in the Caribbean the management of the entire foster care programme is under the responsibility of only one social worker who not only carries out intake assessments, screening of potential families and placements themselves but also case management and follow up. Some countries such as Guyana decided to improve their social welfare systems before trying to put in place foster care<sup>20</sup>.

Human resource is only one challenge facing implementation of foster care in the Caribbean. Another challenge is the lack of clear and coherent legislation backed up by regulations or official protocols. During the period of the assessment the majority of countries were functioning without specific foster care legislation or regulations although some were in the pipeline awaiting approval. St. Lucia has developed foster care manuals and guidelines (draft) to help implementation.

Another growing challenge facing foster care seems to be the environment of violence. Anecdotal evidence found while talking to key actors suggest that persons no longer want to foster adolescent children for fear of facing delinquency and youth violence. This applies more specifically to boys than to girls<sup>21</sup>.

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<sup>18</sup> Visit to Foyer Moris Sixto, Port au Prince, Haiti – 07 June 2007

<sup>19</sup> Project document by Foyer Moris Sixto (2006): ‘Appui institutionnel en vue d’un support psychosocial aux enfants en domesticité par l’amélioration des relations entre acteurs de la domesticité enfantine’

<sup>20</sup> Dunn, A. Parry-Williams, J. (2006) *Consultancy on the establishment of foster care regulations and minimum operating standards for institutional care in Guyana*, UNICEF and the Ministry of human services and social security: Guyana.

<sup>21</sup> Information gathered during interviews with social workers

The following table shows the number of children currently in foster care in some countries based mainly on interviews with service providers:

Country	# of children in foster care	Source
Jamaica	1148	CDA 2007
Belize	200	Government of Belize 2007
Trinidad	28	Government of T&T 2007
Barbados	22	CCB 2007
Grenada	60	NCH 2007
St. Lucia	78	Government of St. Lucia 2007
Dominica	84	Government of Dominica 2007
Suriname	26	Pleeggezinnen central 2006

## LESSONS LEARNT

Although foster care is being implemented in seven out of ten countries visited, the coverage still does not come close to that of children in institutional care<sup>22</sup>. For foster care to be a better placement option than institutional care this coverage needs to increase, however a number of factors threaten the existence of foster care and will need to be considered such as lack of human resources, lack of legislation and the growing environment of crime.

### 3/ Institutional care

The CRC states that institutions will act as the last resort of care for vulnerable children when all other options have been exhausted. Save the Children defines institutional care as: *“a group living arrangement for children in which care is provided by remunerated adults who would not be regarded as traditional carers within the wider society”*.<sup>23</sup> Institutions are inadequate and expensive as long term solutions and have been proven to have negative psychological effects on children due to the lack of proper attention and love that a smaller unit such as a family can provide. Residential care in Barbados costs the Government up to USD 15,000.00 per child per year.<sup>24</sup>

However strengthening alternatives to institutional care as well as sufficient focus on prevention and rehabilitation have not been given sufficient attention in the region. Global findings support this. A European Union report on institutional care in Europe quoted from Browne et al. (2004, 2005a) that *‘countries which spend less on public health and social services are more likely to have higher numbers of institutionalised children, possibly as a consequence of not providing mother and child residential care facilities or counselling services to prevent abandonment and to rehabilitate parents who are at risk of abusing or neglecting their child’*.<sup>25</sup> This finding echoes similar findings from the Caribbean that speak to lack of preventative and rehabilitative programmes to reduce numbers of children in institutional care as well as insufficient monitoring of children in institutional care.

<sup>22</sup> See section in report on institutional care for figures

<sup>23</sup> Dunn, A. Jareg, E. Webb, D. (2003) *A last resort: the growing concern about children in residential care*, Save the Children: United Kingdom

<sup>24</sup> Information provided in a meeting with the Barbados Child Care Board on 10 May 2007

<sup>25</sup> Browne, K, Mulheir, G. (2006). *De-institutionalising and transforming children’s services: a guide to good practise*, European Union.



There are an estimated over 6000 children in institutional care in the Caribbean excluding Haiti where the estimate may be as high as 50,000. Reports within the Caribbean region taken from Trinidad and Tobago<sup>26</sup>, Guyana<sup>27</sup> and Jamaica<sup>28</sup> show that institutional care is still being utilised in many cases as the first resort, that children are staying well beyond their 'temporary' time and that standards within institutional care are generally absent or not in compliance with the CRC. This has led to inconsistent care being provided to children as well as incidences of abuse. In Trinidad the majority of children have been in residential care for over two years and many have stayed over six years.

Only four countries out of the ten visited have actual legal regulations governing residential care institutions, these are Belize, Jamaica, Grenada and Barbados. Due to this caveat, civil society organisations in Suriname and Trinidad have started to set up their own independent standards. While this initiative does fill a void it means that the standards developed by civil society hold no legal legitimacy which has consequences on children's legal protection. Partnerships between the Government and civil society in both Suriname and Trinidad are extremely weak.

In Haiti although the estimate of children in institutional care is currently at 50,000<sup>29</sup>, there are no statistics to confirm this number. Meetings with IBERS, the Government agency responsible for social services confirmed that placements of children in institutions were done without court orders and by a diverse number of people including parents themselves. Due to an existing legal lacuna governing alternative care for children it is difficult for permanent placement especially where the parent's whereabouts are unknown. UNICEF, Save the Children and other NGO's are currently working closely with IBERS to improve standards of care and to increase the capacity of IBERS to understand and apply CRC principles on institutional care.

In the OECS many of the above-mentioned problems exist. Additionally the UNICEF/NCH report on social services in the OECS point to lack of participation of children in decision making in institutions. In the report children themselves stated that institutional care did not shield them from the types of abuse they were taken away from in the first place such as neglect, exploitation and insensitive behaviour. This report however also provides some model practises and examples of ways in which law reform processes can assist new legislation to protect children in institutional care.<sup>30</sup>

In Guyana, UNICEF facilitated the partnership of residential care institutions together with the Government to elaborate a set of (best practise) standards. These standards are still voluntary due to pending legislation. The process of partnership has provided

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<sup>26</sup> Jones, A. Sogren, M. (2005) *A study of children's homes in Trinidad and Tobago*, Government of Trinidad and Tobago, University of the West Indies: Trinidad

<sup>27</sup> Magda Wills, F. UNICEF. (2006) *Assessment of procedural and physical standards in children's residential care institutions in Guyana*, UNICEF: Guyana

<sup>28</sup> Government of Jamaica. (2003) *Review of children's homes: Jamaica and*

*Jamaicans for justice*. (2006) *Report on the situation of children in the care of the Jamaican state: Jamaica*

<sup>29</sup> Plan Haiti, UNICEF. (2005) *Misère pour misère: témoignages sur le trafic d'enfants haïtiens vers la République Dominicaine* : Haiti

<sup>30</sup> Trotman Stoby, E. (2002) *Social services delivery in the OECS and Turks and Caicos islands, a research component of the project*, NCH and UNICEF (ECO): Barbados

a good model on how NGO's can be brought together to collaborate better with the Government thus increasing ownership and the motivation to improve practise.<sup>31</sup>

The biggest challenges for reintegration and family placements of institutionalised children continue to affect children with disabilities and children infected or affected by HIV. In Suriname, Guyana, Jamaica, Haiti and Trinidad there are specialised residential care institutions that cater specifically to these groups of children.

**Children with disabilities and children infected or affected by HIV/AIDS continue to be the most vulnerable group of 'institutionalised' children.**

Many families refuse to take in a disabled child. In Jamaica, the review of children's homes found that 12% of residential care institutions were operated solely for children with developmental and/or physical disability<sup>32</sup>. Guyana has recorded 17 children living with HIV in selected residential care institutions<sup>33</sup>. In Suriname one residential care institution alone housed 27 children infected or affected by HIV and in Trinidad one institution visited had 38 children infected and affected by HIV. The 'Maison Arc en Ciel' in Haiti also cares for children living with HIV, there are 37 children in this institution<sup>34</sup>.

Since the availability of ARV therapy for children, many residential care institutions have had to change their mandates dramatically from hospice to home since children are no longer dying of AIDS. These institutions have had to increase their resource input to include services such as education which were previously considered unnecessary. Maison Arc en Ciel in Haiti *'is more concerned with coping with life than with coping with death'*<sup>35</sup>. The children who now live with a controllable illness face new challenges especially in the psychosocial domain. Revealing their status and debating relationships are all issues they are now experiencing. Most residential care institutions do not have sufficient support for these children and have experienced growing behavioural problems linked to the angst associated with having a HIV status.

## LESSONS LEARNT

**There are too many children in institutional care in the Caribbean.**

Care for institutionalised children is stretched and facilitates higher levels of abuse. A number of factors contribute to the high levels of institutional care. The main ones are a lack of adequate preventative actions to prevent children from entering institutions and insufficient reintegration of children home or to another family. In addition lack of legally binding regulations to govern the operation and care of residential care

<sup>31</sup> Dunn, A. Parry-Williams, J. (2006) *Consultancy on the establishment of foster care regulations and minimum operating standards for institutional care in Guyana*, UNICEF and the Ministry of human services and social security: Guyana

<sup>32</sup> Government of Jamaica. (2003) *Review of children's homes*: Jamaica

<sup>33</sup> Magda Wills, F. UNICEF. (2006) *Assessment of procedural and physical standards in children's residential care institutions in Guyana*, UNICEF: Guyana

<sup>34</sup> Information collected through meetings in Suriname, Haiti and Trinidad

<sup>35</sup> Loudon, M. (2006) *A study of integrated interventions for children made vulnerable by HIV/AIDS: a case study of La Maison L'arc-en-ciel*, UNAIDS/UNICEF

institutions and lack of adequate monitoring and follow up of children in care further leads to potential abuse.

There is still insufficient focus on ways to improve the lives of children with disabilities in institutional care and there are few existing support structures in communities that assist parents care for disabled children. The ‘changing face of HIV’ due to ARV therapy has put in question the adequacy of long term residential care programmes for children infected with HIV. Just like for children with disabilities there are few programmes that address supporting parents to manage HIV illness at home rather than in a residential facility. The need to address the situation of both these ‘groups’ of children is doubly important because of the added stigma and discrimination vetted towards both children with disabilities and children infected by HIV.

#### **4/ Supporting families and communities to care for children**

Although this is not a temporary care option it is a crucial part of the solution to providing better care to children.

The CRC preamble states:

*‘Convinced that the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community’.*

Supporting parents and communities should also be a core component of any rehabilitation programme for children. This study found a big gap in programmes that consistently support parents and communities care for children, especially where the households is poor and vulnerable.

