

**CHILD DEVELOPMENT AND  
CHILDREN AT RISK IN SAINT LUCIA  
VOLUME I: A REVIEW OF THE NEEDS  
AND SERVICES FOR CHILDREN**

Submitted to:

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The views expressed in this report are those of the authors  
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## **1.0 INTRODUCTION**

The general public and policy makers in Saint Lucia have a growing concern over the situation of children, particularly adolescents, in the country. The concerns being raised include: delinquency; the threat to well-being by sexual abuse and sexual exploitation of children; HIV/AIDS; teenage pregnancy; the involvement of children in the drug trade; unemployment; and crime and violence. There is an increasing number of juveniles who come into conflict with the law, but even more critical is the seriousness and the nature of the crimes that are now being committed. Further, the 2005 United Nations Children's Fund (UNICEF) Child Vulnerability Study reported that over 58% of Saint Lucian children could be classified as being "at risk" due to food insecurity and chronic illness of a parent – both correlates of poverty.

Since the signing of the Convention on the Rights of the Child in 1993, Saint Lucia has initiated several reforms to existing legislation (see: Convention on the Rights of the Child, CRC/C/28/Add.23, 13 October 2004). However, as the concluding observation of the Committee on the Rights of the Child: Saint Lucia (CRC/C/15/Add.257) pointed out, the country has been slow in enacting amendments and new laws that would make it compliant with the Convention. There is also an urgent need to enhance the capacity of social services to respond to the demands of increasing reports of child abuse.

The Government of Saint Lucia (GOSL) has recognized the need to expand the delivery of services to children in Saint Lucia through a combination of measures including legislative reform, safe environments for children, restorative and rehabilitative care, and advocacy to strengthen awareness and national prevention efforts regarding child abuse and neglect. In this regard, GOSL approached the Caribbean Development Bank (CDB) for assistance in funding a project that would develop a specific proposal for addressing the needs of children in Saint Lucia. After a competitive tendering process, the International Centre at the University of Calgary was contracted by the CDB to conduct this initial project. This project, which began in mid-December 2006, initially involved a site visit by the authors of this report to Saint Lucia from January 7 to January 20, 2007.

### **1.1 Overall Objective of the Child Development Project**

The overall objective of this initiative is to assist CDB and GOSL with the preparation of a project proposal in the form of the current report which focuses on providing expanded and high quality services to children and their families, particularly those at risk of being victims of violent behaviour or at risk of committing violent crimes.

### **1.2 Purpose of Volume I Report**

The specific purpose of this report, which is the first of two volumes, is to review the risk factors and needs of children in Saint Lucia and briefly outline the existing services that are available. This report provides a context and rationale for the Volume II report, which focuses more specifically on a detailed proposal for the enhancement

and development of resources that will promote child development and risk reduction for the children of Saint Lucia. As well, it is anticipated that the Volume I report will provide an initial step in the development of a national strategy for children in Saint Lucia.

### **1.3 Methodology**

In response to the terms of reference (see Appendix A), the project team adopted a participatory methodological approach for collecting data and planning action based on the findings of the review/analysis. The team initially consulted and collaborated with the Director of the Division of Human Services and Family Affairs and then expanded the consultation process to include a broad range of stakeholders, NGOs, community groups, and children identified by the Director. The main intent of this approach was to identify an action plan that would be most relevant to the stakeholders and, as well, would be feasible given the nature of the problems identified and the resources that can be put in place. Special attention was also placed on problems and solutions that differ for boys and girls. Hopefully, this method will result in capacity building at the community level and will encourage all of the collaborators to take responsibility and become part of the solution.

In order to accomplish the study objective using a participatory methodology, several quantitative and qualitative methods of collecting data were used including:

- review and analysis of relevant documents and reports;
- examination of quantitative data from databases pertaining to children and families in Saint Lucia;
- review of relevant agency files and documents;
- meeting and interviewing key informants, both government and NGOs (N=15); and
- conducting focus groups with various stakeholders including: 16 focus groups which involved 55 government professionals and 12 NGO professionals; 6 focus groups involving 103 children and young persons aged 10 to 22; and 1 focus group with 9 parents (see Appendix B, Focus Group Protocols).

The first phase of this project was completed in January and February 2007 and resulted in the production of a draft document entitled *Services for Children in Saint Lucia: A Review and Proposal*. In late February, the second phase of the project began with the review of the draft document by the Project Management Team (PMT). After the authors responded to comments and feedback from the PMT, a second draft of the report was prepared and presented at the Child Development Project National Consultation held on March 6, 2007 in Saint Lucia. Over 70 participants attended including a number of children. The Honourable Tessa Mangal, Minister in the Ministry of Social Transformation, Human Services, Family Affairs, Youth and Sports delivered the opening address.

After feedback from the National Consultation was summarized and integrated with the report, a second presentation/consultation was held on March 9, 2007 with a smaller group of policy makers. The current report is the product of this extensive feedback and participatory consultation process.

#### **1.4 The Context: Saint Lucia**

Saint Lucia is a volcanic island which is located at 61° west longitude and 13°53' north latitude. It is a small island which is 23 km in width and 43 km in length with a total area of 616 km<sup>2</sup>. Saint Lucia is more mountainous than most of the Caribbean Islands and is especially known for two of its mountains, the Pitons. The City of Castries, which is located on the northwest side of the island, is the capital where about one-third of the population lives.

Politically, Saint Lucia is a member of the British Commonwealth and became an independent nation in 1979. The island retained a Westminster parliamentary system with a Senate made up of government and opposition appointees. There is currently a total of 17 seats in the government. On December 11, 2006, an election was held and the United Workers Party led by Sir John Compton defeated the Saint Lucia Labor Party by winning 11 of the 17 seats.

Government statistics indicate that in 2005, the total estimated population of Saint Lucia was 164,791 and the number of live births the previous year, 2004, was 2,322 ([www.stats.gov.lc/factsheet\\_files/sheet001.htm](http://www.stats.gov.lc/factsheet_files/sheet001.htm)).

#### **1.5 Definitions**

##### **1.5.1 Child/Children**

For the purposes of this report, child/children means “every human being below the age of eighteen years...” as determined by Part I, Article 1 of the United Nations Convention on the Rights of the Child. It should be noted that the age definition of a “child” in the legislation of Saint Lucia is inconsistent.

##### **1.5.2 Child at Risk**

While the objective of this study (see Section 1.1) and the Terms of Reference emphasize children at risk of being victims of violent behaviour or at risk of committing violent crimes, the actual definition of “child at risk” used in this report is quite broad. The definition of a child at risk includes any child that has experienced or is vulnerable to experiencing significant harm physically, sexually, psychologically, and/or is vulnerable to significant impairment in growth and development, educational development, health and emotional well being due to the lack of appropriate intervention. It should be noted that the concept of “child at risk” is often used within an organizational context and many organizations have their own definitions and thresholds.

## **1.6 Limitations**

There are a number of factors which limit the focus and depth of this study that the reader should be aware of. These are outlined briefly below.

### **1.6.1 Timeframe and Budget**

Both the timeframe (approximately 3 months) for this study and the budget were limited, thus, we were not in a position to collect detailed quantitative primary data. For the most part, we had to rely on existing studies for information.

### **1.6.2 Focus Groups**

The purpose of the focus groups was to gain the perspective and input from the major stakeholders, as well as children and parents. It is important to remember that the information gleaned from these focus groups is the perspective of the participants.

### **1.6.3 Facilities and Visits**

Although many site visits were made and many facilities toured, time did not allow for a completely thorough review of each program perspective. The authors had to rely on other recent reports and anecdotal information from other parties.

### **1.6.4 Management Information System Data**

The lack of a computerized Management Information System (MIS), as well as poor data collection, severely limits our ability to identify and analyze statistical trends over time, particularly in the area of juvenile offending, child protection, foster care, and family court cases.

## **1.7 Organization of the Volume I Report**

Chapter 2.0 of this report focuses on broad-based risk factors which directly affect children in Saint Lucia. Chapter 3.0 contains a brief description of the government services currently available to children, as well as a discussion of overriding safety-net issues. Chapter 4.0 summarizes risk factors and safety-net issues, identifies guidelines for a strategy, outlines current government initiatives, and proposes a strategy for addressing key protection and prevention issues.

## **2.0 RISK FACTORS FOR CHILDREN IN SAINT LUCIA**

This section of the report focuses on broad-based risk factors which directly affect children in Saint Lucia that were identified in the focus groups and/or literature search. The factors or issues are organized below into major categories and related subcategories.

### **2.1 Violence**

There is little question that violence, including domestic violence, is a significant problem in Saint Lucia. The scope of the problem of violence in Saint Lucia is obvious given such indicators as the murder rate. In 2004, for example, there were 31 murders recorded (see Appendix D, Table D-1). This number of murders for a population of 160,000 people would amount to a rate of approximately 19 per 100,000. In comparison, the murder rate for 2004 was 1.9 in Canada, 5.5 in the United States, 13 in Mexico, 19 in Russia, and 32 in Jamaica ([www.benbest.com/lifeext/murder.html](http://www.benbest.com/lifeext/murder.html)).

The incidence of other violent offences was also high with 424 occurrences of grievous bodily harm, 1,014 woundings, 955 armed assaults, and 1,342 assaults (see Appendix D, Table D-1). The murder rate in 2005 was actually higher since it appears that there were 34 murders in Saint Lucia. Most of these were apparently related to gang activity or were the result of domestic violence (conversations with police officials).

In terms of trends over time, there is no question that violence in Saint Lucia is increasing. We are somewhat limited by the lack of valid crime statistics prior to the year 2000, however, the information that is available indicate that from 2000 to 2005 the murder rate increased over 50% (from 22 to 34 in 2005, see Appendix D, Table D-2). Data prior to 2000 indicates that the murder rate was as low as 9 cases in 1996 when computerized information was first recorded (Crime Statistics, 1996 to 1999).

#### 2.1.1 Domestic Violence

It does not appear that any incidence/prevalence studies have been conducted specifically concerning domestic violence assaults. However, the Department of Gender Relations has indicated that the most commonly reported case of domestic violence is spousal abuse and the majority of cases involve violence towards females. Statistics from the Family Court seem to validate that domestic violence is a growing problem since the number of cases lodged within the Family Court has increased from 281 in 1998 to 431 in 2004. There has also been a considerable fluctuation of cases year by year (see Appendix D, Table D-3). In contrast, intake at the Women's Support Center (a shelter) has decreased from 29 cases in 2002 to 13 cases in 2005 (see Appendix D, Table D-4).

#### 2.1.2 Juvenile Offending and Violence

While the lack of detail in the data regarding juvenile offending does not permit us to identify violent crimes against persons as opposed to property crimes, the number

of cases involving juveniles lodged by Family Court has doubled in six years, increasing from 90 cases in 1998 to 181 cases in 2004 (see Appendix D, Table D-5).

The Youth Health Survey 2000, which was administered to 1,526 Saint Lucian students aged 10 to 19, contained a number of questions regarding the involvement of teens in violent and unethical acts. Over 19% of the males indicated that within the past year they had been involved in a fight where weapons were used (compared to just over 4% of the females). Additional findings regarding the males indicated: over 21% had carried a weapon to school in the last 30 days; approximately 29% had belonged to a gang; 37% took from a store without paying; over 44% had stolen from their family or parents; and 35% had damaged property that didn't belong to them. Female students reported far lower rates of interpersonal violence and theft with two exceptions. First, 17% of females indicated that they had belonged to a gang and 45% indicated they had stolen from their parents/family (see Appendix D, Table D-6).

A recent study on the assessment of poverty in Saint Lucia also provides qualitative information which suggests the emergence of gangs in urban areas.

Gang warfare and violence appear to be accepted by some young people, especially by some young men, as a way to solve problems and to reduce conflict, and involvement in criminal activities appears to have become a way of life for some young people in the community (Kairi Report 2006, p. 26).

### 2.1.3 Focus Group Comments

Not surprisingly, violence in the community and domestic violence was the primary concern in most of the focus groups with both stakeholders and children. In some of the groups, all of the children indicated that they had directly witnessed severe violence either in the community or at home and nearly a third reported being victims of violence. The following comments were made:

*I want to have a baby, but I don't want a husband. Husbands just beat their wives.*

*I saw a neighbor get hacked up with a machete.*

*I would like my dad to come back and live with my mom, but not to yell and fight with her.*

## 2.2 **Child Sexual Abuse**

As indicated in the Convention on the Rights of the Child Report (June 2004, p. 59):

Sexual exploitation of children in Saint Lucia is a complex-multi-dimensional problem with origins in the individual, familial, and social-economic and cultural domains. It is possible to establish that there are

several causes and linkage factors in this phenomenon that contributes to its occurrence and maintains the involvement of children in the activities.