Children in temporary institutional care need to be prepared to go back home. This preparation usually entails working with the home environment to ensure it is fit for the child to return. Very few residential care institutions have ‘leaving care’ programmes that are comprehensive in their scope and work sufficiently with parents. Some residential care facilities that cannot reintegrate children back home have prepared leaving programmes for older children. Barbados Child Care Board provides a comprehensive national programme for residential care leavers. It includes transitional accommodation built especially for children who have not been able to be reintegrated back into a family and have reached adulthood. The CCB manages these accommodations and also monitors and supports care leavers for a period of time after they have left their residential care facility. Programmes for care leavers also include education and skills training for ‘independent’ living<sup>36</sup>. These programmes however still work on rehabilitating the child and not necessarily the family and the community.

Some residential care institutions cite that children who have not been able to be reintegrated back into a family and have spent substantial time in a residential facility have become ‘institutionalised’ and can no longer cope with the ‘outside’ world.

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<sup>36</sup> Information gathered in meeting with the Child Care Board on 10 May 2007

Coupled with a home environment that is not supportive these children are likely to return to institutional care voluntarily or in the case of children in conflict with the law, involuntarily by re-offending.

Parents are sometimes so frustrated and overwhelmed by the responsibility of caring for children that they themselves hand that responsibility over to the State and legislation in the Caribbean facilitates this. Children who are deemed ‘uncontrollable’ can be taken away from home. *‘Uncontrollable behaviour takes the form of truancy from school; absenting themselves from home for weeks and sometimes months at a time; forming sexual relations with adult men; drug addiction; dealing in marijuana/cocaine; and associating with men of dubious character’*. The report goes on to note that *‘pursuant to Section 15 of the Juveniles Act a parent or guardian can bring his/her child before a juvenile Court on proof that he/she is unable to control him/her<sup>37</sup>’*.

In Belize, the Juvenile Offenders Act section 14<sup>38</sup> specifies that:

*Any person may bring before a juvenile court any person apparently under the age of eighteen years who (to be committed to care):*

- *is found begging or receiving alms (whether or not there is any pretence of singing, playing, performing, offering anything for sale or otherwise), or being in any street, premises or place for the purpose of so begging or receiving alms; or*
- *is found wandering and not having any home or settled place of abode or visible means of subsistence, or is found wandering and having no parent or guardian, or a parent or guardian who does not exercise proper guardianship*

Anecdotal evidence gathered during the assessment noted that a common parental disciplining practise involves threatening children who are misbehaving with the possibility of sending them to an institution.

## LESSONS LEARNT

**It is clear that there is insufficient attention and support given to helping families and communities to care for children, whether it is by assisting the reintegration of children leaving institutional care or for the prevention of abuse and separation**

Due to this lack of support many parents who cannot cope with the responsibility of having children are instead given the opportunity to give them up to institutional care rather than be supported and educated to care for them at home. This is clearly not in the best interest of the child.

Lack of support to parents and communities has resulted in high numbers of children in institutional care and has maintained those figures high because there is not enough support for reintegration based on parental rehabilitation. The consequence is that children sometimes become ‘institutionalised’ and find it even harder adapting to the outside world.

<sup>37</sup> Government of Jamaica. (2003) *Review of children’s homes*: Jamaica

<sup>38</sup> Government of Belize. (2003) *Juvenile Offender’s Act chapter 119*: Belize

The lack of services towards parents has resulted in them feeling overwhelmed and frustrated and this is taken out on their children through abuse and negative parental practices.

## **5/ Monitoring and evaluation of children in temporary alternative care**

The challenges identified within temporary alternative care for children have much to do with a lack of consistent monitoring and evaluation. This involves the case management of children who first enter temporary care, while they are in care and after their reintegration back into families.

Evidence provided within this chapter concludes that in all aspects of planning and implementing temporary care alternatives there is a crucial lack of accompanying monitoring. For example not all countries have an up to date database to show the numbers of children in institutional care. Most countries do not adequately monitor institutions that care for children and usually not against a set standard or regulation. Children who are reintegrated back home are also not monitored to ensure that they are fully supported by their families.

## **6/ RECOMMENDATIONS: SITUATION OF CHILDREN IN TEMPORARY CARE**

### **Kinship care**

1. Thorough qualitative and quantitative research needs to be carried out on kinship care in the Caribbean to determine to what extent this is happening, if the trends are increasing or decreasing and what are the usual coping mechanisms used to care for additional children.
2. Where little information exists, work through community based organisations (CBO's) is important to deliver services to assist poor and vulnerable families especially where there is information on potential abuse within kinship care. CBO's need to feed this information back to the Government agencies.

### **Foster care**

3. Develop legislation, regulations, protocols and operational guides to lead foster care practise.
4. Increase the number of staff appointed to managing foster care recruitment, screening, placement, follow up and review.
5. Where social work practice is especially weak, the implementation of foster care is not advisable until the Government systems and structures can adequately support it.

### **Institutional Care**

6. Promote the drafting and passing of regulations and standards that set out the operationalisation of institutional care and is legally binding.

7. Set up monitoring structures to regularly review standards of institutions and provide support to institutions showing the willingness to comply with standards.
8. A report from Guyana makes a number of recommendations which are also applicable region-wide.<sup>39</sup> These include:
  - *Increase ratio of staff to children.*
  - *Put in place case recording, periodic reviews and care plans.*
  - *Improve the organisation of homes' management committees.*
  - *Establish an admissions policy.*
  - *Improve health, psychosocial support and safety.*
  - *Improve community involvement.*
  - *Create processes for leaving homes and for reintegration.*
  - *Develop a trained and competent workforce.*
9. Facilitate the coordination and collaboration between private residential care institutions and Government agencies; use the Guyana model as an example.
10. Prevention of family separation needs to be prioritised, adequate gate-keeping mechanisms improved and reintegration of children (where possible) back into their families needs to be the priority solution. Support to parents to reintegrate children can include the delivery of cash transfers coupled with the necessary social work monitoring and follow up.
11. More efforts need to go into supporting parents to manage disabilities and care for children who are disabled. There is a need for more community based services for children with disabilities. This will decrease the number of disabled children in institutional care.
12. More efforts also need to go into assisting parents and families to care for children who are infected with HIV through controlling the disease with ARV therapy. These children do not need to be institutionalised but they do need additional support especially psychosocial support to come to terms with living with HIV. This recommendation is further backed by a study in Haiti that suggests *'[that] perhaps, with the introduction of ARVs, projects may want to think about a progressive shift in emphasis toward helping communities to build tolerance and understanding for people (especially children) living with HIV/AIDS, so that stigma and discrimination become less severe and, eventually, insignificant'*<sup>40</sup>.
13. All residential care institutions need to instate universal precautions as one of the health care standards to decrease the discrimination against children infected with HIV and to treat all children equally. Staff in institutional care should receive training on caring for HIV positive children including administering medication.

### **Supporting families and communities to care for children**

Support needs to be given to families and communities to prevent children from needing to be separated from their parents and also to reintegrate children who have been in temporary care:

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<sup>39</sup> Dunn, A. Parry-Williams, J. (2006) *Consultancy on the establishment of foster care regulations and minimum operating standards for institutional care in Guyana*, UNICEF and the Ministry of human services and social security: Guyana

<sup>40</sup> Loudon, M. (2006) *A study of integrated interventions for children made vulnerable by HIV/AIDS: a case study of La Maison L'arc-en-ciel*, UNAIDS/UNICEF

14. Institutions need to have appropriate leaving care programmes. This has to be part of every child's care and permanency plan and needs (as a priority) in include support to parents and families to take back children.
15. Institutional care must be the last resort and a temporary measure with minimum time spent within institutions.
16. Legislation should be amended to remove the ability of parents to commit a child who is deemed 'uncontrollable'; instead these very same parents should be supported to be able to care for the child in his/her own environment.

### **Monitoring and Evaluation**

17. There is a need to strengthen the aspect of monitoring and evaluation. This can be done through the set up of appropriate databases to record numbers of children entering and leaving temporary care as well as the consistent case management of these children. Residential care institutions should also be monitored regularly against set standards or regulations.

### **REGIONAL RECOMMENDATIONS**

1. Development of regional standards based on the UN global guidelines to act as a framework for the alternative care of children. This framework should emphasise support to parents and families.
2. Improved information and evidence on the treatment of socially excluded groups including children from ethnic minorities, children with disabilities and children affected and infected by HIV and AIDS within alternative care.

## CHAPTER 3: PROTECTIVE ENVIRONMENT FOR CHILDREN IN THE CARIBBEAN

To decrease the number of children in institutional care and to improve the support given to parents and families depends largely on the legal and social frameworks that provide the protective environment for children. This in turn is dependent on key actors and institutions in particular policymakers.

This chapter deals with the existing legal and normative environment for children in the Caribbean made up of legislation, social policy frameworks and the understanding of protection for children by policymakers and governments. These include:

1. Framework of the CRC
2. Governance;
3. Legislation and reform;
4. Social policy frameworks;
5. Monitoring and evaluation

### 1/ Framework of the CRC

All the CARICOM member States have ratified the Convention on the Rights of the Child (CRC) from between 1990 to 1995<sup>41</sup>. This means that States are obliged to fulfil children's rights within their own context. To be able to adequately respond to all children without parental care or at risk of family separation there is a need to provide a comprehensive package of services which addresses children's rights within a continuum of care for children. Governments have the obligation to harmonise their own legislation with the principles of the CRC. CRC article four states that: *'States Parties shall undertake all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the present Convention'*

### 2/ Governance practices

According to the World Bank the Caribbean region is characterised as having predominantly strong governance indices stemming from its (mostly British) colonial history and the post colonial era where governments played a strong intervening role in catalysing economic development<sup>42</sup>. This history of 'strong' governance voice has translated into central governments with relatively powerful authority and influence over the general populations. Governments in the Caribbean tend to be strong and centralised with less authority and decision making powers at the local levels.

*'All Caribbean governments have voiced a commitment to a process of democratization, decentralization and de-concentration of power. Steps have been taken to achieve these but the significant picture is one in which the emerging*

<sup>41</sup> See annex for table on CARICOM member states' ratification of the CRC

<sup>42</sup> World Bank. (2005) *A time to choose, Caribbean development in the 21<sup>st</sup> century*, Caribbean country management unit, World Bank: Latin America and the Caribbean region, p.xix



*governance arrangement still leaves central government overwhelmingly responsible for achieving the collective good of the society*<sup>43</sup>

This assessment found that there were remarkably few human rights organisations in the different countries with a specific role as ‘watchdog’ of rights abuses (as opposed to service providers or advocacy specialists) and to pressure for more rights accountability from the Government. This is further backed up in a UNICEF report on the Eastern Caribbean that notes ‘*Stakeholders report that activism in civil society has declined in the past years*’<sup>44</sup>. The only good example found within the scope of the study of an organisation acting as a human rights watchdog is the organisation Jamaicans for Justice which has had some success in reporting child rights violations and demanding accountability from the Government<sup>45</sup>.

## LESSONS LEARNT

Due to the fact that the Caribbean region is characterised as having strong governance voice and weak civil society activism, sustained political commitment remains one critical factor for creating a successful enabling environment for children. In general civil society organisations have little power driving legislative processes and seem not to be powerful enough to hold Government to account on rights abuses. Legislation, allocation of resources, ownership and authorisation of any strategy, framework or policy is dependent on the sustained commitment of policymakers within Government, usually those in high political office.

Political commitment should be translated into sustained support to a process and championing of the (CRC) principles enshrined in the legislation and subsequent enforcement. Government leadership in prioritising child rights issues in the national agenda is vital to shaping popular attitudes and to providing the necessary services.

### **3/ Legislation and reform**

The Caribbean has generally inherited legislation that is derived from its colonial past. This is usually a mixture of English, Dutch and French legislation all of which pre-date the CRC. Although States have ratified the CRC there have been few successful attempts at developing legislation for children that is in line with this Convention. Concluding observations taken from the CRC committee have indicated that some of challenges for children in the Caribbean include the lack of legislation for placement and regulation of standards in alternative care; the wide use of disciplinary practices that include corporal punishment; the weak legislation governing child abuse; and the lack of effective complaints mechanisms for children<sup>46</sup>.

Legislation is crucial for the legal protection of children and more so for those who are the most vulnerable such as children without parental care. The only two countries within CARICOM to have been enacted comprehensive updated legislation pertaining

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<sup>43</sup> Duncan, N (2000) *Voice, Participation and governance in a changing environment: The case of the eastern Caribbean*, University of the West Indies. p 1

Blank, L. (2007) *Situation analysis of children and women in Antigua and Barbuda, Barbados, the British Virgin Islands, Dominica, Grenada, Montserrat, St. Lucia, St. Kitts and Nevis, St. Vincent and the Grenadines and the Turks and Caicos Islands*, UNICEF: Barbados

<sup>45</sup> Jamaicans for justice. (2006) *Report on the situation of children in the care of the Jamaican state*: Jamaica

<sup>46</sup> Concluding observations of the CRC committee on Caribbean countries

to children are Jamaica and Belize but even these are not completely harmonised with the CRC. Documented examples from Belize and Jamaica provide detailed information on the process for legislative reform for children's Bills. This process is summarised in the following table:

**Summary of legal reform process – chronology**<sup>47 48</sup>

<b>Belize</b>	<b>Jamaica</b>
Development of a Cabinet Information Paper in 1995	After Jamaica ratified the Convention in 1991 the JCRC began several strategies to encourage Jamaica to begin the process of legislative reform for children.
Consultation meetings country-wide with all major stakeholders including, policy makers, service providers, specialists, families, children, and citizens	JCRC hired a legal draftsman to conduct a review of Jamaica's legislation regarding children and the recommendation was for one comprehensive act on child care and protection
Educating the identified groups of the values and principles of the CRC, the values of the social work profession and the philosophical base of Family Presentation	Roundtable of Jurists in the area of family law and children's rights to discuss the proposed draft of Jamaica's CCPA
Gather information and provide a forum for input	Assessments were carried out that provided information for the reform process, two of these were these reports were the Assessment of Children's Homes and Places of Safety (1999) and the Review of Children's Homes 2003 (Keating Report).
Establish areas of consensus within the diverse multi-cultural populations	JCRC utilized the media and other public arena to call for "legal protection for our children". Various strategies were employed, lobbying, letter-writing, press-releases, radio programmes, education workshops as well as collaboration between various nongovernmental organizations who shared the same objective of provided urgent legal protection for children in Jamaica.
Presentation of the results of the national consultations to Cabinet and other key decision makers in 1997	Government agencies which were instrumental in ensuring that the issue of children was a priority included the Bureau of Women's Affairs, Children's Services Division, Office of the Special Envoy for Children, the Planning Institute of Jamaica, the Ministry of Health, Ministry of Education and Culture, Ministry of Local Government and Community Development, Ministry of National Security and Justice, Ministry of Labour and Social Security, and the Office of the Prime Minister
Actual drafting of the Families and Children's Act integrating the standards of the CRC and the information gathered during the national consultancies between 1997 and 1998	The CCPA came into effect on 26th March 2004
Passage of the Act in July 1998	The CCPA has created new institutions and procedures which will incur additional financial

<sup>47</sup> UNICEF. (?) *Legal reform in Belize: towards complete compliance with the Convention on the Rights of the Child: Belize*

<sup>48</sup> UNICEF. (2004) *Advancing children's rights in Jamaica, report on the legislative reform initiative*, UNICEF: Jamaica

	<p>obligations. These, to the extent of the needs for the Child Development Agency and the Office of the Children’s Advocate, have been adequately satisfied for the first year. However, there is no administrative rule or policy that guarantees the same or similar disbursements each year. The Ministry of Finance has indicated that children are a priority for government spending, however, similar disbursements in coming years must be subject to the government’s financial status and capacities at that time</p>
<p>Strengthening of institutional capacities to implement the new legislation through training to inform and ensure compliance with the new legislation is still ongoing</p>	<p>Dissemination of the Act has included:  A Handbook for practitioners (law enforcement officials, judges, lawyers, police etc.) on the practical application for the implementation of the Act  Training for same target group as mentioned above on implementation of the Act  Public service announcements on the radio on provisions of the Act, e.g. outlining the responsibilities of the Children’s Advocate  Child friendly versions of the Act  Child friendly radio or printed media messages of the Act</p>

Government agencies and service providers in Belize and Jamaica acknowledge that although the process for the development of new legislation has been thorough, gaps continue to exist in the implementation of the legislation especially pertaining to financial allocation, human resource and creation of necessary regulations.

### LESSONS LEARNT

There are a number lessons learnt that form an understanding of why legislation and legal reform in the Caribbean has failed to provide the protective environment that can support children without parental care. One of the main constraints has been the fragmented and piecemeal manner in which legal reform occur, another constraint is the lack of comprehensive assessments that provide a detailed and accurate outline of current practices to influence new legislation. Additionally legal reform processes are extremely lengthy which can signify a lack of interest, understanding, ownership and commitment on the part of policymakers responsible for pushing forward the process and adoption of the legislation. Finally when it comes to the actual implementation of legislation, inadequate pre-planning has often led to slow adoption of regulations, insufficient and short term allocation of resources, practitioners who have not been adequately trained on the provision of the new legislation and a general lack of resources and planning for new administrative structures.

However lessons learnt have also provided positive models on which to base reform processes. The processes in both Belize and Jamaica revealed a number of important factors for success including:

- A wide level of participation of and consultation with stakeholders before drafting the legislation combining collection of information for the reform as well as education to the population on CRC principles

- Assessments of practise which have highlighted the existing gaps and the areas where new legislation can lead practise;
- The involvement of high level policy makers within Government in sustaining the process – cabinet and parliament members and all key Ministry agencies
- Planning for dissemination and enforcement through strengthening of institutions needed to implement the new Act as well as (where necessary) the creation of new institutions needed to support the implementation of the Act
- Adequate resource allocation to implement the new legislation

#### 4/ Social Policy frameworks

Social policy frameworks form the operational guide to legislation. Therefore when addressing children’s protection these are almost as important as legislation. Social policy frameworks include policy documents, operational and strategic plans.

Social policy frameworks can also address changing behaviour towards the best interest of the child. Learnt attitudes and behaviours in the Caribbean have contributed to social norms that are not always in line with CRC principles. This is evident in the placement options for children without parental care (predominantly institutional care) and the lack of prioritised support to parents for reintegration purposes. A report on child vulnerability in Barbados, St. Lucia and St. Vincent and the Grenadines concluded that one constraint was the ‘*conflict between traditionally held values (e.g. flogging children as a form of punishment) and international norms such as those expressed in the Convention*’.<sup>49</sup>

The following table shows specific children’s frameworks developed or being developed in some of the countries.

	Type	Timeframe
Belize	National Plan of Action for Children and Adolescents	2004 – 2015
Jamaica	National Plan of Action for Orphans and other children made vulnerable by HIV/AIDS	2003 – 2006
	National Framework for children	2007
	National Plan of Action for an integrated response to children and violence	2007
Trinidad and Tobago	National Plan of Action for Children	2006 – 2010
Guyana	National Policy Framework for Orphans and other Vulnerable Children	Draft
	National Plan of Action for Orphans and other Vulnerable Children	Draft

While plans are being implemented in the Caribbean there is still insufficient knowledge on their impact on children especially regarding the most vulnerable children such as those without parental care.

#### LESSONS LEARNT

Social Policy frameworks have many opportunities to improve the care and protection of vulnerable children including those without parental care. For this to occur, social

<sup>49</sup> Loudon, M. (2006) *A study of child vulnerability in Barbados, St. Lucia and St. Vincent & the Grenadines*, UNICEF and the Governments of Barbados, St. Lucia and St. Vincent & the Grenadines: Barbados

policy frameworks need to be the catalyst in providing strategies that can guide appropriate behaviour and attitudinal change. Norms reflected in behaviour such as encouraging participation of children in decision making, non-institutionalisation and prohibiting such acts as corporal punishment need to be internalised and adopted for children's best interests to be taken into account. Social policy frameworks provide the opportunity for implementing such strategies.

There is insufficient evidence to show how social policy frameworks have managed to bring together children's services in a holistic manner to provide a continuum of care for children.

National plans of actions are forms of social policy frameworks and seem to be popular in many countries. However the proliferation of national plans is not always accompanied by relevant evaluations to find out the level of commitment and ownership of the plan towards implementation as well as to find out the shortcomings in funding and other resources.

## **5/ Monitoring and evaluation**

This chapter will deal specifically with looking at monitoring and evaluation within the 'enabling environment' of children.

One aspect of monitoring includes the reporting of child rights abuses. In general this aspect is weak in the CARICOM region. There are few functional and legitimate institutions or ombuds offices that have the mandate of reporting and monitoring child rights abuses. Jamaica sets an example with the newly set up 'Children's Advocate' and the 'Children's Registry' that is also enshrined in the countries' Child Care and Protection Act 2004 (section 4) for children. These provisions provide mechanisms that facilitate reporting of abuses against children as well as provide follow up legal support to children who need it.

Another aspect of monitoring and evaluation can be linked to the implementation and enforcement of legislation and social policy frameworks. The study did not find enough evidence of clear and comprehensive documented evaluations of national plans and how effective enforcement of legislation has been. Assessments carried out for the development of new legislation does provide this information but these assessments have not been done as part of a consistent and regular evaluation of services but rather for the main purpose of amending legislation.

The Caribbean countries still lacks adequate statistics and analysis of statistics on children pointing to a certain lack of statistical 'culture' which also is evident in the time it takes to release data in the Caribbean. This lack of statistical culture extends to the collection, analysis and use of data for the benefit of children.

### **LESSONS LEARNT**

Monitoring and evaluation needs to thread through every sector and at every level. There is a severe lack of consistent and regular follow up that includes evaluating services and activities for children.