### 2.2.1 Legislation

A number of sections of the revised *Criminal Code (2004) of St. Lucia* which came into effect January 1, 2005, deals with sexual exploitation of children. For example, Section 126 makes it an offence for anyone to have sexual intercourse with a person under the age of 12 regardless of consent. Further, Section 127 of the *Code* reserves the right to indict anyone who has sex with a child aged 12 to 15 exclusively. Section 124 of the revised *Criminal Code (2004)* makes provision for other forms of “sexual connection” such as oral sex. Under Section 119 of the revised *Criminal Code (2004)* it is also an offence for persons in a position of trust or authority such as: parents; guardians; health professionals; and social workers to fail to report cases of abuse that they are aware of. However, it should be noted that this section is limited to reporting abuse (defined as “unlawful sexual intercourse or connection”) committed against “young persons” and therefore does not protect children under 12 years old. The new *Code* under Section 142(b), also outlaws out of court settlements or “arrangements” (as they are commonly referred to) aimed at compensating a victim’s parents in cases of rape or sexual abuse.

### 2.2.2 Incidence/Prevalence

It is difficult, if not impossible, to estimate the actual extent of the problem of child sexual abuse in Saint Lucia. As Eugene (2006, p. 6) has recently indicated:

There is no actual data on the extent of child sexual abuse in St. Lucia...it is believed that the number of child sexual abuse cases on the island is far greater than the available data because children are generally afraid to inform anyone as to what has happened and the legal procedure for validating cases is complex and not child friendly. Parents’ general attitude also distorts our statistics. They are not wanting to pursue the matter in court or at least find professional help does not help to protect children from the long-lasting psychological consequences.

Only limited quantitative data are available regarding the reporting of child sexual abuse cases. However, what is available does suggest that child sexual abuse is a significant problem and this increase in reporting is not necessarily a growth in the actual occurrence. For example, there were approximately 40 cases of child sexual abuse reported per year compared to approximately 60 per year for physical abuse. In the year 2002, the number of child sexual abuse cases reported jumped to 79 and reports of physical abuse decreased to 50 (see Appendix D, Table D-7). By the year 2005, the number of reported child sexual abuse cases was 83 (see Appendix D, Table D-8). Further, data from the Office of the Director of Public Prosecutions cited in Eugene’s (2006) report indicate that in 2002 only four cases of child sexual abuse were prosecuted. The number of prosecutions of these cases almost doubled each year up to 2005 when 23 cases were prosecuted suggesting that the legal system is just beginning to deal with these cases (see Appendix D, Table D-9). In part, the changes in

the rate of prosecution may be due to some of the legislative revisions mentioned above since anecdotal evidence indicates that historically, “many cases go through what is known as the ‘arrangement’ or out of court settlement or parents receive cash or goods in kind in exchange for the child’s well-being” (Eugene 2006, p. 8).

### 2.2.3 Self-reported Sexual Victimization

The Youth Health Survey 2000, which was administered to 1,526 Saint Lucian students aged 10 to 19, also provides some relevant information regarding the prevalence of child sexual abuse (see Appendix D, Table D-10). As the report indicates:

With respect to sexual abuse, 1 in every 10 students reported that they were abused in the past year. Females (14.2%) were twice as likely to have been abused as males (6.3%). There were no differences in the percentage of students sexually abused in the different age groups (2002, p. 31).

Further, of those who reported having had sexual intercourse, 63.1% of the girls and 24.6% of the boys indicated that the first intercourse was either “forced” or “sort of forced” (see Appendix D, Table D-11). These findings would suggest that under-reporting of child sexual abuse is a very significant problem.

### 2.2.4 Focus Group Comments

It is not surprising that professional stakeholders from many of the sectors expressed considerable concern in the focus groups about the problem of child sexual abuse. Further, many also demonstrated awareness of the “arrangements” that have been made by custodial parents and offenders to deal with the problem outside the justice system. The following comments were made in the focus groups:

*The police officer chased me until he was transferred out of the area.*

*We know that “arrangements” are being made by mothers but we can’t do anything about it since there is no safe place to put the child.*

## 2.3 **Teen Pregnancy**

The Convention on the Rights of Child (2004) Report presented data indicating that from 1991 to 2000, teen pregnancies in Saint Lucia “have declined both in terms of relative and absolute terms, and as a percentage of total, teen pregnancy/births have stabilized at 16% since 1997” (see Appendix D, Table D-12). Data for 2001 to 2003 indicate that teen pregnancy rates have stabilized at approximately 18% of all births (St. Lucia: Vital Statistics Report 2003, p. 6). In addition to the relatively high and stable rates of teen pregnancies it is noteworthy that the illegitimate birthrate has also been high and stable at approximately 84% of all births since 1985.

In terms of qualitative information, The Assessment of Poverty in St. Lucia Report (2006) indicated that in their sample “some young women had admitted that they had had their first child at a very young age, sometimes as young as 14 and 15 years and that because of pregnancy they had to drop out of school.” Some reported:

*Children making children.*

*I got to senior primary and finished the first term, but got pregnant and had to leave (p. 26).*

### 2.3.1 First Intercourse

The Youth Health Survey 2000 also provides us with some relevant information here. First, over 20% of the females and over 53% of the male students aged 10 to 19 reported having had intercourse. For the females who reported having intercourse, over 44% reported having experienced their first intercourse at 12 years old or younger. For the male students who reported having intercourse, 73% reported having their first intercourse before they were 13 years old. Approximately 10% of both female and male students indicated they had either gotten someone pregnant or have been pregnant. Finally, over 32% of females indicated they were somewhat or a lot worried about getting pregnant compared to 38% of the males who worried about making somebody pregnant. Almost half of the male students and slightly fewer than half of the female students worried somewhat or a lot about AIDS (see Appendix D, Table D-11).

### 2.3.2 Focus Group Comments

In the focus groups that we conducted, a number of female and male students talked openly about the problem of teen pregnancy and their concerns. Some comments were as follows:

*Protect the children from getting pregnant.*

*No raping and protect us from getting babies.*

## 2.4 **Parenting Skills**

While we were not able to identify any quantitative studies regarding the lack of parenting skills for parents in Saint Lucia, this issue was ranked third-highest for the adult stakeholders’ focus groups. As the Roving Caregivers Program Report (no date, p. 34) indicates:

Parent unemployment and ignorance about the importance of the early years are factors that impact the quality of the young children’s lives in communities in St. Lucia. The effect of the influence of these factors place children’s growth and development at risk and is long-lasting.

### 2.4.1 Family Structure

In terms of indirect measures of parental competence, family composition may contribute to many Saint Lucian children being at risk. For example, the UNICEF Child Vulnerability Study 2005 found that over 53% of the households were headed by females and the average size of households was 3.4 people. Just over 25% of household heads in Saint Lucia were legally married and 20% were in common-law unions (p. 22-23). Further, almost half of the children in Saint Lucia (4 of every 10) were reported to live in households which do not always have enough food and therefore are classified as food-insecure (p. 47).

Family structure in the Caribbean is also complex and goes beyond the common concept of “nuclear” and “extended family” structures. *The Assessment of Poverty in St. Lucia*, Volume I: Main Report (2006, p. 56-57) provides us with a description as follows:

In the Caribbean a complex pattern of mating and union formation exists. This has its genesis in the region’s cultural antecedents in Africa, and its historical experiences in the era of Plantation slavery. The outcome among the population of African descent has been a system of union formation in which formal marriage often represents the culmination of a mating system, takes place late in life and, more often than not, represents the embellishment of an existing union between a man and a woman rather than its initiation.

The majority of mothers are involved in a socially, but not formally sanctioned relationship with a man at any given point in time. Some of the households counted as being single mother female headed, in fact represent a family spread between two households with the male member of the family living in a separate household. This type of relationship is known as a visiting union. Not all visiting relationships lead to cohabitation and a woman might in the course of her childbearing years enter into a number of visiting or common law relationships without ever entering into formal marriage.

A man on the other hand may be involved in more than one visiting relationship, or may be involved in a formal marriage or common law relationship even whilst being involved in the visiting relationship. Against this background the fact that many of the chronically poor women with large families are ‘single,’ begins to make sense. The seemingly ‘missing men’ are either involved in simultaneous or serial relationships with these women. This pattern of family formation and dissolution more often than not, therefore, has an immediately deleterious impact on women and the children that they bear.

As the nurturer the woman bears a disproportionate share of the responsibility of providing for family. In their early manhood, males have the socially expected role of provider, but not that of nurturer. Another

'socially sanctioned attribute' of manhood is the ability to impregnate a woman...

#### 2.4.2 Corporal Punishment

Another indicator of lack of parenting skills is the use of physical punishment. One of the best indicators of the inappropriate and extreme use of physical/corporal punishment is the number of cases of physical abuse that are dealt with by child protection workers. As discussed above, the number of child sexual abuse cases has grown steadily since 1999 (probably due to more reporting) and passed the number of physical abuse cases in 2002. Physical abuse in comparison has remained high at approximately 50 to 60 cases per year (National Health Strategy Plan, 2005, p. 16). As the UNICEF report indicates, in Saint Lucia, the preferred punishment for approximately 30% of the parents who had children under 12 was "violent punishment, corporal" and approximately half of the time this punishment involved spanking with an object (stick, belt, shoe) (p. 54, 55). Although somewhat less troubling, it is also interesting to note that about a third of Saint Lucia caregivers indicated they used "no punishment" for children under 12 that misbehaved. Further, 56% of the caretakers indicated that "no punishment" was used for boys over 12 years old who misbehaved. It is unclear whether "no punishment" means ignored and did nothing or spoke to their children but imposed no penalty (UNICEF 2005, p. 54, 55). One of the two emerging themes from the National Consultation (i.e., UNICEF Report 2005, p. 7) was:

The need for better parenting skills and knowledge, for example on social entitlements, parental responsibilities, child-rearing practices (including alternatives to corporal punishment, child nutrition, and income generating skills).

#### 2.4.3 Neglect and Abandonment

The number of neglect and abandonment cases dealt with by child protection is also an indicator of the scope of the problem of poor parenting skills. Findings presented in the National Health Strategy Plan (2005) Report indicate the magnitude and growth of these cases parallels the profile of child sexual abuse cases. The number of these cases dealt with by Family Case Workers has grown from 36 in 1999 to 59 in 2004 (see Appendix D, Table D-7).

Parent migration and "child shifting" are common practices in Saint Lucia, which may be correlated to neglect and abandonment. Child shifting is an informal type of foster care which usually involves the raising of a child by a grandmother or aunt. This occurs when lone parent mothers have to work or parents migrate for work. Findings of the UNICEF Child Vulnerability Study suggest that in Saint Lucia as in Barbados and St. Vincent, 1 in every 20 children move households each year. Further, almost 5% of Saint Lucia's children lived apart from a sibling for six months or more in the past year. Instability of parental unions was the most common cause of child shifting (2005, p. 43). Consistent with this pattern, grandmothers were found to be the most common primary caregiver (i.e., 10% of the households) other than the parent.

*The Assessment of Poverty in St. Lucia*, Volume I: Main Report (2006, p. 59) further points out that:

Internal migration and external migration has led to the decline of the extended family and to the denudation even of its nucleus. There are cases of parentless families, with children left by themselves, or under the presumed watch of neighbours, while parents go to look for work in the urban areas or abroad. They may be left in the charge of grand parents, leading to situations of the elderly being heads of households in which grand-children are residents. Another scenario is for the grand-parent to be left in the community.

#### 2.4.4 Focus Group Comments

While the lack of parenting skills was identified as a huge issue in the government and NGO group, it was also identified as a significant issue in the groups consisting of children. Some comments were as follows:

*My parents don't visit me (at the BTC). I didn't do anything wrong. I wish the social worker would make them come to see me.*

*I wish the government had some place I could send my teenager for a few days and fix her. Then she could come back home and we would be happy.*

## 2.5 **Substance Abuse**

The findings of the Caribbean Youth Health Survey: St. Lucia 2000 (p. 12-14) provides us with a detailed picture of the use of tobacco, alcohol, and drugs among Saint Lucian children aged 10 to 19. First, students used much more alcohol than any other mind altering substance within the past year. Over 63% of teens had taken an alcoholic drink and almost 1 in 10 drink alcohol on a monthly or more frequent basis. Males were about four times more likely to drink than females.

In terms of cigarettes, over 11% had smoked a cigarette within the past year, however less than 1% of the students smoked cigarettes on a monthly or more frequent basis. Marijuana smoking, although illegal, was more popular with teens than cigarettes. While 11% had tried marijuana in the past year a total of 3% of students smoked marijuana on a monthly or more frequent basis in the year prior to the survey. A larger proportion of males smoked compared to the females and there was a strong positive correlation with age. Cocaine use by students was not a significant problem since only approximately 1% reported they had used this substance within the past year (see Appendix D, Table D-13).