Assessments, evaluations, data collection and monitoring tend to be done in a very fragmented manner and on a needs basis rather than in a consistent way as part of any existing strategy, plan or activity. For example programmes may be evaluated individually, assessments carried out on a needs basis and studies conducted sporadically also on a needs basis. Additionally, there is little cross-sectoral analysis of all available data for children to provide information necessary for a comprehensive view of children's frameworks and services. The lack of analysis has led to piecemeal approaches to legislation and social policy frameworks as well as provided a partially concealed understanding of what constitutes a protective environment for children. This has contributed to the absence of crucial preventative services for children.

## **6/ RECOMMENDATIONS: PROTECTIVE ENVIRONMENT FOR CHILDREN IN THE CARIBBEAN**

### **Governance Practises**

1. Education and advocacy strategies need to be directed specifically at parliamentarians, politicians and other policymakers and influential leaders in Government to create a better understanding of children in line with CRC principles especially in regards to providing continuum of care for children including the need for preventative services.
2. Support and strengthen organisations working independently on human and child rights issues to report and advocate on abuse and to hold governments accountable to their obligations under the conventions. The model of Jamaica's children's advocate and registry can be used as an example.
3. Identification of policy champions to advocate on behalf of children in all important forums and with all possible networks.

### **Legislation and reform**

4. All new legislation and amendments need to be in complete harmony with the CRC principles.
5. Countries undergoing important legislative review need to carry out a thorough pre-planning process, from assessment through to enforcement and including appropriate budgeting for long-term implementation.
6. Processes carried out in Belize and Jamaica should be shared with all countries in the region to learn about how processes can be made more comprehensive.
7. A comprehensive review of all legislative frameworks for children should be done simultaneously when considering the creation of a protective environment. All legislation should complement each other, working together to benefit children.

### **Social Policy Frameworks**

8. Child rights agencies and institutions need to work closely with all Government agencies, especially those linked to planning for poverty reduction to make sure all national plans and strategies incorporate child rights responses, have corresponding budget allocations and that services for children are reflected within a continuum of care.

9. Social Policy frameworks for children need to be catalysts for behaviour change towards children starting with a deeper understanding of the CRC principles at all levels of society. Education for children on health and family life in schools needs to incorporate understanding of the CRC principles.
10. There needs to be more focus on prevention (of family separation and abuse) policies or strategies can be an integral part of all national social policy frameworks as part of a care continuum. This continuum also needs to focus on family and community care as the most important protective environments for children and how to strengthen ongoing efforts.

### **Monitoring and evaluation**

11. Support needs to be given to the Bureau of Statistics and other data gathering institutions to work on analysis of existing data on children. This includes MICS data which can benefit from a cross sectoral analysis for a better understanding of child protection and a guide for action.
12. Support and training needs to be given to all social services practitioners to improve regular data collection, monitoring and evaluation.
13. Social policy frameworks need to be better evaluated to determine coverage and impact. This is also a recommendation in the UN study on violence against children: *‘The implementation of the national strategy, policy or plan should be systematically evaluated according to established targets and timetables, and provided with adequate human and financial resources to support its implementation’*<sup>50</sup>.

## **REGIONAL RECOMMENDATIONS**

Due to commonalities apparent throughout the region in relation to governance practises, legislative processes, implementation and enforcement, collective recommendations also add impetus to the efforts at the country level. Recommendations should be enacted with the corresponding Caribbean regional bodies such as CARICOM and the OECS.

### **Regional guiding frameworks**

1. Development of an overarching legal and corresponding social framework in the Caribbean which is completely harmonised with the CRC to guide countries in their legislative reform processes. This framework should advocate for a continuum of care for children with specific emphasis on preventative services.

### **Identification of regional Champions**

2. Identification of high level regional personalities with influence and interest on member states and commitment to children’s issues.

### **Monitoring and Evaluation**

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<sup>50</sup> Pinheiro, P.S. (2006) United Nations study on violence against children, p. 33

3. Encourage increased monitoring and evaluation through building regional data banks and providing follow up assistance to countries' national plans.



### Introduction

The one common agency with the legal responsibility for identifying, referring and responding to the most vulnerable children within CARICOM member states is the government social welfare agency. This agency also administers social work practice to the most vulnerable families including children and supports placements for separated and unaccompanied children. Social work practitioners (government and non government) are at the front line of implementing and enforcing existing legal and social frameworks and are therefore a crucial part of the response to children without parental care. To provide a holistic protective environment for children, social work practise requires a collaborative and coordinated response not only from the social welfare sector itself but also together with other agencies and organisations who deliver services to children including the education, justice, youth and health sectors.

Countries within CARICOM use a common social work system to identify and process children's cases. This stems from a predominantly British method of social work. Social work practise and its challenges has already been documented in some countries of the Caribbean especially in the OECS and in Guyana<sup>51</sup> and this report will further emphasise the commonalities reflected across the CARICOM region as well as the need for more collaboration inter-agencies.

The chapter is divided into six categories:

1. Social work practise and capacity;
2. An environment of violence;
3. Prevention of child abuse and separation
4. Placement of children;
5. Reintegration and rehabilitation;
6. Coordination: government and non government;
7. Monitoring and evaluation.

### **1/ Social work practise and capacity**

Summary of main tasks carried out by social workers dealing with children:

- Identify cases where children are without adequate parental care (including separated, unaccompanied or abused)
- Carry out assessments and reports that lead to a placement decision that is in the best interest of the child;
- Carry out case management of children who are in alternative care placements outside of their family, including care planning for each child;

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<sup>51</sup> Trotman Stoby, E. (2002) *Social services delivery in the OECS and Turks and Caicos islands, a research component of the project*, NCH and UNICEF (ECO): Barbados; and  
Dunn, A. Parry-Williams, J. (2006) *Consultancy on the establishment of foster care regulations and minimum operating standards for institutional care in Guyana*, UNICEF and the Ministry of human services and social security: Guyana

- Conduct period reviews of children in residential care institutions and in foster care families;
- For a child in alternative placement, support children and families for reintegration of the child back home or into another suitable family;
- Coordinate with other services for referral;
- Carry out adequate monitoring, information and evaluation systems;
- Carry out training programmes.

Some countries have provided specialisations within social work e.g. a focus on child care and protection is made in Jamaica, Belize, Guyana, Barbados, St. Lucia and Grenada whilst in Dominica, Suriname, Trinidad and Tobago and Haiti social workers are also assigned to other areas of welfare provision that includes the provision of social safety nets (e.g. pensions and public assistance).

**Data gathered during the assessment on all countries visited showed there were only between 2 to 85 government social workers per country working on child care and protection and caseloads climbed up to 16,000 cases per social worker per year<sup>52</sup>.**

Case load – meaning how many cases are being processed – is usually so heavy that social workers find little time to actually focus on closing them and they continue to accumulate. Caseload is dependent on a number of different factors. Due to the way social work practise has been organised, social workers have been unable to screen or categorise cases for processing and are overburdened by the number of cases being presented.

Where mandatory reporting exists, social workers and others are legally obliged to report and therefore process all known cases of child abuse. This has increased the caseload tremendously. Mandatory reporting is legally binding in three countries in CARICOM: Belize (Families and Children Act 2000); Jamaica (Child Care and Protection Act 2004) and St. Kitts and Nevis (Probation and Child Welfare Board Act 1994)<sup>53</sup>. Where mandatory reporting exists, there is usually no defined threshold for social work intervention and lack of structures to screen out cases for priority processing. This problem was noted in a previous assessment carried out in Guyana that recommended the following:

*‘The Child Protection Service (CPS) will want to consider the threshold of “abuse” or “risk” at which it should act ... The Children Act 1989 in England and Wales introduced **the concept of ‘significant harm’ as the threshold** that justifies compulsory intervention in family life in the best interests of a child ... careful professional and legal assessment are essential in determining when a child’s needs are not being met to such an extent that it constitutes significant harm being caused to the child’<sup>54</sup>.*

## LESSONS LEARNT

<sup>52</sup> Table in annex to show caseload per country

<sup>53</sup> Table in annex to show legal provisions for mandatory reporting

<sup>54</sup> Dunn, A. Parry-Williams, J. (2006) *Consultancy on the establishment of foster care regulations and minimum operating standards for institutional care in Guyana*, UNICEF and the Ministry of human services and social security: Guyana, p.7

**The one commonality found in all countries visited is the disparity that exists between the legal mandate given to social work practise and the support received to carry out this mandate.**

The situation of social work practise is a good reflection of what happens when legislation and policy is not supported for implementation. The mandate given to the social work practise is far beyond its actual capacity. The lack of adequate regulations, finances, human resources and administrative organisation has made social work practise inefficient, overburdened and chaotic.

In addition social work practise has been spread too thin over too many different areas losing focus and diluting expertise. Social workers are usually mandated to work on children, elderly, disabled, poor and vulnerable populations all at the same time. For this reason priority for dealing with specific child cases can become dependent on the social workers' caseload and area of preferred intervention.

Positive lessons learnt can help in improving social work practise across the region. Specialised agencies for the care and protection of children have assisted greatly in improving technical expertise in this area as well as being more efficient and organised in its response. Agencies such as the Child Care Board in Barbados and the Child Development Agency in Jamaica provide these examples. Additionally protocols and regulations developed in various countries have also contributed to a more organised response within the social work practise. St. Lucia, Belize, Barbados and Grenada are some of these countries that have developed protocols and manuals to help guide social work practise<sup>55</sup>.

## **2/ An environment of violence**

The nature of violence in the Caribbean has already been confirmed in various studies. The World Bank and UNODC stated that:

*Murder rates in the Caribbean—at 30 per 100,000 population annually—are higher than for any other region of the world and have risen in recent years for many of the region's countries.*<sup>56</sup> The report also stated about Trinidad *'[that] in 2004 the country experienced 160 firearm murders, more than 450 firearm woundings, and 1,500 firearm incidents that did not result in injury'*. And in addition noted alarming findings related to sexual abuse. *'One ... regional victimization survey revealed that 48 percent of adolescent girls' sexual initiation was "forced" or "somewhat forced" in nine Caribbean countries'*<sup>57</sup>.

As part of the UN Secretary General's study on violence against children (2006), UNICEF carried out a regional assessment which put violence into the Caribbean context. This report stated that: *'Available data on the extent of child abuse and*

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<sup>55</sup> References for all protocols, manuals and legislation can be found in annex

<sup>56</sup> UN / World Bank (2007) *Crime, Violence and Development: trends, costs, and policy options in the Caribbean*. March 2007

<sup>57</sup> *Halcon et al.(2003) cited in UN / World Bank (2007) Crime, Violence and Development: trends, costs, and policy options in the Caribbean*. March 2007

*neglect indicates that the problem is endemic in the Caribbean region and large numbers of children are believed to be affected*<sup>58</sup>

During the assessment all social workers noted that crime was on the increase and had resulted in an increase in violence committed by juveniles. In smaller countries such as Dominica and Grenada, social workers stated that most crimes carried out by juveniles were done with home made weapons and cutlasses, knives and ice-picks whereas in most other (bigger) countries the graduation to using guns has already happened. Juveniles are becoming more violent carrying out crimes against adults and against each other. The phenomena of gangs is also permeating societies and luring in vulnerable juveniles. Although figures were not readily available to show this increase in juvenile crime all interviews point to this as a reality. Protection for victims of crime is unavailable or insufficient in most countries.

The climate of violence in the Caribbean has also created difficulties for social work practise. In many instances social workers have been the brunt of violent attacks, assaults and constant threats<sup>59</sup>. Due to the nature of the work carried out by social workers in the most vulnerable communities many have been faced with potential risk of harm. In most Caribbean countries there is no protection programme that can safeguard against attacks on social workers entering into potentially ‘dangerous’ areas. Police accompaniment does happen in some countries but this is not done consistently and as part of a wider protection programme. The consequence is that social workers refuse to enter certain communities for fear of being hurt and this means that the most vulnerable populations residing in these communities are unable to access services.

## LESSONS LEARNT

Levels of violence are increasing in the Caribbean and responses have not changed to accommodate this rise. The rise in violence has had multiple negative effects on the social welfare systems. One effect is an increase in the number of juveniles committing crimes and an over-reliance on the criminal justice system that has already resulted in an overcrowding of detention facilities for children, an overload of cases for social workers and police officers and responses that are not always in the best interest of the child. Another effect is the barrier that violence creates to accessing social work services. Vulnerable communities residing in especially violent areas are made even more vulnerable when they cannot access social services. If social workers cannot make accurate assessments of the situation of vulnerable families, these families may never receive any form of financial or psychosocial support.

There are few positive lessons learnt in dealing with the increase in violence in the Caribbean but one in particular is the use of civil society or community based organisations to reach vulnerable populations in the violent areas. This example has been taken from Jamaica where community based organisations have access and acceptance to work in violent communities making it the natural outreach arm of

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<sup>58</sup> UNICEF (2006) Violence against children in the Caribbean: regional assessment

<sup>59</sup> Interviews with social workers in the Caribbean 2007

social work practise. However better coordination needs to occur between communities and the government for this service to be provided<sup>60</sup>.

### **3/ Prevention of child abuse and separation**

One of the biggest challenges identified within this assessment and is common in every single country visited within CARICOM is the lack of preventative services as part of a continuum of care for children. This oversight can be traced back to provisions in legislation, social policy frameworks and mandates for social welfare agencies. For this reason social work practise today is essentially set up to respond to cases of child who are abused or separated from their caregivers and not necessarily to prevent them. This is reflected in their mandate, their organisation and their interventions. Without any focus on prevention, social welfare practitioners will continue to see increasing numbers of cases and their efforts will constitute little more than fire-fighting.

This section will concentrate specifically on some potential prevention programmes that form part of the social work mandate:

**Social safety nets (including cash transfers)** –The role of social safety nets as part of a prevention programme to alleviate household poverty and thus prevent parents from neglect, abandonment and/or abuse towards children has not been fully researched or implemented in the Caribbean. Cash transfers are usually delivered as part of a social safety net in the form of public assistant or relief grants for the purpose of poverty alleviation. The responsibility for delivery of this resource rests usually on the social welfare sector.

Countries in CARICOM all deliver cash and social transfers that include public assistance, poor relief grants, uniform and school grants, health subsidies, pensions and other types of transfers. The Jamaican programme provides approximately USD 4.50 per qualified member of the family per month. In Guyana the amount provided by public assistance is approximately USD 11.00 per month per qualified individual and in Belize this amount is approximately USD 4.80 per child per month and USD 10 per adult per month<sup>61</sup>.

In most cases, these cash transfers have had little effect on vulnerable populations mostly because they have not been delivered in conjunction with other services such as improving the environment for the most vulnerable groups and because accessing some transfers can be very bureaucratic and time consuming<sup>62</sup>.

One example of a more comprehensive (conditional) cash transfer programmes comes from the Programme of Advancement through Health and Education (PATH) in Jamaica. PATH re-organised existing social safety nets to make it more efficient in reaching its beneficiaries. This programme has been implemented through the Ministry of Labour and Social Security and benefits children in particular. A recent evaluation of this programme found that there was an increased efficiency in the

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<sup>60</sup> Interview with the Griffin Trust in Jamaica 2007

<sup>61</sup> Amounts obtained from interviews with social security departments in various countries

<sup>62</sup> Government of Guyana (2005) *Guyana social safety nets PSTAC risk and vulnerability assessment*: Guyana

delivery of transfers as well as an increase in school attendance and use of preventative health care services<sup>63</sup>.

**Parenting programmes** – these programmes exist across the Caribbean and are implemented by different actors such as Governments, NGO's and other civil society organisations. Parenting programmes provide essential information to assist parents who might need additional support. Parenting programmes also provide solidarity and a space for parents to come together and share experiences. However, parenting programmes – as with many other programmes in this region – tend to happen in a fragmented manner with little coordination between the programmes and inconsistency in the methodology. Some programmes are implemented as part of a national package but many continue to be stand alone programmes. Belize provides a useful example and has a specific department within the Ministry of Human Development dedicated to the Community and Parent Empowerment project (COMPAR) which is implemented through the government and civil society organisations such as the National Organisation for the Prevention of Child Abuse and Neglect (NOPCAN).

**Reintegration** – although this issue is being discussed further on in the chapter it is important to note that successful reintegration of children back to their parents or to other families constitutes one aspect of prevention. Unsuccessful reintegration has often led to children leaving their homes again.

## LESSONS LEARNT

A number of initiatives exist in the Caribbean that have the potential of preventing children from abuse, neglect and ultimately being without adequate parental care. There is to date little evaluation or research done on how useful these programmes might be as part of a continuum of care for children and not as stand alone programmes. It is possible that when different services are administered together they may be more effective in prevention.

### 3/ Placement of children

Once a child has been deemed unable to return back to the parental/family home, alternative care is sought for this child. In the majority of cases in the Caribbean, legislation dictates that any placement of a child outside of his/her family has to be done through the judicial system. In practise, although magistrates and judges make the final decision, much of the background work is provided by social workers. Social workers have a great influence on placement decision for the child. Placement is typically divided into temporary and permanent. Temporary placement consists mainly of residential institutions and foster families and is a short term solution whilst social work practise should be carried out with the original family. Permanent placement would include adoption or kinship care placement.

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<sup>63</sup> Levy, D. Ohls, J. (2007) *Evaluation of Jamaica's PATH program: Final report*, Ministry of Labour and Social Security and Mathematica Policy Research, Inc: Washington

Placements done by a Magistrate or a Judge can be subjective with little knowledge or interest in the child's background or what is in the best interest of the child. Anecdotal evidence in interviews with social workers showed that in some instances Magistrates have sentenced children (who have come into conflict with the law) to a period of time in detention that is not in line with the legislation simply to 'teach them a lesson'.

Another commonality in all countries visited was that temporary placements usually became permanent. This happened because of lack of parental support for adequate reintegration as well as weak social work practise and lack of human resource capacity for case review and management. Studies carried out on residential care of children in Jamaica, Trinidad and Guyana and anecdotal evidence from visits in Belize show that children have often overstayed their 'temporary' care orders<sup>64</sup>

Child participation in decision making for placement is not always routinely applied. A UNICEF report on the Eastern Caribbean noted [that] *'the CRC mandates that the views of children be given due weight in all matters affecting them in accordance with their age and maturity ... but, in practice, participation among children is not widely promoted and social norms do not consider participation by children important'*<sup>65</sup>

## LESSONS LEARNT

Social work practise has been inconsistent in its assessment of 'best interest' placement for children in need of care and protection. Institutional care is often not the last resort and temporary care orders are often exceeded in violation to the law. Children's wishes and opinions are not taken into consideration when decisions are made on their behalf.

**Placements in residential care institutions are not all streamed through the Ministry. Placements are done by parents themselves, social workers, teachers, hospitals and even community members. Children are not monitored in this process and can get 'lost'. Where there is lack of record keeping cases of abuse often go unnoticed by officials. Recently Guyana has initiated a more streamlined gate-keeping mechanism by ensuring that placement into residential care institutions is streamed through the Ministry.**

Unfortunately much of the problems derived from 'bad' placement are caused by an inability to prevent child abuse and separation from parents as well as insufficient attention to reintegration of children back to their parents after their temporary care order has expired.

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<sup>64</sup> Government of Jamaica. (2003) *Review of children's homes*: Jamaica, p. 10

Wills, M.F (2006) *Assessment of procedural and physical standards in children's residential care institutions in Guyana*: UNICEF

Jones, A. Sogren, M. (2005) *A study of children's homes in Trinidad and Tobago*, Government of Trinidad and Tobago, University of the West Indies: Trinidad

<sup>65</sup> Blank, L. (2007) *Situation analysis of children and women in Antigua and Barbuda, Barbados, the British Virgin Islands, Dominica, Grenada, Montserrat, St. Lucia, St. Kitts and Nevis, St. Vincent and the Grenadines and the Turks and Caicos Islands*, UNICEF: Barbados

However most countries still provide positive lessons in placement through the use of protocols and risk assessment forms to determine the best placement option<sup>66</sup>.

#### **4/ Reintegration and rehabilitation**

Weak social work practise has led to lack of reintegration and rehabilitation of children. The report on institutional care in Guyana indicated that 75% of parents interviewed wanted their children to be reintegrated back home. The numbers of children in institutional care and the open caseloads of social workers could be lessened if more attention was focussed on reintegration and rehabilitation of children. Whilst the state solution has often been to take the child away from his/her immediate environment (e.g. parent/s) in an attempt to carry out rehabilitation in a more controlled environment e.g. within a residential facility, when the child has to return back home all the hard work that went into his/her rehabilitation can unravel very quickly because the home conditions have not changed and the factors causing the initial problem have not been addressed. In the case of children who have come into conflict with the law, lack of social work support to the 'home' environment can contribute to repeat offences once the child has returned.

Another common problem applicable to all countries in the Caribbean is the lack of specialised psychologists to work with social workers. Most children's rehabilitation depends on the delivery of psychosocial assistance based on careful assessments made by professionals. Most children without parental care suffer from trauma and abuse. Lack of professional assessment on the psychosocial component jeopardises the rehabilitation of the child.

#### **LESSONS LEARNT**

**Successful reintegration and rehabilitation of children depends greatly on the level of support being provided to parents and caregivers by social work practitioners.**

A child without adequate parental care needs proper rehabilitation but this also applies to the family environment. Parents and caregivers of these children usually also need some kind of support whether this is psychosocial, educational, material or financial. Unfortunately while some support is given to the child for rehabilitation very little support is directed at the caregivers to improve conditions in the home. Without adequate direct support to parents and families, a child's rehabilitation will never be complete.