A more recent study by the Substance-Abuse Secretariat: St. Lucia (2007), which was recently presented at a conference, had similar findings. Please note the following:

- The average age of the first use of alcohol is 11 years;
- 64% of students currently drink alcohol;
- 89% of students who currently drink alcohol reported having discipline problems;
- 68% of students who currently drink alcohol have repeated a grade in school;
- 69% of males and 60% of females currently use alcohol;
- 33% of the students who drink alcohol reported drinking five or more alcoholic drinks in one day within two weeks preceding the survey;
- 9% of students currently smoke marijuana;
- 6% of students currently smoke cigarettes;
- the average age of first use of cigarettes is 12 years;
- the average age of first use of marijuana is 13 years;
- current use of marijuana increases with grade in school;
- males are almost twice as likely to use marijuana as females; and
- 45% of the students report that it would be easy to obtain marijuana.

#### 2.5.1 Focus Group Comments

While substance abuse among children did not come up as an issue in the focus groups with children, it was raised by professional stakeholders. The main concern is that the one substance abuse treatment program in Saint Lucia, Turning Point, is currently closed for major repairs. Further, it was pointed out that even if this program were running it focuses on adults and thus, there are no programs which focus on substance abuse for children in Saint Lucia.

## 2.6 **Poverty and Children**

UNICEF statistics indicate that in 2002 more than 25% of the population of Saint Lucia lived below the poverty line (p. 49). Further, in 2005 the unemployment rate was 18.7%; the GDP per capita was 2,966 US Dollars; the growth rate in GDP was 5.8% and the inflation rate was 3.9%. The economy is largely driven by the tourism industry with 317,939 stay-over arrivals in 2005. Banana exports in the same year also amounted to 43.3 million EC Dollars ([www.tsunamigeneration.com/infobycountry/stlucia.htm](http://www.tsunamigeneration.com/infobycountry/stlucia.htm)).

The UNICEF Child Vulnerability Study indicated that 85% of households reported having television, 61% a mobile phone, 50% had washing machines, but only a few

(18%) had a computer (p. 18). As indicated above, almost half of the children in Saint Lucia were reported to live in households which do not always have enough food and therefore are classified as food-insecure (p. 47). Finally, of the mothers who separated or divorced in the past year, over half were experiencing difficulty collecting maintenance (p. 44).

*The Assessment of Poverty in St. Lucia, Volume I: Main Report (2006)*, also provides relevant information regarding poverty in Saint Lucia. First, it indicates that in 1995 the rate of poverty in Saint Lucia was just over 25% (consistent with the UNICEF study), of which 7.1% of the total population were indigent (meaning that they might have suffered malnutrition or were not securing enough food for proper functioning). In comparison, in 2005/06 the rate of poverty has increased to 28.8% but the rate of indigence has diminished significantly to 1.6% of the total population or 5.5% of the poor population (2006, p. xii). This would suggest that there are more people below the poverty line in 2005/06 than in 1995, but it also suggests that overall, the poor are somewhat better off in 2005/06.

Next, the report indicates that there are a disproportionate number of children and youth living below the poverty line. For example, while children 0 to 14 years old make up 30.2% of the total population, they account for 38.7% of the poor. Likewise, children and youth 19 years old and younger make up 40.7% of the total population and account for over half of the poor (2006, p. 51-52).

The report (2006, p. 60) further concludes that:

In many poor households relations between partners, and between parents and children were not harmonious and were characterised by tension, quarrels, disagreements, and conflict. Break up of families, domestic violence and abuse of women and children were seen to be common problems in some of the households.

*“When the man can’t provide, the women leave him and go to another man.”*

*“Frustration and anger leads to fights and abuse of women and children.”*

Men felt at some disadvantage in contesting headship. The greatest need expressed by most of the men was the need for a job that paid enough money to maintain themselves and their families. Their limited skills and education made employment and income precarious, thus leading to poor self-concept, and anxiety over relationships with partners.

*“I cannot get a job and I have five children, I feeling really depressed.”*

*“When I work STEP I can’t maintain my family.”*

*“My pay too small I can’t take care of my three children on that.”*

*“As a man, no work, no money, it makes you mad.”*

*“Your girlfriend might horn you when you have no money.”*

*“You can loose your woman because of poverty you know.”*

## **2.7 Summary of Risk Factors for Children**

As indicated in the preceding sections of this chapter, there appear to be numerous indicators which suggest that the well-being and development of the children of Saint Lucia are at risk. For many children there is also a high probability that they will be sexually exploited and victimized since this appears to be widely practiced in the culture and many families are not in the position to “protect and promote development” of their children due to poverty and family dysfunction. These risk indicators are summarized briefly below:

- Violent crimes such as murder and assaults are comparatively high in Saint Lucia and appear to have increased significantly in the last five years.
- The number of cases involving juveniles launched by Family Court has doubled in six years.
- The incidence of violent behaviour involving weapons in school is high for males.
- Gangs appear to be emerging in urban areas in the recent past.
- Violence in the communities and domestic violence was a primary concern in the focus groups with both stakeholders and children.
- Child sexual abuse is a considerable problem in Saint Lucia and reporting has increased significantly in the recent past.
- From the year 2002 to 2005, the number of prosecutions of child sexual abuse cases doubled each year.
- Historically, many offenders made “arrangements” or out of court settlements with parents receiving cash or goods in exchange for the child’s victimization. This practice was so pervasive that it had to be specifically outlawed in the revised *Criminal Code (2004)*.
- Over 14% of female students aged 10 to 19 reported that they were sexually abused in the past year.
- The rate of teen pregnancies has been 16% since 1997.
- Many young women had to drop out of school because of their pregnancies.

- For female students reporting having had intercourse, almost half reported having their first experience at 12 years old or younger.
- The UNICEF Child Vulnerability Study 2005 found that over half of the households were headed by lone females and only 25% of household heads were legally married.
- Family structure in the Caribbean is complex and goes beyond the concept of nuclear and extended family structures. As the nurturer, the female bears a disproportionate share of responsibility of providing for a family. The male on the other hand may be involved in more than one relationship, often referred to as “visiting relationships.”
- The preferred punishment for approximately 30% of parents with children under 12 was “violent punishment, corporal” and approximately half of the time this punishment involved spanking with an object.
- Parent migration and “child shifting” are common practices in Saint Lucia which appear to be correlated to neglect and abandonment of children.
- The lack of parenting skills was identified as a huge issue by government and NGO groups.
- Abuse of alcohol appears to be a major problem with over 60% of students reported currently drinking.
- UNICEF statistics indicate that in 2002 more than 25% of the population of Saint Lucia lived below the poverty line and a disproportionate number of those living below the poverty line are children aged 0 to 14 years.

In summary, the children of Saint Lucia are challenged by many risk factors as indicated above. Below, we conclude this section with two case examples obtained from *The Star Online* over the period of approximately one month. As you will note, one case involved the sexual victimization of a female child. The second case documents the early-onset of serious offending behaviour by a young male. These tragic cases speak for themselves.

## **Case Study #1: 11-Year-Old Female**

Man guilty of having sex with 11-year-old! He bound and gagged me and then held a knife to my throat.

**By Christine Larbey**

A mixed jury last Wednesday found Simeon Eleuthere, aged 26, of Jacmel, guilty of having sex with an eleven-year-old girl. The two-day High Court trial was presided over by Justice Albert Redhead. Eleuthere was unrepresented.

The prosecution's case represented by Crown Counsel Charon Gardner was that Eleuthere had had sex with the girl on two occasions in December 2003 and that he knew she was underage. During her opening remarks to the panel she said that she would "prove" to them that Eleuthere had committed unlawful carnal knowledge on the teen, meaning "penis in vagina."

Looking triple her age, the young girl, now fourteen, took the stand and recalled what she claimed Eleuthere had done to her on the nights December 13, 2003, St Lucia's National Day and on Boxing Day 26 December 2003. The teen recalled her appalling experience. "I was eleven at the time," she said. "I know the accused. His girlfriend is my sister's friend. On December 13, 2003 I remember it was 7:45pm. I was in the yard of the Anse La Raye Community Centre. I felt somebody from behind hold my mouth and eyes. The person grabbed me by my waist. He brought me to the centre. The person then unblocked my mouth and eyes.

I saw it was Simeon. He then tied my hands behind my back with a rag. I asked him what he was doing. He started kissing me. I told him to stop." The girl paused a little then continued... [She described in detail forced vaginal and anal intercourse.]

"I started to cry," the girl told the court. "He then untied my hands and pushed up my panty. He pulled down my skirt and then put a knife to my neck. I saw it. It was long—black and silver. He told me to wash my face. He said if I told anybody he would kill me. I was very afraid." The girl said that on the evening of Boxing Day, 2003 she had gone to the village square to enjoy the festivities with some friends.

I had a fight with one of them,” she explained. “I left and went to a dark place near a truck. I was upset. I then heard somebody hissing me. I didn’t look. Then I heard somebody call my name. It was Simeon. I got up to go into the light. He ran behind me. He grabbed my hand. I began to scream. He blocked my mouth with a rag. He dragged me behind the infants school...” [She described forced vaginal intercourse.]

The girl said she struggled to get away. “I was pushing him,” she recalled. “He pushed me back. I heard somebody open the school gate and then close it. He unblocked my mouth and went and sat on a tree. I asked him why he was doing it to me. He replied that it was because I had a bigger arse than his girlfriend.” While Simeon was attacking the girl, her mother was looking all over the place for her daughter and admitted “slapping” her, when she found her in a compromising position with Simeon.

The girl’s mother said she reported the matter to the Anse La Raye police the next day. During the hearing, the court heard evidence from Dr. Herbert Marius a gynecologist, and pediatrician Dr. Jacquelin Bird. Both physicians deemed experts by the court had examined the girl. However there were differences in their findings...

Posted on Wednesday, June 13, 2007, (Archived on Wednesday, June 20, 2007), Posted by Webmaster.

## **Case Study #2: 15-Year-Old Male**

Can 15-year-old get a fair trial? Lawyer accuses public of perverting the course of justice.

**By Nicole Mc Donald and Christine Larbey**

So far as anyone can recall he is the youngest St Lucian to be charged with conceivably the worst crime anyone can possibly commit—murder.

Yesterday, he stood in the dock to hear the charges against him. Dead was Marcia Philbert-Jules, permanent secretary in the Ministry of Physical Planning. She was stabbed to death on Monday in her Piat, Grande Riviere home in what police investigators describe as “a robbery gone terribly out of control.” Police had arrested the young boy from the area later that day. (Police have also detained but not charged four other young men in relation to the Jules murder).

The accused was not the profile normally associated with cold-blooded killers. As he stood before the courts, baby-faced, he showed no sign that he'd even had his first shave. He wore black, well-cut trousers, matching shoes and a blue and black striped polo shirt, looking to all the world as if he had dressed for a friend's wedding. He appeared unperturbed, not at all nervous or even concerned. He might as well have been in court as a witness or even a lawyer, there to defend some unfortunate accused.

At his side stood Kenneth Foster, QC, one time considered the island's leading criminal lawyer. Lately, few associated him with the name Foster. His sons Peter and Marcus, prominent lawyers both, had pushed the Kenneth Foster name into the history books. Now, here he was again, as if back from the dead to take on what is marked to be one of the most controversial murder cases ever heard in St Lucia. No surprise that his 15-year-old client pleaded neither guilty nor innocent after the charges were read to him by the judge.

When he did speak it was only to say that he understood what he was accused of. He is scheduled to appear in court again (July 26) but already his lawyer has publicly stated it will be next to impossible for the 15-year-old to get a fair trial. Doubtless, the appearance of his photograph on the Internet even before he had been charged may cause problems our system never bargained for.

Apropos of that potential nightmare Kenneth Foster told reporters: "The publications will affect my client terribly. They are malicious publications which could constitute contempt of court if it continues to circulate. I am prepared to take serious steps against those who are seeking to pursue the case this way. Therefore, they are liable in perverting the course of justice." He added that there is ample case law to support his opinion and directed us to *Grant vs the DPP* which went to the Privy Council, where justices upheld in that case that there was contempt of court.

But is it possible for Kenneth Foster to discover who placed the picture on the Internet? How many people were involved in that little project? Then there's the matter of the accused youngster's age. Will he be tried as an adult? How old do you have to be in St Lucia to hang? Further there is the matter currently being discussed all over town: the accused killer's state of mind!

Posted on Monday, July 02, 2007, (Archived on Monday, July 09, 2007), Posted by Webmaster.

### **3.0 ISSUES REGARDING THE SERVICES AND PROGRAMS FOR CHILDREN**

In this section, we provide a brief description of the mandate and services for children of specific government departments including: the Division of Human Services and Family Affairs; the Ministry of Education; the Ministry of Health; Family Court; and Juvenile Justice. Comments from the focus groups, as well as issues raised by key informants, children, and written documents are included at the end of each subsection.