Lack of human and financial resources within the social work practise have often contributed to a prioritisation in curative methods for the child without having an impact on the home environment.

#### **5/ Coordination: government and non government**

##### **Coordination inter and intra government agency**

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<sup>66</sup> See annex for reference on all protocols and forms



One of the challenges facing response to child related cases is the absence of good coordination between and within government service delivery agencies for children. This happens especially when responsibility for child care and protection is spread across different departments and Ministries or where there is lack of clarity between roles of agencies dealing with care and protection and those dealing with children who are in conflict with the law. The following table shows the different agencies with responsibility for children in the ten countries visited.

<b>Country</b>	<b>Agencies and departments dealing with care and protection</b>	<b>Agencies dealing with young offenders</b>
Jamaica	Child Development Agency (CDA) – Ministry of Health Children’s Authority	Child Development Agency – Ministry of Health
Trinidad	National Family Services – Ministry of Social Development	Probation dept – Ministry of Social Development
Suriname	Youth Division – Ministry of Social Affairs	Bureau of Family Law Affairs – Ministry of Justice Youth Police Judicial Child Protection Opa Doeli
Guyana	Child care and protection unit – Ministry of Human Services and Social Security	Probation dept – Ministry of Human Services and Social Security Youth department – Ministry of Culture, Youth and Sport
Barbados	Child Care Board Welfare Department	The Probation Department Juvenile Liaison Scheme
Dominica	Welfare Department – Ministry of Community Development Child Abuse coordinator – Ministry of Community Development	Welfare Department – Ministry of Community Development
St. Lucia	Department of Human Services and Family Affairs – Ministry of Social Transformation, Youth and Sports	Probation and Parole – Ministry of Home Affairs and Internal Security
Grenada	Child Welfare Authority – Ministry of Social Development NCH (National Children’s Home) through the Ministry of Social Development Welfare Department – Ministry of Social Development	Probation department – Ministry of Social Development
Belize	Human Services Department – Ministry of Human Development National Committee for families and children	Community Rehabilitation Department – Ministry of Human Development
Haiti	IBERS	

The roles and responsibilities of social workers working in different departments can overlap when it comes to dealing with children. Sometimes there is even overlap within the same agency if there are too many different departments dealing with the same issues such as in Dominica and Grenada. If existing mandates are not clarified then these overlaps start to become habit creating a certain level of confusion and sometimes hostility between different actors with the similar responsibilities. Many social workers are unaware of what is legislated about their role and sometimes the legislation has so outdated practise that it is even disregarded as a form of guidance.

The most effective models for coordinating response for children are where only one agency is in charge of coordinating and processing all child care and protection cases. Examples such as the Child Development Agency in Jamaica, the Child Care Board in

Barbados and the Child Protection Agency in Guyana provide models of how one agency can improve the coordination of services for children. The CDA in Jamaica goes further to provide services for children in need of care and protection as well as children in conflict with the law further reducing the need for inter-agency coordination.

Coordination between and within agencies is also an opportunity for prevention of child abuse and separation from caregivers. Existing and potential programmes carried out by different sectoral agencies can play a part in prevention but only if the work is part of a continuum of care for children and coordinated with each other. In particular social work practice needs to be coordinated with other services provided to vulnerable children and parents. Some examples include:

**Day care centres and pre-schools** – one of the biggest problems facing single parents is a lack of supervision for their children while they are at work, this has been one of the main reasons parents have had to leave children unattended over long periods of time sometimes resulting in abuse of the child. Better coordination needs to happen between social work practitioners and day care facilities to support the prevention of children being separated from their parents. Additionally day care facilities need to be more accessible to the most vulnerable populations who need their services the most and can rarely afford to pay for them.

**PMTCT and ARV programmes** – these programmes were cited (during the assessment) as being effective in preventing children from being without caregivers. Since the PMTCT programmes have come into force, fewer children have been infected and as a consequence the numbers of infected children entering residential care facilities have decreased. Additionally if ARV therapy can prolong the life of caregivers then children have a better chance of staying home. Social workers who manage cases of children infected by HIV need to link up with health care services to ensure the provision of ARV therapy to family members and to children themselves.

**Early warning systems** – schools are an important space for the identification of children exhibiting signs or symptoms that suggest potential abuse. Teachers and other professionals working in schools should be closely coordinated with social workers to alert them of any situation where a child can be potentially harmed.

### **Coordination between Government and non government agencies**

A common trend across the CARICOM member states is that non government/civil society organisations are mistrustful of governments and therefore reluctant to cooperate with them. This stems from a long standing dissatisfaction and frustration with government services which has turned many organisations against the governments and determined to work alone. A report in Suriname noted that '*one of the main reasons for this mistrust is the perception by civil society of an authoritarian model and clientelism in the administration of public resources*'<sup>67</sup>. In Guyana this hostile relationship is attributed to governance practises. A report states that '*the NGO-community in Guyana is weak even by Caribbean standards. The possible reasons for this are the history of state dominance in the governance of society and*

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<sup>67</sup> Observatorio Social (2006) Institutional and organisational strengthening of the social safety net (SSN)

*the reluctance of the two main political parties, until recently, to afford civil society more space.*<sup>68</sup>

Although governments have been noted to play a role in increasing the gap between themselves and civil society organisations, donor agencies have also had a part to play when they support either one entity or another without seeing the need to improve the coordination between them.

The lack of acceptance and collaboration between the two entities: state and non state has ultimately had negative effects on children. For example placements of children in residential care facilities done by civil society organisations in Suriname, Guyana and Trinidad are often done without the knowledge of the Government. This means that these children end up being lost in the system where there is no legal accountability for their rights. Government managed residential care facilities and non government managed facilities do not cooperate often advertising each other as bad practices in the care of children<sup>69</sup>.

Fortunately there are some countries where governments have attempted to work alongside civil society organisations for the betterment of children. In Belize the Government has shown this inclination through its public-private partnership in managing and running the youth detention facility. The overall management is carried out by the KOLBE Foundation, which is a private organisation although it is under the auspices of Government<sup>70</sup>. This has so far been a successful partnership with better facilities and a more 'person-centred' approach different to most institutional approaches used across the Caribbean.

In Grenada, the Government has partnered with the NGO NCH to implement the foster care programme due to its own limited capacity to run such a programme. Foster care is part of the government mandate but NCH has been commissioned to manage and implement it due to its comparative advantage in this particular area<sup>71</sup>.

## LESSONS LEARNT

Intra-agency and inter-agency government collaboration and coordination is essential to ensure a continuum of care for children and to ensure children do not fall through any cracks. This should involve all stakeholders who have some responsibility for children. Coordination of social services needs to be based on commonly accepted roles and responsibilities of different service delivery actors based on a joint review of current legislation especially if practise has changed over time and original mandates have been forgotten or are no longer viable.

The use of one agency for children as established in Barbados, Jamaica and Guyana is a model that can reduce the need for intra-agency coordination and better streamline response.

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<sup>68</sup> Government of Guyana (2005) *Guyana social safety nets PSTAC risk and vulnerability assessment*: Guyana

<sup>69</sup> Information received through interviews with key actors in Suriname, Guyana and Trinidad

<sup>70</sup> [http://www.kolbe.bz/kolbe\\_foundation.php](http://www.kolbe.bz/kolbe_foundation.php)

<sup>71</sup> Interview with NCH in Grenada

The negative relationship that exists in the Caribbean between civil society organisations and government agencies has resulted in a fragmented approach to service delivery for children with programmes running parallel, lack consistent standards of care applied and no clear lines of accountability for the fulfilment of children's rights. The refusal of both parties to cooperate with each other and the constant blame game means that there is often 'turf' wars regarding not only territories of service provision but also accessing additional funding from donors. Unfortunately the ones who lose out at the end are usually the beneficiaries. However Belize' public-private partnership, and Grenada's NCH/government partnership can be used as positive examples of ways in which civil society organisations and government can come together for the benefit of children.

## **6/ Monitoring and evaluation**

The monitoring and evaluation of programmes and services for children without parental care is extremely weak. Activities such as data collection, analysis and planning using data are virtually non-existent. Case management and follow up is extremely weak and monitoring standards of services is not regularly carried out.

All social welfare agencies have attempted to install some kind of database or information systems for the purpose of collecting information on child abuse cases and using this data for better response but in most cases these databases are not fully functional.

**Where child information is shared amongst social work practitioners there is a question of confidentiality and whether enough standards have been put in place to ensure the privacy in the best interest of the child.**

One example of a functioning database is in the Barbados child care board where the database is used by social workers to input, monitor and follow up on child cases. Additionally there is a component of confidentiality as the database only allows partial access to certain users on a needs basis<sup>72</sup>.

Case management and monitoring of institutions caring for children is another challenge. Lack of regulations, protocols and guidelines have led to lack of authorisation on the part of the government to monitor standards in private institutions. Additionally social work practice itself is not evaluated and monitored in its methodology, principles and work ethos especially concerning children. Some countries have started creating appropriate regulations for children in institutional care as a way of properly monitoring standards. This has been done in Jamaica, Guyana, Barbados, Belize and Grenada although not backed by legislation in all of these countries.

Regarding the inspection of residential care institutions for children, Belize is one of the few countries with an official 'inspector of institutions', this person is responsible for a wide ranging number of tasks that includes the registration, licensing and

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<sup>72</sup> Information gathered during interview with the CCB Barbados

inspection of all day care centres, residential care facilities, homeless shelters and homes for the elderly nationally<sup>73</sup>.

## LESSONS LEARNT

The social welfare sector lacks adequate monitoring and evaluation. These is manifested through a lack of adequate information systems, a lack of regular collection, analysis and use of data, a lack of consistent case management and follow up of children and a lack of proper monitoring of children's services. The lesson learnt is that children can simply be 'lost' within the system where abuse may not be noticed and where lack of stringent standards can result in inadequate care for children. Confidentiality also remains a worrying factor in services provided to children and can lead to stigma and discrimination of the child.

Several practices can be useful models within monitoring and evaluation of children's services including the use of information systems in the Barbados Child Care Board as well as the function of 'inspector of institutions' in Belize. Regulations for the proper monitoring of institutional care of children created in Jamaica, Guyana, Belize, Barbados and Grenada can serve as good examples and shared across the region.

## 7/ RECOMMENDATIONS

### **Social work practise and capacity**

1. Social welfare systems need to define their own threshold for social work intervention especially in the case of mandatory reporting.
2. Support the set up and functioning of institutions that report and register abuse cases using the Jamaica's Children's Advocate and Child Registry as examples.
3. Support the development of operational regulations and protocols to guide social work practise and capacity building and training for social work practitioners in the use of these regulations and protocols. St. Lucia, Belize, Barbados and Grenada can provide examples.

### **An environment of violence**

4. The UN Secretary General's study on violence against children in 2006 provides a number of recommendations on reducing violence globally that are applicable to this study. These include overarching recommendations as well as recommendations for the home and family, schools and other educational settings, institutions for care or detention the workplace and the community<sup>74</sup>.
5. Preventative work is one of the strongest recommendations to come out of this study. This recommendation is further backed up by the World Bank/UNODC study that states '*[that] the best youth violence interventions target specific populations of young people associated with risk factors, such as school*

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<sup>73</sup> Interview with inspector of institutions in Belize

<sup>74</sup> Pinheiro, P.S. (2006) United Nations study on violence against children: United Nations

*leavers, those involved with delinquent peers, gang members, and those exposed to family violence or substance abuse*'.<sup>75</sup>

6. Support needs to be given to community based organisations working in particularly violent communities to reach vulnerable households with social services.
7. Set up of programmes with police for protection of social work practitioners and victims of violence as well as education on how to deal with juveniles in conflict with the law.

### **Prevention of child abuse and separation from family**

8. There is a need for further investigation into existing activities that can be effective to prevent child abuse and separation as part of a continuum of care for children in coordination with social work practise. These include the use of cash and social transfers and more consistent and comprehensive parenting programmes.
9. Better risk and placement assessment for children can determine whether separation of the child from the caregivers is in the best interest of the child or whether other options can be used.

### **Placement of children**

10. Capacity building to improve social work practise in the area of placement especially in regards to risk assessment, psychosocial assessments, the production of appropriate protocols and the participation of children in all decisions that concern them through case conferencing with children.
11. Ensure that all placements in institutional care is done through the Ministry.
12. Additional capacity building for social work practitioners in the application of child rights principles into the placement of children in alternative care.

### **Reintegration and rehabilitation**

13. The most important recommendation is to support parents and caregivers to reintegrate children. Identify children in institutional care who are able to return home and assess the type of support needed to assist caregivers to take back these children such as cash transfers, material support, psychosocial support and education.
14. Support the professional psychosocial evaluations and rehabilitation of children who have suffered abuse and other forms of trauma.

### **Coordination: government and non government**

15. Follow the 'one model' agency for responsibility of children to streamline response. Use examples such as the Child Care Board in Barbados, the Child Protection Agency in Guyana and the Child Development Agency in Jamaica.
16. Support social work practitioners from different agencies to come together to clarify their responsibilities vis-à-vis existing legislation, mandates and other

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<sup>75</sup> UNODC and World Bank. (2007) *Crime, violence, and developments: trends, costs and policy options in the Caribbean*

guiding documents. Identify 'grey zones' and come to agreements as to responsibility.

17. Research the possibilities of different sectoral agencies coordinating together for the prevention of child abuse and improved care of children at home through potential activities such as ECD services, PMTCT and ARV programmes and early warning systems in schools.
18. Facilitate and support improved dialogue between Government and non government agencies working with children to begin establishing better working relationships through meetings, forums and other spaces with the objective of the 'best interest of the child'. Use examples from Belize and Grenada on how Government and non government agencies can enter in complementary partnerships.

### **Monitoring and evaluation**

19. Support the set up and use of information systems in social welfare systems through professional IT companies with regular training sessions for users. Use the database in the Child Care Board in Barbados as an example.
20. Set up national standards and regulations for service provision and care of children and accompanying monitoring structures. These include standards for the alternative care of children and for social work practise. Standards need to include strong emphasis on confidentiality.

### **REGIONAL RECOMMENDATIONS: Social welfare systems**

1. Sharing of regional practises, models and processes for social work practise through regional forums and meetings as well as exchange visits between practitioners.
2. Develop regional standards for social work practise in line with CRC principles, promoting a comprehensive approach to a continuum of care for children.
3. Support the collection, analysis and dissemination of data at the regional level to be shared with countries in the region.
4. Support the monitoring and evaluation of the CRC implementation.

## CHAPTER 5: CONCLUSION AND WAY FORWARD

The assessment reviewed ten countries in the Caribbean as a sample of CARICOM member states. The main conclusion to this assessment is that efforts in the Caribbean to respond to children without parental care have not been sufficient due to:

**A serious absence of prevention strategies and actions aimed at supporting parents and families to keep children at home, prevent abuse and separation and insufficient reintegration and long term rehabilitation, follow up and monitoring of children who have been in temporary care.**

In addition the assessment found that children in temporary alternative care also suffer from rights abuse due to capacity gaps in service provision especially within the social welfare sectors.

A causal analysis on the problems facing children without parental care in the Caribbean has helped to determine a number of factors that have contributed to the ongoing manifestation of vulnerable children. These factors – which can be classified as institutional, cultural and external – can be explained through Government policymaking, service provision and existing alternative temporary care options that contribute to the type of care being given to children.

The lesson learnt is that if the life of children is to improve so there are fewer children without parental care and more children in families then the response needs to go deeper than just an immediate curative solution provided through social welfare agencies.

**The Caribbean does provide good lessons learnt from different countries who have implemented successful or model programmes.**

The way forward for vulnerable children in the Caribbean can be improved if the following strategic areas are addressed:

### **1. Creation of an enabling environment**

Protection from abuse and prevention of children being without parental care requires an overall legal and social protective environment that provides a blanket coverage for upholding all children's rights. In addition specific areas of vulnerability also need to be supported through legislation which includes abuse, temporary and permanent alternative care, birth registration and juvenile justice, among other categories. What is important however is that across the board all legislation is completely harmonised with the CRC which reduces possible inconsistencies. To attain this protective environment presently requires greater political commitment and understanding on the part of policymakers translated into concrete actions and resource allocation.

### **2. Capacity building of the social welfare system**

Social welfare systems are currently understaffed, under-resourced and generally weak in case management. Social work does not address prevention of abuse or separation instead working on responding to cases of abuse when they have already



occurred. Additionally there is a real gap in the reintegration of children who are in temporary residential care as well as the long term follow up and rehabilitation of the parents and families of these children.

**While social work focuses on the immediate curative aspect of response to children without parental care there is little hope that the numbers of cases will reduce.**

Social welfare systems need to be allocated more resources through national funding, additionally services need to be provided within a continuum of care through partnership and coordination with other government agencies as well as civil society service providers. Social work processes can benefit from capacity building and training as well as the development of specific guidelines and operational protocols.

Prevention of abuse and preventing children from being taken away from their home can be addressed through a more collaborative approach involving other government sectors and also through reintegration and long term rehabilitation of children who have been in temporary care or have experienced abuse. This aspect is currently suffering from lack of attention.

### **3. Providing temporary alternative care**

While the provision of temporary alternative care is usually under the overall mandate and regulations of the Government, it is also currently being implemented by civil society organisations. Institutional care is still not the last resort option for children who need to be removed from their families in the Caribbean. The main reason is because social welfare systems are too weak to properly implement other options that can take priority. There is virtually no information on kinship care in the Caribbean and this needs to be further explored. Foster care is being implemented in some countries but this service needs to be scaled up including more attention at enforcement of regulations. While efforts are being made to improve social welfare systems in the Caribbean so that more options for children who need alternative care become available, there is a pressing immediate need to ensure protection for those children who are in residential care institutions. This means having particular legislation and legal regulations but it also means facilitating a partnership between governments and private residential institutions for a common approach. This must include establishing and monitoring proper standards of care for all children in residential facilities and ensuring their rights are upheld.

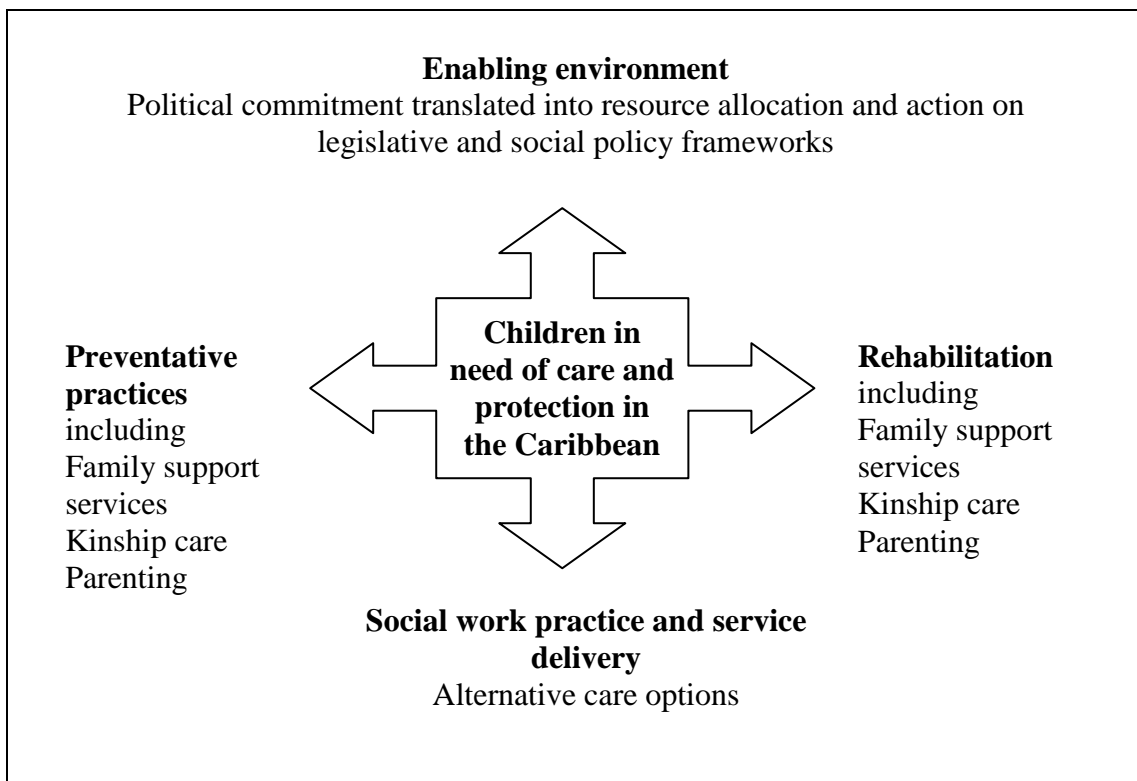
### **4. Developing a regional strategy to support children in the Caribbean**

There are many commonalities between the different countries in the Caribbean. While country level action needs to be taken immediately, CARICOM, together with regional partners also have an obligation to help guide and provide regional support to member states. This includes in the area of advocacy, technical support and legal protection. CARICOM and regional partners need to provide a regional environment as an example of good practise for countries. This entails developing a regional legal and social framework that can act as a model and a guide to countries. CARICOM can also advocate for a more holistic and comprehensive approach to child vulnerability and protection through lobbying government agencies and sectors that have some impact on children to work together as a priority. The regional strategy also needs to incorporate lessons learnt between the countries as there are many model examples to

be taken. This can be done through joint regional discussion forums and exchange visits.

Additionally certain areas that have an impact on child vulnerability need to be further researched in the region. This includes kinship care and migration.