#### **3.1 The Division of Human Services and Family Affairs<sup>1</sup>**

The mission of the Division of Human Services and Family Affairs is to enhance the psychological functioning of children, families, older persons, individuals, and other vulnerable groups. There are three subprograms within the Division including Welfare Services, Care of the Elderly, and Family and Children Services. The third subprogram is the program that is most relevant to this report. This program is geared towards the care and protection of children and families in Saint Lucia. Its objectives are:

1. To coordinate, implement, and monitor all child protection and child abuse cases;
2. To coordinate national training in child abuse management;
3. To provide clinical intervention and counselling or psychotherapeutic services for children;
4. To promote the rights and responsibilities of children and families;
5. To provide support services to individuals and families experiencing domestic and psychosocial problems; and
6. To improve public awareness of matters relating to individuals, children and families (National Health Strategic Plan: Social Protection, 2005).

The key issues regarding children that currently face Family and Children Services are child abuse and neglect, child maintenance, and behavioural and emotional problems. Currently, the staff structure includes eight Family Case Workers and four Welfare Officers. Each Family Case Worker has an average caseload of approximately 200 active cases, while each Welfare Officer has a caseload of 700 (Restructuring Document, 2006). Recently, a major concern of the Division has been the increasingly high number of cases of child abuse and neglect reported from 1999 to present. There has been a particularly significant increase in the reporting of child sexual abuse.

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<sup>1</sup> This section summarizes information from: National Health Strategic Plan: St. Lucia, Volume 2, Annex 12, Social Protection, 2005. The Division of Human Services and Family Affairs has recently been transferred from the Ministry of Health to the Ministry of Social Transformation, Human Services, Family Affairs, and Youth and Sports.

### 3.1.1 Current Responses to the Problem

There are a number of resources available for children in need of care and protection including the following:

1. Care and Protection Interventions are carried out as a collaborative effort with the Family Court, Probation and Parole Department, Ministry of Education and the Saint Lucia Crisis Center.
2. The Educational Assistance Program facilitates the provision of books, uniforms, meals, and transportation for needy children. This program is a collaborative effort with the poverty reduction fund.
3. The Foster Care and Adoption Program provides alternative placement for children who are unable to live with their families. The Foster Care Program is a temporary placement of children with other families while adoption offers permanent placement for children. In 2005 there were approximately 52 children in private foster care and approximately 50 foster caregivers. The demand for foster care far exceeds the supply of foster caregivers.
4. The Holy Family Children's Home is the only children's foster home in Saint Lucia. It is run by the Catholic Church and receives an annual government subvention. In 2005, 20 children resided at the home.
5. While not officially a foster home, the "Ms Fostin Home" in Soufriere housed 18 children between the ages of 0 and 18. This individual took the children into care on her own accord. The authors were informed during a site visit to this location that Ms Fostin had recently died and a former resident had temporarily taken on the responsibility of managing the foster home.
6. Residential care for boys is offered by the Boys Training Centre (BTC), which is the main agency for child protection for male children aged 12 to 18 in Saint Lucia. The BTC was established in 1976 to deal with the prevention of deviant crimes of boys. However, due to lack of supervision/resources to care for these boys, it also provides for boys who suffer from abuse and neglect and require protection. As indicated in the UNICEF Child Vulnerability Report (2005, p. 138), "the Centre suffers from the lack of adequately trained staff and conditions have been described as deplorable and unfit for the rehabilitation, care and protection of their wards." Further, a recent detailed report by Singh and Porter (2006) makes a number of recommendations regarding the BTC including the need to separate children in need of care and protection from those who have committed offences. The report also recommends that the government should "demolish, renovate and refurbish, or relocate the BTC." After a site visit to the BTC and a focus group with 18 children (half of whom were children in need of protection) at the Centre, the authors of this report would agree that there is an urgent need to totally restructure the BTC. There is no residential facility for the rehabilitation of female juvenile offenders in Saint Lucia.

7. Non-residential care for females in need of care and protection up to the age of 18 is provided by Upton Girls Centre. The centre can accommodate up to 18 girls. Many have been victims or witnesses of domestic abuse, or suffer from neglect. Many times parents of these girls have very poor parenting skills and are unable to cope with the girls. The centre tries to provide a support system to the girls who otherwise do not have this available in their homes. The centre offers a two-year program including: counselling; skills training; job-training; gardening; and computing. The centre has been very proactive in training its staff by designing a syllabus to guide its staff members. The centre also carries out a number of community-based activities including community education and interventions with schools (National Health Strategic Plan: Social Protection, 2005, p. 19). After a site visit and focus group with 11 girls, the authors of this report were extremely impressed with this facility.
8. At present, the Division has an 8:00 a.m. to 4:30 p.m. telephone hot line (451-7777) called CHILD LINK for the purpose of reporting suspected cases of child abuse and neglect.
9. As part of activities to observe Year of the Child in Saint Lucia in 2003, the Ministry of Health, Human Services, Family Affairs and Gender Relations was given the mandate to prepare the National Parenting Programme. A National Parenting Programme Proposal was drafted by the Division in August 2004. However, critical activities such as the development of a curriculum and training of facilitators were never completed. This initiative currently appears to be stalled.
10. The After School Program has been developed in Faux a Chaud. Initially the program was planned for children 5-12 years old, however, due to the poor state of the building and the lack of teaching aids for this age group, the Community Management Team (CMT) and the Community Development Officer (CDO) decided to shift the focus of the program to children (n=up to 25) who were preparing for the CXC examinations. The program is proposed to be held 3-4 days a week from 6-8 p.m. The proposed start date was January 2007. (Report CoRICs, 2006, p. 4-5).

### 3.1.2 Social Protection Report (2005) Issues

In the conclusions about the Division of Human Services and Family Affairs, the National Health Strategic Plan: Social Protection Report (2005, pp. 21-22) identified the following constraints:

- Poor Data Collection: Poor data collection hampers the formulation of social policies as well as development programs.
- Policy Limitations: The absence of Child Abuse Management Protocols and Operational Guidelines results in ineffective and inefficient service delivery.

- Resources-Trained Staff: The Division stresses the need for more staff as well as more trained staff for efficient and effective delivery of service. The lack of staff leads to work overload and staff burnout.
- Organizational Issues: Poor interagency collaboration is a major problem facing the Division. It results in the duplication of information and roles by other agencies. Information becomes fragmented and a realistic status of the magnitude of incidence of child abuse and neglect in Saint Lucia is not realized. Hence, the duplication of roles and resources are wasted.

### 3.1.3 Restructuring the Division of Human Services and Family Affairs

During the time that this report was being prepared a proposal for restructuring the Division of Human Services and Family Affairs was submitted for consideration by the government of Saint Lucia. At the beginning of the Child Development Project National Consultation, March 6, 2007, the Deputy Permanent Secretary of the Ministry of Social Transformation, Human Services, Family Affairs, Youth and Sports, Dr. Augustin Charles, announced that this proposal was accepted by the Prime Minister on the preceding day.

The proposal, which is to be implemented over a three-year period, involves a number of major changes including the following:

- a significant increase in the number of staff for the Division from 43 to 88;
- the reorganization of the Division into three subdivisions: the North; the South; and the West to allow for specialization of task;
- the establishment of the Child Protection Services Division which will be responsible for the management of all child protection and child abuse cases including services for children made orphans and vulnerable through HIV and AIDS;
- the establishment of a Transit Home which will ensure a protective and safe environment into which children will be temporarily placed until it is determined that the risk to them within the home environment has been reduced or removed;
- enhancement of the Foster Care and Adoption Services Division which will have responsibility for finding suitable places of safety for children in different circumstances;
- enhancement of the Family Support and Services Division which will have responsibility for providing clinical social work intervention to individuals and families in need of improving their psychosocial functioning, including the National Parenting Programs;

- enhancement of the Aging and Welfare Services Division which will be responsible for administering Public Assistance Program and overseeing residential care for older persons; and,
- the CHILD LINK telephone hotline will be expanded to a 24 hour seven days a week service and will incorporate a “on-call system” for Family Caseworkers to respond immediately to reports of child abuse and neglect by the police, hospitals and the general public after working hours.

#### 3.1.4 Issues Identified

A number of issues relevant to the Division of Human Services and Family Affairs were raised in the focus groups, stakeholders and children as well as documents. These issues and concerns are summarized as follows:

- Residential Care for Girls: There is no safe residential care facility for girls in Saint Lucia. This includes the lack of a facility for the rehabilitation of female juvenile offenders, as well as the lack of residential care facilities for adolescent girls in need of care and protection;
- The Boys Training Centre: This is a major problem and it needs to be dealt with. Children in need of protection must be separated from young offenders. Further, children on remand should not be mixed with convicted young offenders;
- Child Protection Caseloads: Caseloads are so high that the Family Case Workers cannot respond within a reasonable timeframe to reports of child abuse and child sexual abuse;
- Office Facilities: In the communities, the office facilities for the Family Case Workers are often very poor and do not provide the kind of privacy that is needed to deal with child protection issues;
- In-Service Training: There is a significant need for in-service training for Family Case Workers in emerging areas such as child sexual abuse and, in addition, there is a need for assessment and therapeutic training;
- Prevention Programs: There is a significant lack of prevention programs for children at risk of needing care and protection;
- Child Protection Legislation: There is no clear legislative basis for the activities of child protection workers since current activities are conducted under the mandate of the *Children and Young Persons Act (1972)*; and
- The Child at Risk Database: This database is currently not usable. It is a good management information system, however the workers need to be trained and build capacity in the area of inputting data and utilizing a computerized information system.

- National Parenting Program: Since the National Parenting Program is stalled on the development of curriculum, those responsible for the program should consider the Triple-P curriculum ([www.triplep.net](http://www.triplep.net)).
- Social Work Staff Training Needs: While the majority of social workers interviewed had what seemed to be a good basic education, usually a 2 year certificate at the Sir Arthur Lewis Community College followed by two additional years at a University, usually the University of West Indies, very few had specialty skills in such areas as assessments or clinical/therapeutic approaches. All were taxed to the limit with case overloads.
- Foster Care and Adoption: The Foster Care and Adoption Program, which is mentioned in Section 3.1.1 above, is one of only a few placement options available for children in need of protection. The program is severely under resourced and foster parents do not have access to support services, such as special parenting courses or counselling services for difficult foster children.
- Reporting of Child Abuse: The reporting of all forms of child abuse by any person (over the age of 18) should be required by law (either by Child Protection Legislation or the *Criminal Code* (2004)).

### 3.2 Ministry of Education<sup>2</sup>

*The Education Act No. 41* of 1999 makes provision for a system to regulate the delivery of educational services in Saint Lucia. The general goal of this *Act* is:

...the establishment of a varied, relevant and comprehensive educational system that is characterized by excellence and the promotion of education by the establishment of educational institutions for the purpose of fostering the spiritual, cultural, moral, intellectual, physical, social and economic development of the community (Section 3(2)).

The *Education Act* provides for an education system which is comprised of primary, secondary, and tertiary institutions as with an administrative categorization of the management framework applicable for all public, private, and assisted schools. Furthermore, the *Act* empowers the Minister of Education to expand the stages of the public education system to include early childhood education, special education, adult education, distance education and education to meet needs of students who are gifted or are of exceptional ability. The various sub-sectors of the education system are briefly described below.

#### 3.2.1 Early Childhood Education

During the 2004/05 academic year, there were a total of 151 Early Childhood Education Centers (ECEC) with an enrolment of 5,371 children. Of these, 38 were

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<sup>2</sup> This section summarizes information from: Educational Statistical Digest 2005, [www.stats.gov.lc/pwks.htm](http://www.stats.gov.lc/pwks.htm).

daycare centers and 113 were preschools. All of the preschools are privately owned whereas 20 of the daycare centers are government owned with the remaining 18 being privately owned (the responsibility for daycare services is currently under the mandate of the Ministry of Social Transformation). Recently, the question has been raised whether these two services should be integrated. For example, a position paper prepared by a UNICEF sponsored consultant, Mr. Leon Charles for the Government of Saint Lucia, concluded that there are two main benefits which could be generated by the integration of day care services and early childhood education services. They are: (1) more efficient utilization of resources; and (2) better outcomes for the participating children (Charles, 2004).

### Roving Caregivers

The Roving Caregivers Service Program is a parenting in early childhood intervention modeled on the Roving Caregiver Program in Jamaica. The Bernard Van Leer Foundation has provided funds for a five-year regional program launched in 2002 by the Caribbean Support Initiative (CSI).<sup>3</sup> The project, which is currently being implemented, is managed by a Project Management Committee consisting of representatives from various community development groups, voluntary organizations and other non-government groups within the local communities, and works with the Ministry of Education's Early Childhood Education Unit to provide technical and in-kind support to the project management (Roving Caregivers Report, Ministry of Education, untitled, undated).