The vision in the region still lacks a comprehensive ‘system’ approach where all components form part of one overall system that can only work complimentarily for the fulfilment of children’s rights and to decrease children being without parental care. This system approach is visually represented below:



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## ANNEX

1. Table showing mandatory reporting in the Caribbean
2. Table showing ratification of CRC by CARICOM member states
3. Table showing social work caseloads
4. Contents of reference CD

Mandatory reporting for care and protection

Countries	Mandatory reporting?	Legal source
Jamaica	Yes	<p>Child Care and Protection Act (2004)</p> <p>"prescribed person" means:</p> <p>(a) a physician, nurse, dentist or other and health or mental health professional;</p> <p>(b) an administrator of a hospital facility;</p> <p>(c) a school principal, teacher or other teaching professional;</p> <p>(d) a social worker or other social service professional;</p> <p>(e) an owner, operator or employee of a child day care centre or other child care institution;</p> <p>(f) a guidance counsel; or</p> <p>(g) any other person who by virtue of his employment or occupation has a responsibility to discharge a duty of care towards a child</p> <p>"relevant regulatory entity" means the entity authorized by law to regulate the professional activities of a prescribed person.</p> <p>(2) Any person who has information which causes that person to suspect that a child -</p> <p>(a) has been, is being or is likely to be, abandoned, neglected or, physically or sexually ill-treated; or</p> <p>(b) is otherwise in need of care and protection, shall make a report to the Registry.</p> <p>(3) A prescribed person who, in the discharge of that person's duties, acquires information that ought reasonably to cause that person to suspect that a child</p> <p>(a) has been, is being or is likely to be, abandoned, neglected or, physically or sexually ill-treated; or</p> <p>(b) is otherwise in need of care and protection, shall make a report to the Registry in accordance with the provisions of this section.</p>
St.Kitts and Nevis	Yes	<p>Probation and Child Welfare Board Act (1994)</p>
Belize	Yes	<p>Families and Children Act (2000)</p> <p>Duty to report infringements of child's rights:</p> <p>Any member of the community who has evidence that a child's rights are being infringed, or that a parent, guardian or any person having custody of a child is able, but refuses or neglects, to provide the child with adequate food, shelter, clothing, medical care or education, has a moral obligation to report the matter to the Department or the Family Court or a magistrates court.</p>

Ratification of CRC by CARICOM member states

<b>Country</b>	<b>Date of ratification of CRC</b>
Jamaica	1991
Belize	1990
Guyana	1991
Haiti	1995
Suriname	1993
Trinidad and Tobago	1991
St. Lucia	1993
Grenada	1990
Barbados	1990
Dominica	1991
Antigua and Barbuda	1993
The Bahamas	1991
Montserrat	1991 (United Kingdom)
St. Kitts and Nevis	1990
St. Vincent and the Grenadines	1993

**Source: OHCHR**



Number of social workers and caseload

<b>Country</b>	<b># of social workers for children</b>	<b>Case load per social worker</b>
Jamaica	85 CDA	16,000 in 2006
Suriname		4000 in 2006
Guyana	10	8-15 current
Belize	30	60-80
Trinidad	41 MoSD	No information
Barbados	22	No information
Grenada	14	No information
Dominica	7	No information
St. Lucia	12	150-200
Haiti	8 (IBERS)	117

**Source: interviews with social workers**

## Contents of reference CD

The reference CD that accompanies this report contains a number of different models used in the Caribbean that can be shared as practices to be learnt from, adapted and adopted to improve response to children without parental care.

The categories include:

1. Alternative care practises
2. Legal and social frameworks
3. Operational protocols in service provision
4. Social safety net programmes

1/ Alternative care practises includes:

- Assessments of institutional care of children in Jamaica, Guyana and Trinidad
- Standards and regulations developed in Jamaica, Guyana and Belize
- Foster care manuals, forms, checklists and other practise documents found in Grenada, Trinidad and St. Lucia

2/ Legal and social frameworks includes:

- Legal reform processes for children documented from Belize and Jamaica
- Care and Protection legislation from Belize and Jamaica
- Juvenile Justice legislation from Belize and Jamaica
- National Plan of Actions for children in Belize and Trinidad

3/ Operational protocols in service provision includes:

- Operational guidelines, assessment forms and care plans from Guyana
- Child abuse and protection protocols from St. Lucia
- Child protection manual from Belize
- Child protection protocols and guidelines from Dominica
- Child abuse protocols from Grenada

4/ Social safety net programmes

- Assessments and reports on social safety nets in Guyana
- Impact evaluation on PATH programme in Jamaica
- Assessments and reports on social safety nets in Suriname

## **Children without parental care in the Caribbean Are we getting it right?**

**November 2007**

**Patricia Lim Ah Ken**

The tendency in many organisations, institutions and among professionals is to compartmentalise children through definitions. These definitions in turn form the basis that guides strategies and actions. While the benefit of having very specific definitions lies in the delivery of a tailored immediate response, the danger is providing a response that is limited to immediate cure. Narrow definitions do not always facilitate a comprehensive view of vulnerability that identifies the source of the problem but rather tends to zoom into only the manifestation of the problem. This has led to the creation of definition-specific responses that are reflected in countries' strategies and national plans of actions. In reality the prevention and long term rehabilitation of children who fall within different definitions do not necessarily require different approaches because the source of the problem and the end solution is usually the same.

Imagine a household of two children where both parents have died of AIDS. The children are taken in by relatives who are abusive towards them. The first child reacts by running away from home and ends up on the streets. This child is picked up by social welfare officers and placed in a residential care institution. The second child reacts in another way, by committing theft. This child is arrested by the police and sentenced to time in a juvenile detention facility. The background of both children is the same but the manifestations have provided us with five different globally used definitions. The first one would be '*orphans and vulnerable children (OVC)*' because the parents have died and the children are left orphaned and vulnerable. The second definition pertains to the first child who would be classically defined as a child '*in need of care and protection*' because of being alone and at risk of abuse on the streets while the second child would be defined as a child '*in conflict with the law*' because of having committed a crime and once detained will be a child '*deprived of their liberty*'. In addition all the above-mentioned definitions fall within the one definition of '*children without parental care*' because these children were not living with their parents, became separated and unaccompanied.

The responses towards these two cases of children will be different based on the manifestation of the problem and the corresponding definition. For example the child in '*need of care and protection*' may receive a 'care order' from the courts to assign the care of this child temporarily to a residential facility. The child '*in conflict with the law*' may receive a 'sentence' from the courts that '*deprives him/her of their liberty*' for a certain length of time in a detention facility. Both these facilities have different rehabilitative programmes based on the category or definition of child within them. These responses are therefore tailored specifically to the children's situations (and definition of respective situation) and are applied immediately. Unfortunately neither of the situations above is really in the children's best interest.

So how do we address prevention of the situation in the first place? Prevention does not necessarily need many different strategies reflecting the different definitions. For

example in the above mentioned case, prevention strategies for both children would include 1) Preventing the parents from dying of AIDS through treatment, care and support services; 2) Finding better placement options for children if they are orphaned (as a priority within a family) 3) Preventing abuse from occurring in the household through early detection and resolution of the problem and 4) Assisting the alternative family to care for the children through additional material and financial resources and psychosocial support where needed.

In the long term there is also a need to consider rehabilitation once these children leave institutional care. The response here is also the same for both children. They will need a strong and safe family environment that will support them through the rehabilitation process and through the trauma they have suffered. Additionally the household they will live in will need psychosocial support and perhaps other forms of support to help stabilise and secure the future for these children. The majority of vulnerable children in the Caribbean come from female-headed households that are not always able to support and adequately care for children given lack of time and finances. These households will need to be supported so that children can continue to live with their parent.

The study carried out in the CARICOM region on children without parental care sought to explain why children were still suffering from abuse within the Caribbean and why the numbers of children in institutional care continues to be high. Analysis of roles and responsibilities of key actors and institutions concluded that responses dealing with these children's vulnerability were too superficial and primarily focussed on an immediate curative response rather than on prevention and long term rehabilitation. This was reflected not only in the nature of the response itself but also in the set up of institutions mandated to carry out response<sup>76</sup>.

Prevention needs to incorporate a wider set of actors and institutions that have everyday access to children such as health, education, the police, day care facilities, civil society organisations etc. These institutions and persons are best placed to identify and deal with problems before they escalate. Unfortunately in most countries there is no one institution responsible for coordinating prevention strategies and this results in a situation where the different institutions are not properly guided to work together which further fuels the compartmentalised approach mentioned earlier. Without prevention the numbers of children being abused is unlikely to ever decrease and due to other causes of vulnerability— such as rising level of crime and violence — the situation is bound to get worse.

To be able to plan and implement a prevention strategy or create a vision emphasising prevention and rehabilitation requires the commitment and action of policy makers and influential members of government. These are the only actors who can insist that relevant government service providers establish coordinating mechanisms to ensure that the police work closer with social workers, schools and health facilities or that legislation is put in place for mandatory reporting. No one else is authorised to make these decisions. At the moment policymakers know much less than everyday practitioners about the technicalities of vulnerability, and in addition the political game comes into play with social welfare issues (in comparison to the creation of

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<sup>76</sup> Children without parental care in the Caribbean: systems of protection (2007)

wealth) low on the political agenda. Problems associated with politics are further compounded by the five year electoral mandates resulting in a lack of longer term visions and commitment. This results in an unbalanced combination of apathetic and indifferent policymakers on the one hand and frustrated and overwhelmed social services practitioners on the other.

What is the solution? There needs to be a much greater understanding of vulnerability across the board. From top to bottom, bottom to top and sideways. This understanding should be contextualised within the Convention on the Rights of the Child that all Caribbean countries have committed to and needs to be constantly guided by the best interest of the child.

**Understanding needs to include not only what happens when children become vulnerable or abused but also how children first fall into vulnerability and what they need to properly get out of it and regain their lives.**

After understanding the situation there needs to be commitment from those people who can really make a difference. Commitment needs to be translated into protective legislation and enforcement and properly funded strategies and activities. Planning needs to look much further than just immediate response and should include ways in which to tackle the problems at the source, involving all necessary actors and institutions into the picture and mandating them with responsibilities. More money and capacity will need to be pumped into the social services sectors to help practitioners on the ground deal with the cases. The question of additional resources is always difficult for poor developing countries but if this problem is to be resolved there will need to be a change in allocation of resources nationally to free up some more funding for social services institutions. Donor agencies also need to lend a hand by contributing to a longer term and more holistic vision. Commitment needs to be translated into continuous follow up and case management that does not stop at prevention and immediate response but also flows seamlessly into long term and continuous rehabilitation, monitoring and follow up. This push for more prevention and rehabilitation will guarantee that initial efforts result in fewer children in need of care and protection, less orphans and vulnerable children and decreased numbers of children in conflict with the law and deprived of their liberty. In short there will be fewer children without parental care in the Caribbean and these children will receive better care and protection. This is our ultimate objective.