The goal of the Saint Lucia Roving Caregivers Service Program is twofold:

1. To provide early childhood stimulation to children from birth to three years who are at risk by focusing on parents in a home intervention model; and
2. To establish a focus on parenting by offering targeted parenting interventions.

This program focuses on communities which meet the poverty vulnerability profile and which had the highest cohort of newborn to three-year-olds that are inadequately served with daycare or preschool provisions. A total of 25 caregivers provide services to approximately 250 households and eight communities. The caregivers receive intensive and systematic training in preparation for their work with children and the parents or family members. Caregivers provide stimulation to individual children and/or to clusters of children, their parents, or family members. Home visits are conducted twice weekly for 1 to 1 1/2 hours each. Parents in the Roving Caregivers pilot project will also be able to access the skills training course offered through the National Enrichment and Learning Program (NELP), which has a center in each of the targeted communities.

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<sup>3</sup> UNICEF has also provided funding for this initiative. See: *Report on the Roving Caregivers Programme, Phase I*, Ministry of Education, Human Resources, Development, Youth and Sports, Early Childhood Education Services Unit, St. Lucia (2006).

### 3.2.2 Primary Education

The total number of primary schools remained at 78 for the 2004/05 academic year. The total number of students enrolled was 25,009. The dropout rate for this academic year was less than 1% with 194 students dropping out during the academic year. There were 1,024 teachers, 85% of whom were female and the teacher/student ratio was 1:24. Approximately 25% of the primary school students benefited from the school Feeding Program during the 2004/05 academic year and approximately 5% received services from The Ministry of Education. Of the 4,146 students who wrote the Common Entrance Examination (CEE), 2,519 or 61% were assigned to Secondary Schools.

### 3.2.3 Vieux-Fort Primary Technical Institute

The Vieux-Fort Primary Technical Institute first opened in 2002/03 and the enrolment has increased slightly to 334 students in the 2004/05 school year. The teacher/pupil ratio is 1:18 and 37% of the teachers were female. The number of trained teachers<sup>4</sup> has increased from 57% to 74% in the period of one year. In the 2006/07 academic year, this school was disestablished and converted to a secondary school with a technical/vocational basis in order provide more placements for Saint Lucia's Universal Secondary Education initiative.

### 3.2.4 Special Education

The total number of special education centers for 2004/05 remained at five with a total student enrolment of 238 including:

1. Dunnator School (site visit was conducted);
2. Itinerant services for children with vision impairment who are supported in the mainstream by Saint Lucia Blind Welfare Association;
3. Soufriere Special Education Center;
4. Special Education Center (Vieux-Fort); and
5. Lady Gordon Opportunity Center (site visit was conducted).

The percentage of trained teachers in the special education centres was 60% overall, but varied significantly from a low of 20% at Soufriere Special Education Center to a high of 92% at Vieux-Fort Special Education Center.

The Special Education Unit of the Ministry of Education is responsible for serving children within the school system who have special needs. The overall goal of this unit is to "provide a mechanism through which the special education needs of all students

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<sup>4</sup> A "trained teacher" is one who has successfully completed a recognized programme in teacher education methods and teaching techniques.

will be addressed.” This unit is directed by a special education officer who also oversees the five special needs facilities listed above. This education officer also oversees the work of special education needs teachers (SENTeachers) who serve children with special needs in mainstream infant and primary schools.

This unit is assisted by a Multi-Disciplinary Team (MDT) which assesses initial medical, hearing, and vision tests and conducts psycho-educational tests if necessary. After thorough testing and consultation, the child is placed in the learning environment deemed least restrictive and most enabling (Special Education Unit Brochure, no date).

### 3.2.5 Secondary Education

During the 2004/05 school year, there were 19 secondary schools with a total enrolment of 12,815 students. In 2004/05, there were 730 secondary school teachers, 86% of whom were females and 57% of which were trained. Teacher/student ratios remained at 1:18. During the 2004/05 academic year, a total of 2,078 students received bursaries from the Ministry of Education which represents 16% of secondary school students.

The beginning of the 2006/07 school year marked the formal inauguration of Universal Secondary Education in Saint Lucia, which meant that all of the 4,301 children who wrote the Common Entrance Exam (CEE) were offered places at one of the 25 secondary schools (statement in Parliament, August 29, 2006 by Honourable Mario Michael).

While the overall dropout rate appears low at 1.3% for both the 2002/03 and 2003/04 school years, it should be noted that this rate is based only on the number of students who dropout during the school year. Examining “flow rates” of students from year to year suggests that a much higher rate of student “leave or dropout” by not enrolling in the subsequent year. For example, in 2004/05 only 91% of the cohort of boys enrolled in secondary school proceeded from Form 4 to Form 5 and 92% of the cohort of females enrolled in secondary school proceeded from Form 4 to Form 5. Thus, it appears that many 14 and 15 year old children are not proceeding to the next level either due to failure and/or termination of their education.

In terms of truancy, the Caribbean Youth Health Survey: Saint Lucia 2000 (Fountain and J and C Research Consultants, 2000) asked the student respondents whether “in the past year, they skipped school without an excuse.” Overall, 23% of the students indicated that they had, however, the rate increased to over 40% for the older students (16-19 years old) and was higher for males than females.

### 3.2.6 Tertiary Education

During the fifth year of secondary school, students take the Caribbean Examination Council (CXC) examinations which grade the students at levels of general and basic proficiency in a range of subjects. Success at this examination qualifies students who wish to pursue the tertiary level of education that is available in Saint Lucia.

Saint Lucia has two tertiary institutions: Sir Arthur Lewis Community College (SALCC); and Vieux-Fort Post Secondary Department. In 2004/05, total enrolment at SALCC was 2,702 which included the department of continuing education. The teacher/student ratio was 1:14. There were 320 students enrolled in the Post Secondary Department of Vieux-Fort for the academic year 2004/05. The majority of the students were enrolled in the A Level and Business Studies Division.

### Teacher Training

Sir Arthur Lewis Community College is also the major provider for training teachers in Saint Lucia. Its Teacher Education and Educational Administration Division offers two-year programs in advanced home economics, primary education, secondary teacher training in-service, and a UWI certificate in education. These programs award either associate degrees or certificates upon completion. In 2004/05, 189 students were enrolled in teacher education and 80% of these were female and 20% male. Most programs require basic courses in child and adolescent development. However, there is only one elective course offered in the special needs area and approximately 25 students a year take this course.

It should also be noted that in 2002, Lynchburg College, Virginia, USA established a program to increase the education and training of special education teachers in Saint Lucia. In 2006, Lynchburg College (LC) reported:

Most of St. Lucia's special education teachers had two-year degrees, often with no training in special education. Thanks to the partnership with LC, that has changed. On August 6, 2006, the first 40 teachers (more than half of the island's special education teachers) completed 27 credit hours, giving them a third year toward a bachelor's degree and a chance for a raise. The teachers earned their credits through three courses during each of the summers of 2004-2006 in which Lynchburg College provided professors to teach the classes (Lynchburg College Office of Public Relations, 2006).

Over the three year period there was no attrition. All 40 students completed the three courses and four students chose to go on to complete their Bachelor degrees, as well as another three to complete a Master's degree at Lynchburg College in Virginia.

As an outgrowth of the St. Lucia-Lynchburg College Special Education Partnership, the College was invited to respond to a request for proposals from the Ministry of Education and the World Bank for the design and implementation of a graduate program for school counselors. Lynchburg College submitted our initial proposal in Summer 2005, provided further information in the fall, and was selected to offer the program in December 2005. Subsequently, a total of 26 individuals from St. Lucia who either were currently school counselors or are aspiring to such positions were nominated by the Ministry of Education, accepted into the program, and began their studies in March 2006. As of June 2007, a total of eight

courses have been completed (24 semester hours) toward the M.Ed. degree in Educational Guidance and Counseling Services. Additional coursework will be offered this fall with program completion slated for January 2008. (Draft document received from Dr. Ed Polloway, June 28, 2007).

### 3.2.7 Skills Training

The National Skills Development Center (NSDC) provides both soft skills and technical/vocational courses. The number of persons trained at NSDC in 2004/05 was 739.

### 3.2.8 National Enrichment and Learning Program

The National Enrichment and Learning Program (NELP) had 15 centers during the 2004/05 academic year with a total enrolment of 1,413. The primary objectives of NELP are to:

1. Provide numeracy, literacy, Kweyol and continuing education to adults to enhance their capacity for self-reliant activities so that they can contribute more effectively to national development;
2. Promote skills training opportunities that will enable the learners to lead more productive lives;
3. Enhance the potential of the disadvantaged and marginalized individuals in the various communities so that they can contribute to their individual development and that of their families, communities and the wider society;
4. Promote self-esteem and self worth; and
5. Instil in learners a greater sense of national pride and national consciousness.

NELP offers courses in three categories: Academic subjects, which form the core of the program; Technical Vocational; and Enrichment Programs. The Core component consists of Basic Literacy, Numeracy and Kweyol, Pre CXC and CXC courses. The technical vocational component provides participation with an opportunity to acquire employable, marketable and specific skills. The enrichment component consists of optional courses that reflect participants' interests and personal development needs.

### 3.2.9 Private Education

The private primary schools on the island are listed as follows: Labayee SDA; Mon SDA; Castries SDA; Tapion; the Montessori Center; Bontierre; and Educare.

There were a total of 608 students enrolled in the schools in 2004/05 and there were 49 teachers all of whom were female. The teacher/pupil ratio was 1:16 in 2004/05.

In 2004/05 there were three private secondary schools on the island including: SDA Academy, Girls Vocational, and International Secondary School. SDA Academy and Girls Vocational had a combined enrolment of 234 students. There were 23 teachers, 78% of whom were female, with the teacher/student ratio at 1:10.

The Center for Adolescent Rehabilitation and Education (CARE) provides training in a number of skills including technical/vocational courses, as well as academic courses. Programs run for a duration of two years. In the 2004/05 academic year, there were 318 students, 34% of whom were female and the teacher/student ratio was 1:11. A site visit was conducted at one of the centres and we were very impressed with the facility, staff, and students.

### 3.2.10 Health and Family Life Education (HFLE)<sup>5</sup>

HFLE is a comprehensive, life skills-based program for students aged 9-14, which focuses on the development of the whole person. The main thrust of HFLE is to improve human development and the quality of life. Therefore, the promotion of Health and Wellness underpins the entire HFLE curriculum. This approach is based on the premise that health is a product of the choices made at the levels of the individual, family, community and nation, and that health is not an end in itself, but a resource for living and development.

The content is organized around four themes. Standards and core outcomes have been developed for each of these themes. This thematic approach marks a departure from the traditional topic-centered organization of curricula. For example, the use of alcohol and drugs, as well as premature sexual activity represent maladaptive responses to coping with poor self-worth, boredom, failure, isolation, hopelessness, and fragmented relationships. The thematic approach, therefore, addresses the complexity and connectedness between the various concepts and ideas, goals, components and standards, which are associated with attitude and behaviour change.

The four thematic areas are as follows:

- Self and Interpersonal Relationships;
- Sexuality and Sexual Health;
- Eating and Fitness; and
- Managing the Environment.

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<sup>5</sup> This section summarizes information from Health and Family Life Education, Regional Curriculum Framework.

While HFLE is a comprehensive and well developed curriculum, there appear to be problems with its implementation. Key informants have indicated that the Ministry of Education has officially indicated to principals of schools that HFLE should be taught as a core subject given its importance as a child protection strategy. Thus, HFLE is being included in the school timetables; however, the major challenge to offering this course is finding staff who are qualified and capable to teaching this subject. Since there is no academic certification in HFLE, it is not treated as a priority and few HFLE specialist teachers are assigned to teach the course. As a result, HFLE classes are often delivered by teachers who are assigned to HFLE because they do not have a full quota of teaching periods. These teachers often lack the knowledge and experience in teaching life skills, have only limited capacity in using interactive methodology, and as well, often do not have the teaching materials to facilitate the delivery of HFLE.

### 3.2.11 Issues Identified

A number of issues relevant to the Ministry of Education were raised in the focus groups, stakeholders and children and documents. These issues and concerns are summarized as follows:

- **Universal Secondary Education:** This initiative has provided universal placements but not universal education. Concern was expressed that this system could lead to a hierarchy of secondary schools where students who do not pass the CEE are placed in specific secondary schools.
- **Common Entrance Examinations (CEE):** Historically, these exams have been used to assign students to secondary schools. This was a highly competitive and controversial process due to the limited number of secondary spaces relative to the number of students who took the examinations. In the Caribbean Youth Health Survey (2000), 76% of the students indicated they worried a lot about passing this exam (see Appendix D, Table D-14).
- **Vocational Schools:** Both the children and the stakeholders indicated a significant need for vocational schools in Saint Lucia and the fear that the Universal Secondary Education Initiative might emphasize academic schools too much.
- **School Maintenance:** Many of the students in the focus groups indicated the need for new furniture in the schools, painting, and fixing toilets.
- **Sports Equipment:** Both students and teachers indicated the need for basic sports equipment.
- **Feeding Programs:** Students indicated the need for feeding programs, particularly in secondary schools. Some said: "It's hard to learn when you're hungry."

- **Early Childhood Education:** A number of the stakeholders felt that daycare and preschools should be integrated with the primary schools. Further, they felt daycare staff need more training.
- **Corporal Punishment:** Many stakeholders in the focus groups felt that the sanctioned use of physical punishment in the schools was inappropriate.
- **Untrained Teachers:** A significant percentage of teachers (i.e., approximately 20% (n=approximately 200) of primary school teachers and 40% (n=approximately 300) of secondary school teachers) have not completed a recognized program in teacher education.
- **Health and Family Life Education:** While the HFLE curriculum, which is briefly described above is comprehensive, it does not appear to be very effective given the high levels of risk behaviours (particularly sexual activity) reported by students and discussed earlier in this report. Some question whether the teachers responsible for this course were adequately prepared and comfortable in teaching the class – particularly the sexuality and sex health component.
- **School Counsellors:** Having School Counsellors in the secondary schools began in 2004. Currently there are a total of 23 counsellors, one for each of the secondary schools. Most School Counsellors are former teachers, only a few have clinical or social work backgrounds. In addition to supervising the School Counsellors, supervisors also cover primary school (up to five per supervisor). The School Counsellors coordinator position has never been filled.

The counsellors also develop and influence programs such as the parenting program. The school counsellor focus groups raised a number of issues including the following:

1. the need to have more Family Case Workers so that home visits, in response to reports of child abuse, can be conducted in a timely fashion;
2. the need for special programs for students who are suspended;
3. the need for in-service training in the recognition and response to learning deficits; and
4. there is a need for resources (e.g., course materials, videos) to properly implement the parenting programs.

### **3.3 Ministry of Health<sup>6</sup>**

The provision of health services in Saint Lucia is guided by the policies developed by the Ministry of Health and the regulations and provisions contained in a

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<sup>6</sup> This section summarizes information from: Report of the Chief Medical Officer, St. Lucia 2001-2002, Ministry of Health.

number of *Acts*. Ten relevant *Acts* have mandated provisions for the administration of health services and the enforcement of regulations governing issues in the environment, drugs, and food safety.

### 3.3.1 Infrastructure of Services

There are currently three Acute General Hospitals which provide: outpatient services; inpatient services (292 beds); and support services such as x-ray, ultrasound, and laboratory services. There is one psychiatric hospital which provides inpatient care for psychiatric patients (162 beds) and outpatient psychiatric clinics. A new psychiatric hospital is currently being built by the Chinese government for the government of Saint Lucia. There are also two district hospitals which provide inpatient care (53 beds), intermediate level care for the chronic/non-acute cases and primary health care services. At the community level, there are 32 health centres which provide outpatient medical clinics for general morbidity and specialist clinics for psychiatric, obstetrics/gynecology, paediatrics, dental services and other disciplines. In addition to the above, child health clinics are located at all of the health centers and the district hospitals in Saint Lucia. These child health clinics provide maternal and child health (MCH) services including antenatal, intranatal and postnatal care, family planning, childhood vaccinations, health, and nutritional education.

### 3.3.2 Child Health

Some of the specific services offered at the 32 child health clinics include:

- Assessments of children at eight months, three years, and five years which include physical, psychosocial, and cognitive aspects of child development, audiological and optical evaluations;
- Immunization of children against disease which is under the Expanded Program of Immunization (EPI);
- Counselling, demonstrations, talks and other health promotion activities; and
- Referrals to other levels of service or care.

According to the Chief Medical Officer (CMO) Report 2001-2002, from 1998 to 2002 the number of sessions increased from 1,866 to 2,016, and new registrations decreased slightly from 1,335 to 1,296. The percentage of live births increased from 44% to 49% (see Appendix D, Table D-15).

Infant mortality is below the target of 30 per 1,000 set by the World Health Organization for the Caribbean. The principal causes of child mortality are prenatal causes (71%) of which stillbirths comprise 55% to 60% and congenital anomalies comprise 12%. Low birth weight is considered a major risk factor with respect to child survival, and low birth weight babies have ranged from 9% to 12% of total births every year since 1991. The percentage of low birth weight babies among teen mothers was consistently higher.

Acute respiratory infections have the highest incidence among children less than five years old. Accidents accounted for 34% of all deaths in children under five years old in 2001, and 19% in 2002. Exposure to smoke, fire and flames accounted for 23% of the deaths over a five-year period from 1998 to 2002. HIV-related infections were the second highest cause of death at 11.4%.

### 3.3.3 National Child & Adolescent Health Program (C&AH)<sup>7</sup>

**VISION STATEMENT:** *Healthy children ensuring a healthy nation for the future.*

**MISSION STATEMENT:** *to ensure, by incorporating their needs and wishes, unified and consistent planning and delivery of all services which promote and improve the health of children and young people in St. Lucia; to lead the way in the development of national standards and guidelines to achieve this objective; and to coordinate and monitor the delivery of these services.*

One of the 12 Priority Health Area programs through which the Ministry of Health's new National Health Strategic Plan 2006-2011: "*Quality Health Care for Life*" is envisioned. Other PHA's – *Communicable diseases; Non-communicable diseases; Sexual & Reproductive Health; Environmental Health; Oral Health; Emergency Medical Services; Mental Health & Substance Abuse; Food & Nutrition; Violence & Injuries; Eye Health & Disabilities and Social Protection.*

The C&AH program is coordinated locally through a service hub provided by a network of specialist Community Child Health Service clinics in each region, run by the Community Pediatrician and the Community nursing service. Its implementation is overseen by a national multi-disciplinary management team representative of all agencies working with children and families: C&AH Program Manager; Hospital teams; Social support services; Legal/Enforcement services; Educational services; Pre-school/Day care Services; Bureau of Health Promotion; Users – Patients, family, community; NGO's; Private sector; Regional & International partners.

In addition to the schedule of specialist clinics, the child health service also includes other networked child health activities:

- Routine "Well-Baby" care provided by Community nurses in each region for growth and development monitoring, nutritional counseling and immunizations.

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<sup>7</sup> Please note: Section 3.3.3 was prepared by Dr. Jacqueline Bird, Community Pediatrician, Coordinator, Child & Adolescent Health Program, Ministry of Health, Saint Lucia.

- School Health Program – school entrants and leavers growth and developmental assessment and immunizations – Community Nursing Service.
- Developmental Assess/Intervention/Staff training – Child Development & Guidance Centre.
- Community-Based Multi-disabled Care – CBR Multi-disciplinary Team.
- Special Education Needs Assessment – Min of Ed Multi-disciplinary Team.
- HIV/AIDS Paediatric Clinical Team service.
- Sickle Cell disease community outreach service.
- Kids in Custody/Care clinic – Boys Training Center/Upton Gardens/Holy Family.
- Specialist Cardiac & Neuro-muscular local and/or overseas support services.
- Paeds Accident & Emergency Room service – in development.

#### 3.3.4 Special Initiatives

One recent initiative being spearheaded by paediatrician Dr. Jacqueline Bird involves the use of a team of medical professionals who attempt to diagnose situations early. The Saint Lucia Child Health Passport is a standardized instrument that has been developed to facilitate measuring and tracking the development of infants and children in order to provide valuable information for early diagnosis by the medical team. This standardized instrument is filled out at six weeks, eight months, three years, and five years. The goal of this project is to facilitate universal screening of all children born in Saint Lucia and to maximize the effectiveness and efficiency of the services that could be made available to infants and children if they need them.

Another initiative which is related to the Saint Lucia Child Health Passport is the Child Development and Guidance Center (CDGC), founded by Dr. Brigitte Schüling, a paediatrician and physiotherapist specializing in developmental assessments. The Child Development and Guidance Center was founded in 1998 and is a non-government organization which has been dependent on fund raising activities from Germany. The mission of this organization is to provide early health care intervention to assist children in developing to their fullest potential. This is achieved by investing in early diagnosis, therapy, and counselling, thereby enhancing access to education. Services are offered to children from birth to 16 years old by a multi-disciplinary team of professionals which includes a paediatrician, a physiotherapist, speech and language therapist, and an occupational therapist. The center is located on the Dunnator school

premises and provides services for children, as well as training programs for nurses and community health aides. This is the only facility that provides this type of service to the children of Saint Lucia.

### 3.3.5 Health Care Utilization by Adolescents

The Caribbean Youth Health Survey: St. Lucia (2000) provides us with some general information on students' (aged 10 to 19) access to and use of health care services in Saint Lucia. First, the institutions of choice for teens seeking medical care were almost equally divided between public clinics (28%), the hospitals (29%), and private doctors (28%). Within two years prior to the survey 1 out of 3 students had made a visit for routine checkups or physical examinations, 4 out of 10 had seen a dentist and approximately 3 out of 10 had their eyes checked. In addition, approximately 13% had been checked for problems related to their hearing, 9% had received counselling or some other type of mental health-related service, and a few, less than 1%, reported that they went to a traditional healer, herbalist, bush doctor or obeah man to get medical care. For female students, almost 18% had received at least one vaginal or pelvic examination in their lifetime (see Appendix D, Table D-16).

### 3.3.6 Issues Identified

Interestingly, there were fewer concerns expressed about health care than there were concerning services from the other sectors. This is consistent with the findings of the Child Vulnerability Report (2005, p. 112), which indicated "it appears caregivers are nowhere near as concerned about health care as they are about education...." The few concerns that were raised or identified are listed below:

- **Early Screening and Diagnosis:** A number of stakeholders praised the work of Dr. Bird and Dr. Schüling briefly discussed above. There is a clear recognition of the benefits of the unique services provided by the Child Development and Guidance Center, but there are concerns about their sustainability.
- **Respite Care:** Concerns were raised about the lack of respite care for the severely handicapped.

## 3.4 **Family Court<sup>8</sup>**

Historically, family matters requiring a court hearing were assigned to the High Court one day per month and were heard in the same environment as criminal matters. Families in crisis, juveniles and young children were exposed to the same scrutiny as occurred in criminal matters. The concept of the Family Court was first conceived in 1979 at a workshop for Women and Rights of the Child. This was followed by the passing of the Family Court Act in 1994. Finally in July 1997, the Family Court, as part of the District Court, began hearing cases. Currently, the Family Court has island-wide jurisdiction and therefore sits at the Second District in Vieux-Fort every Thursday.

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<sup>8</sup> This section is summarized from draft documents provided by the Director, Family Court.

### 3.4.1 Goals and Objectives

The goals and objectives of the Family Court are as follows:

- to provide a comfortable legal and therapeutic environment for individuals, families and children within the court system;
- to provide an effective and efficient case management system of intake interviews in matters coming before the Court and/or referral to assist individuals and families in resolving their problems;
- to examine cases on their own merit taking into consideration family dynamics, relationships and social situations, thus enabling the Court to arrive at its decision;
- to enforce the laws of the land;
- to offer individual and group counseling programs for clients referred to the Social Support Section by the Court, in order to effect positive attitude and behavioral changes;
- to assist clients with mediation and consent agreements; and
- to network with other social service agencies and institutions.

### 3.4.2 Legal Jurisdiction

The Family Court is a Magistrates Court which deals with matters under the following legislation:

- Children and Young Persons Act 1972;
- Separation and Maintenance Ordinance 1956;
- Domestic Violence Act 1995;
- Affiliation Ordinance 1955; and
- Attachment of Earnings 1996.

The types of matters dealt with under the above legislation include the following: domestic violence; child maintenance; child custody, access and visitation; care and protection of children; spousal maintenance; and offending by young person.

### 3.4.3 Social Support Section

The Social Support Section of the court is unique. Through social work intervention, this section provides the legal process with an insight into the family and

social dynamics that impact the individuals involved. For example, the court may order counseling which is provided by professionally trained staff of the Social Support Section. The counseling programs available include individual, family, couples and group therapeutic approaches. Social workers in this section also conduct investigations for cases relating to child custody, maintenance and domestic violence. Further mediation services are also provided, particularly in cases involving disputes regarding visitation or access to children by parents.

#### 3.4.4 Issues Identified

A number of issues relevant to the Family Court were raised in interviews with key informants or were identified in the review of documents. These issues and concerns are summarized as follows:

- Court Reform: A number of stakeholders mentioned the need for reform and rationalization of the Family Court system by the adoption and implementation of a Unified Family Court model;
- Property Issues: Currently, disputes regarding property in divorce or separation cases can only be settled by the High Court;
- Diversion: There is a need to divert more cases from the courts through the use of mediation or other alternative dispute resolution mechanisms;
- Legislative Reform: There is a need for legislative reform in matters dealing with family and children issues;
- Case Records and Management Information: There is an urgent need to develop and implement a computerized Management Information System (MIS) which would facilitate the tracking of individual case records as well as general case management.

### 3.5 **Juvenile Justice System**

As indicated in Section 1.5 of this report, we adopted the *United Nations Convention on the Rights of the Child* definition of a child as being “every human being below the age of 18 years.” As we noted, this age definition is not consistent with the legislation of Saint Lucia. For the purpose of juvenile justice, the *Children and Young Persons Act 1972* in Section 2 defines “child” as a person under the age of 12 years; “juvenile” is defined as a person under the age of 16 years; and, “young person” is defined as a person who has attained the age of 12 years and is under the age of 16 years.

#### 3.5.1 Rates of Offending

As indicated in Section 2.1 of this report, it is difficult if not impossible to conduct a valid and reliable analysis of rates of crime committed by young persons over time in Saint Lucia. The only data available were the Family Court intake data, which provided

the number of new cases lodged over time (see Table D-4). These data have a number of limitations: they reflect the number of cases at intake only; they do not track case outcomes; they include cases of “care and protection” which would not usually involve an offence; and, there is no management information system (MIS) for the systematic collection and reporting of accurate case information. Given the limitations, however, it does appear that there has been an overall increase in the number of cases lodged by the Family Court, since the intake of new cases has doubled from 1998 to 2004. Further, review of court documents and information suggests the overall increases are due primarily to increases in the number of cases involving assaultive behaviour, weapons charges, threats, and stealing/robbery. There is also some indication that the number of juvenile female offenders is also increasing.

### 3.5.2 Response to Offending

When a juvenile has been found guilty of any summary offence before a juvenile court (in this situation the Family Court), that court under Section 16 of the *Children and Young Persons Act 1972* (Rev 2001), may:

- (a) make an order under the *Probation Act*;
- (b) place the offender, either in addition to or without making any other order under this section for a specified period not exceeding 3 years, under the supervision of a probation officer;
- (c) commit the offender to the care of any person, whether a relative or not, who is willing to undertake the care of him or her;
- (d) order the parent or guardian of the offender to enter into recognizance for the good behaviour of such offender and in appropriate cases to pay a fine or compensation;
- (e) commit the juvenile to be detained in a Government Industrial School; and
- (f) order the juvenile to pursue a course of instruction at a government training school for a stated period.

It also should be noted that under Section 17(1) of the *Child and Young Persons Act 1972* (Rev 2001), there are special provisions relating to probation which indicate that:

Where a juvenile has been placed under the supervision of a probation officer, that officer shall, while the order remains in force, visit, advise and befriend him or her and, when necessary, endeavour to find him or her suitable employment, and may, if it appears necessary in his or her interest so to do, at any time while the order remains in force and he or she is under the age of 16 years, bring him or her before a juvenile court, and that court may, if it thinks it is desirable in his or her interest so to do,

commit him or her to the care of a fit person, whether a relative or not, who is willing to undertake the care of him or her.

Under Section 23(10) of the *Children and Young Persons Act 1972* (Rev 2001), any child or young person charged with an indictable offence and tried by a juvenile court under the provision of this section may, in lieu of or in addition to any other punishment, be sentenced to pay a fine not exceeding \$50, or to pay compensation or, if a young person, to be detained at the Government Industrial School for any term not exceeding three years. The court is now also empowered under Section 1157 of the *Criminal Code* (2004) to release the offender on probation instead of sentencing the offender to imprisonment, when the offence for which a sentence is not “fixed by law” and the court is of the opinion that having regard to the circumstances including the nature of the offence and the character of the offender, it is expedient to do so.

### 3.5.3 Boys Training Center (BTC)

As indicated in Section 3.1.1 above, the residential care facility for boys aged 12 to 18 in need of protection is the Boys Training Center (BTC). The BTC was established in 1976 to deal with the prevention of deviant crimes by boys. It now serves the purposes of providing residential care for boys in need of protection, as well as remand and detention placements for young persons who offend. Singh and Porter (2006) conducted a detailed review of the BTC in the spring and summer of 2006. At that time, there were 22 children at the BTC ranging in age from 10 years to 17 years. Of these boys, 12 were in need of care and protection and 10 were either convicted or on remand. From January to May 2006, 46 boys absconded from the BTC. During this same period of time, only one boy attended school. The offences committed by those on remand or convicted were most frequently stealing (7), robbery (3), or murder (4) (2006, page 21).

As Singh and Porter (2006) indicated in their report:

The Boys Training Center is the only governmental residential facility for boys, most of whom have been given Detention Orders by the courts for offending. It also houses offenders who exhibit deviant behaviour and children who are in need of care and protection. This is so because legislation provides that this category of children can be held in a Government Training School (s.16(1)(e) of the *Children and Young Offenders Act Persons Act 1972*). The center also provides accommodation for boys on remand awaiting the outcome of their cases. It can therefore be called an all purpose institution, housing boys from 10 to 18 years old. The School has been in operation for 43 years...(p. 21)

There is a high level of absenteeism and of personnel showing up late for work. This is a major problem since the total complement of employees assigned to a particular shift, does not show up for work. Absenteeism, coupled with a lack of proper briefing when changing shifts, could pose serious problems in cases of emergencies... (p. 22)

There are two punishment units at the institution. The cells are so small that they can barely hold a mattress on the floor. During our visit on May 13<sup>th</sup>, the juvenile who was being punished was fast asleep at nine o'clock in the morning. The sleeping accommodation is in two dormitories located on the second floor of the building. There is a toilet and a shower located outside of the dormitories for the boys to use at night. There is one shower on the lower floor and three toilets...

There is no other furnishing in the dormitories. There is a space for a small bedside cupboard where they can keep their personal things, but the boys are only entitled to a locker which is located in a room downstairs...

The building is very old and unfit for habitation.

Singh and Porter (2006) highlight a number of additional shocking findings including:

- There is no separation of the different categories of offenders and children in need of protection. There are two dormitories where all the boys sleep.
- Boys with mental health problems are taken to the Golden Hope Psychiatric Unit, but they are stigmatized on their return.
- Residents were not being medically examined upon their admission to the institution.
- The committee to conduct inspections and respond to complaints is not in place.
- There are no planned programs for social rehabilitation and/or recreational activity.
- At the time of the consultants' visit, only one out of 25 boys was attending school in the community.

#### 3.5.4 Probation

As indicated above, probation and supervision orders are one possible response to a conviction of a young person under the *Children and Young Persons Act 1972* and the *Criminal Code* (2004). The Unit of Probation and Parole Services is responsible for both probation of adults and juveniles and parole, however, parole services have not yet been implemented. Singh and Porter (2006, page 25) have indicated that Probation Services is short-staffed with only five officers in the north of the island and two officers in the South.

Statistics provided by Probation Services indicate that the current total probation population is estimated to be 200 which includes 169 adults and 31 juveniles. It appears that a number of cases receiving probation as a disposition is increasing for both juveniles and adults. In the year 2006 there were 21 new cases of juveniles

receiving probation compared to 16 in the year 2002. In terms of young adults (aged 16 to 19) they increased from 15 in 2002 to 24 in 2006.

### 3.5.5 Issues Identified

A number of issues relevant to dealing with juvenile and young persons who offend were raised in the focus groups, stakeholders and children, and in the various documents reviewed. These issues and concerns are summarized as follows:

- Closure of the BTC: It is an understatement to indicate that there are serious concerns about the BTC. Of all the issues raised in this review, the BTC is certainly one of the greatest. The facility is not secure nor habitable and neither protects the public nor does it protect the children who are residents.
- Legislative Reform: There are serious concerns about the *Children And Young Persons Act 1972*. It is outdated and does not adequately deal with either child protection or juvenile offending.
- Female Offenders: The concern has been raised that there is no secure facility for female young persons who commit serious offences.
- Probation Services: Concerns were raised about whether probation services for juveniles should be the same as adult probation services. It has been suggested that juvenile probation should be separate from adult probation and it should involve a more intensive and restorative approach.

### 3.5.6 A Final Comment on the BTC

As we were completing this report, the following article was published on the Star on-line website, April 6, 2007:

#### **Cops shoot wanted 15-year-old!**

\*By Vina Frederick\*

Let's begin by going backward. Remember our story featured on February 3, 2007 entitled, "A 15-year-old Cries for Help?" We referred to the story's central figure as "Nomad," not his real name. He was still a juvenile and entitled to special protection, including protection of his identity. Last week, however, his real name was all over local TV thanks to a Wanted bulletin issued by the police.

On Tuesday, about 9:20pm, police operatives acting on a tip-off cornered Nomad in an unfinished house at Leslie Land. According to our source, he tried to flee, at which point the police opened fire. A bullet struck the boy (he turned 16 last month) near one ear and exited through the top of his eyebrow. He is currently in intensive care at the Victoria Hospital.

In the article on February 3, we featured a letter written by Nomad to a friend. It read in part: "Life has never been easy on these streets especially for me. I never expected to be such a menace to society. I have three brothers and one sister. I cannot be much of a brother to them right now because of the things I do. Everyone I know, even my family members, have turned their backs on me. My mother, on the other hand, has been trying but yet still I bring tears to her eyes. I really want to stop these negative acts and move on with my life because all this loneliness is getting a bit frustrating."

"All I want is a chance to continue my education and some help with this major smoking problem. I have been to the Boys Training Centre on so many occasions. In fact, I am supposed to be there right now but I absconded because I am regularly ill-treated and confined in the same cell area where a young man burned to death. That is not the kind of help that I need. Someone, please help me. I cannot live my life this way anymore."

He had been an inmate of the Boys Training Centre since 2004. He had absconded on August 2, 2006 but was later caught by police, kept at Marchand Police station and then returned to BTC. The 16-year-old has been involved in a series of burglary offenses. When he last absconded he was on remand awaiting his re-appearance before the courts to answer burglary charges.

An officer involved in Tuesday's incident spoke with the STAR. He said: "We sent him back to school. We brought him for counseling. He was sent to Corinth secondary. He was going to be expelled but police officers went to speak to the principal and informed him of the young man's situation and so the school took him back but he got into more trouble. They had no other choice but to expel him."

When asked about the boy's mother the officer said: "She does not care. The only thing is that when we catch him she brings clothes and food, and that's about it. We even had to arrest her once because she had to come to court with him but didn't." An official who asked not to be identified said he is convinced the boy has "mental health issues". He said the island is in desperate need of resources to deal with situations like this boy's. As we go to press the circumstances surrounding what led to the shooting still remain sketchy. Meanwhile, at least one lawyer has suggested the police acted illegally when they featured the 16-year-old as a wanted man on TV.

Posted on Friday, April 06, 2007 (Archived on Friday, April 13, 2007)

### **3.6 Legislation and Administration of Justice**

There are a number of areas of legislation which could affect the definition of and response to the risk factors, issues, and concerns that were raised in the previous sections of this report. It would be far beyond the mandate of this current report to provide a detailed analysis of legislative reform in these various areas. However, we have reviewed a number of draft bills prepared for the Organisation of Eastern Caribbean States (OECS) member states, and feel that serious consideration should be given to these bills, particularly those dealing with juvenile justice and child protection since these areas are currently not adequately covered by legislation in Saint Lucia. We understand that these bills have been through an initial consultation phase and are currently being prepared for submission to cabinet. Passage of these bills would be a considerable milestone for Saint Lucia. The bills include the following:

- Draft Juvenile Justice Bill (we would recommend major revisions to this Bill);
- Draft Child Care and Adoption Bill;
- Draft Status of Children Bill;
- Draft Domestic Violence Bill.

### 3.6.1 Issues Identified

There were a number of comments and concerns discussed in the various focus groups of stakeholders that fall under the general heading of legislation/administration of justice. These are listed below:

- **Legislative Reform:** It seems to be the general perception and concern among a number of the stakeholders that there is an urgent need for legislative reform in all areas dealing with family and children issues.
- **Age of Criminal Accountability:** A number of stakeholders raised the issue that the current definition of a young person under the *Children's and Young Persons Act* as "a person under the age of 16 years" is not consistent with the United Nations Convention on the Rights of the Child.
- **Legal Representation:** Currently, there is no mechanism for guaranteeing legal representation of children under 18 who are accused of offending.
- **Section 119 of the *Criminal Code* (2004):** This section of the *Criminal Code* (2004) is too limited. It should be amended to protect all children under the age of 18 and should cover all forms of abuse.
- **Awareness and capacity to recognize and deal with child maltreatment, domestic violence and learning and behavioural difficulties** is limited among many professionals who deal with children, including social workers, foster carers, teachers, and especially among police, probation officers, judges and lawyers.
- **Police Training:** A number of the stakeholders raised the issue of the need for special training for police in areas related to child sexual abuse, domestic violence, and juvenile offenders.
- **Special Facilities for Interviewing Child Victims:** A number of stakeholders raised the issue that there is a need for a soft room which is specially constructed to facilitate interviewing child victims in a manner which provides for videotaping and minimizes the trauma to the child.

## 3.7 **Summary**

The information in this chapter suggests that the areas of health and education have been developing and moving forward. In contrast, however, the child protection

infrastructure and the juvenile justice system have been neglected for decades. Children at risk for being in need of protection, for being victimized sexually or physically, and children who offend (often because they have been subject to exploitation and harm) have been ignored despite the signing of the United Nations Convention on the Rights of Child in 1993. The information presented above points out that the safety net for children is significantly limited particularly in the areas of child protection and juvenile justice, but also in broader areas which involve the early recognition of the needs of children and their development.

More specifically, in Section 3.1 above, we quoted the conclusions of the National Health Strategic Plan: Social Protection Report (2005) in its review of the Division of Human Services and Family Affairs. Regarding organizational issues the report points out:

Poor interagency collaboration is a major problem facing the Division. It results in duplication of information and roles by other agencies.

While we would agree that this is certainly a fair conclusion regarding the Division of Human Services, we feel that the issue is not owned by the division alone, we would conclude the following:

- Poor interagency collaboration is a larger overriding issue which involves all the governmental departments dealing with children, as well as the NGOs who provide advocacy and services for families and children.
- There is an urgent need for coordination and cooperation in developing a rational, effective, and efficient response to the needs of children and families in Saint Lucia. This can only occur if there is open communication and planning on the part of all of those concerned.
- New initiatives should not be implemented without consideration of the context and framework.
- An overall strategy must be developed which is based upon the participatory planning of relevant government and non-governmental sectors.

A first step in this process would be the development of interagency protocols for dealing with specific issues relevant to children. A good example of this type of protocol would be the draft Protocol for the Management of Child Abuse and Neglect in Saint Lucia. Another initiative that we are aware of is the work being done on an interagency protocol for investigating and processing child sexual abuse cases. Finally, the National Action Child Protection Council (NACPC) should be formalized.

## **4.0 STRATEGY FOR ADDRESSING THE ISSUES**

As indicated in Section 1.1 of this report, the overall objective of this project is to develop a proposal to be submitted to the Caribbean Development Bank (CDB) which focuses on providing expanded and high quality services to children and their families, particularly those at risk of becoming victims of violent behaviour or at risk of committing violent crimes. To aid in accomplishing this objective, in this section of the report we summarize the risk factors and safety-net issues; identify broad guidelines for a strategy; identify relevant current government initiatives; and propose a strategy for addressing the key child protection and prevention issues, as well as juvenile justice issues. This chapter, then, provides the basis for the specific proposal contained in the Volume II report.

### **4.1 Summary of Issues to be Addressed**

As we summarize the issues to be addressed which have been presented in detail in Chapters 2.0 and 3.0 of this report, it is important to not lose sight of the many positive accomplishments and strengths regarding services for children and families in Saint Lucia. As Chapter 3.0 of this report indicates, many services, particularly in the area of health and education, are excellent. For example, the 32 health centres and associated child health clinics are an excellent service at the community level. In addition, the expanded program of immunization has also been a success, as well as the innovative Child Health Assessment and the Child Development and Guidance Centre. In the area of child care and education, the daycare and pre-school system provides excellent services at reasonable costs. Further, the universal secondary education initiative – while not without some concerns – is a good step forward.

Unfortunately, as pointed out in the previous chapter, while the areas of health and education have been developing and moving forward, the child protection infrastructure and the juvenile justice system have been neglected for decades. Children at risk for being in need of protection, for being victimized sexually or physically, and children who offend (often because they have been subject to exploitation and harm) have been ignored despite the signing of the United Nations Convention on the Rights of the Child in 1993. Thus, as Chapter 3.0 points out that the safety net for children is significantly limited particularly in the areas of child protection and juvenile justice, but also in broader areas which involve the early recognition of the needs of children and their development. In Table 4.1, we summarize the risk factors and safety-net issues discussed under the following general areas:

1. Protection issues related to children in need of care and protection;
2. Protection issues related to children who offend; and
3. Prevention of child maltreatment and crimes committed by children.
4. Promotion of the well being of children through maximizing child development.

**Table 4.1  
Protection, Prevention and Developmental Issues Identified**

Protection		Prevention of Child Maltreatment and Crime	Development
Children in Need of Care and Protection	Children Who Offend		
<ul style="list-style-type: none"> <li>- high rates of child sexual abuse</li> <li>- lack of a safe residential placement for female children</li> <li>- male children in need of protection placed with offenders at Boys Training Centre (BTC)</li> <li>- lack of short-term transition service</li> <li>- lack of other community-based "safe houses" and "care homes" and/or expanded foster care services</li> <li>- lack of a family support system</li> <li>- lack of therapy and counseling for victims</li> <li>- lack of law reform related to children and families</li> <li>- lack of a coordinated interagency response</li> <li>- lack of protocols to guide interagency response</li> <li>- limited skill of social workers</li> <li>- lack of a data Management Information System (MIS)</li> </ul>	<ul style="list-style-type: none"> <li>- lack of a secure facility for female children who offend</li> <li>- lack of a facility to replace the Boys Training Centre (BTC)</li> <li>- need for legislation reform which is based on rehabilitation and restorative justice</li> <li>- lack of sentencing options such as diversion and community sentencing for children</li> <li>- age of legal responsibility for children should be extended to 18 years old</li> <li>- lack of legal representation</li> <li>- lack of in-service training for social workers and police who deal with child offenders</li> <li>- lack of a data Management Information System (MIS) for juvenile offenders</li> <li>- high levels of truancy and school dropouts</li> </ul>	<ul style="list-style-type: none"> <li>- cultural attitudes that support violence against children and youth (i.e., domestic violence, sexual abuse, and violent punishment)</li> <li>- lack of ability of professionals such as social workers, foster carers, teachers (untrained) as well as police, probation officers, and other officers of the court who deal with children to recognize and understand child maltreatment, and learning and behavioural difficulties</li> <li>- lack of a stable family structure for many children</li> <li>- high levels of neglect and abandonment of children due to parent migration and "child shifting"</li> <li>- lack of parenting skills training</li> <li>- high levels of child poverty</li> <li>- use of severe physical punishment by parents</li> <li>- children sexually active at a young age</li> <li>- high rates of teen pregnancies</li> <li>- high rates of teen substance abuse (alcohol)</li> </ul>	<ul style="list-style-type: none"> <li>- lack of professionals trained for early identification of disabilities and learning deficiencies</li> <li>- lack of occupational therapists, speech and language therapists, physiotherapists, and pediatricians</li> <li>- lack of skill and knowledge of teachers to identify needs and difficulties of students such as learning disabilities and learning difficulties</li> <li>- lack of effectiveness of the Health and Family Life Education (HFLE) course</li> <li>- teachers and other professionals not recognizing the needs of "difficult," at risk children and youth</li> </ul>

## 4.2 Guidelines for a Strategy

In 1993, the Government of Saint Lucia signed and ratified the UN Convention on the Rights of the Child and submitted its first report in 2005 to the UN Committee. The Committee responded with the publication of *Concluding Observations of the UN Committee on the Rights of the Child on St. Lucia's State Report* (submission date June 3, 2005).

The issues regarding the care and protection of the children of Saint Lucia listed above clearly indicate an urgent need to enhance the capacity of services for children and validate the concerns raised by the UN Committee. These concerns and recommendations should be used as a guide to the current response to the needs of children in Saint Lucia. The UN Committee recommendations are contained in Appendix E.

### 4.2.1 Guidelines for Prevention

The United Nations Secretary General's Report on Violence Against Children (October 2006), notes that many governments have undertaken extensive law reform efforts to address maltreatment. Unfortunately, at the same time these governments often make only minimal investments in policies and programs to document the epidemiology of child maltreatment, to carry out interventions to address underlying causes, and to monitor the impact of the interventions (World Health Organization, 2006, p. vii). To aid in developing a broader, more programmatic approach for preventing child maltreatment, the World Health Organization (WHO) and the International Society for Prevention of Child Abuse and Neglect (ISPCAN) published *Preventing Child Maltreatment: A Guide to Taking Action and Generating Evidence*. The purpose of this publication is to assist governments, NGOs, and international agencies to develop comprehensive approaches for preventing child maltreatment.

Table 4.2 contains information from this guidebook that is adapted to the situation in Saint Lucia in order to strengthen the preventative aspect of the overall strategy and the plan of action to follow.

**Table 4.2**  
**Strategies for Preventing Child Maltreatment and Crime Perpetrated**  
**by Children by Developmental Stage and Level of Influence<sup>1</sup>**

Level of Intervention	Developmental Stage			
	Infanthood (<3 years of age)	Childhood (3-11 years of age)	Adolescence (12-17 years of age)	Adulthood (=18 years of age)
Societal and Community	Implementing legal reform and human rights <ul style="list-style-type: none"> <li>• Translating the Convention on the Rights of the Child into national laws</li> <li>• Strengthening police and judicial systems</li> <li>• Promoting social, economic and cultural rights</li> </ul> Introducing beneficial social and economic policies <ul style="list-style-type: none"> <li>• Providing early childhood education and care</li> <li>• Ensuring universal primary and secondary education</li> <li>• Taking measures to reduce unemployment and mitigate its adverse consequences</li> <li>• Investing in good social protection systems</li> </ul> Changing cultural and social norms <ul style="list-style-type: none"> <li>• Changing cultural and social norms that support violence against children and adults</li> </ul> Reducing economic inequalities <ul style="list-style-type: none"> <li>• Tackling poverty</li> <li>• Reducing income and gender inequalities</li> </ul> Environmental risk factor reduction <ul style="list-style-type: none"> <li>• Reducing the availability of alcohol</li> <li>• Monitoring levels of lead and removing environmental toxins</li> </ul>			Shelters and crisis centres for battered women and their children Training health care professionals to identify and refer adult survivors of child maltreatment
Relationship	Home visitation programs Training in parenting	Training in parenting	Build self achievement through mentoring program and organized sports <sup>2</sup>	
Individual	Reducing unintended pregnancies Early screening and assessments for disabilities <sup>2</sup> Increasing access to prenatal and postnatal services	Training children to recognize and avoid potentially abusive situations	Reduce truancy and drop outs <sup>2</sup>	

<sup>1</sup> This table is adapted from Table 3.1 of *Preventing Child Maltreatment: A Guide to Taking Action and Generating Evidence*, WHO, 2006.

<sup>2</sup> These areas have been added by the authors.

### 4.3 Summary of Concurrent Government Initiatives

As indicated in Chapter 3.0 of this report, there are a number of activities and initiatives that the Government of Saint Lucia (GOSL) has recently undertaken that are related to the current child development project and any proposal for further enhancement of services for children needs to be based on the assumption that concurrent activities of the GOSL will be carried out. Table 4.3 lists these initiatives with associated recommendations from the current study team. Please note that these initiatives are consistent with the recommendations of the UN Committee report (see Appendix E).

**Table 4.3**  
**Action Plan: Concurrent Government Initiatives**

Initiative	Recommendation
OECS Legislation Reform • Draft Juvenile Justice Bill • Draft Child Care and Adoption Bill • Draft Status of Children Bill • Draft Domestic Violence Bill	Complete consultation and pass as soon as possible.
Restructuring of the Division of Human Services and Family Affairs.	This has been approved but requires immediate implementation.
Draft protocol for the management of child abuse and neglect.	There is an urgent need to pass this.
Development of a protocol for the investigation of child sexual abuse cases.	This protocol should be developed and adopted by member parties.
Juvenile Justice System/Boys Training Centre	Review of the Juvenile Justice System (especially Boys Training Centre), based initially on the report of Singh and Porter (2006).
Universal Secondary School Initiative	A review of the Universal Secondary School Initiative should be conducted to ensure that a "two-tier" system does not develop. The use of CEE's should be examined.
Roving Caretakers (Home Visitation)	This seems like an ideal program. Once the evaluation is completed, expansion should be considered.
Developmental screening, assessment, and interventions.	The Child Health Passport and the Child Development and Guidance Centre should be continued.
Develop a national strategy for services for children of Saint Lucia.	The National Action Child Protection Council and the Project Management Team (PMT) should work with all stakeholders to develop this strategy.

#### **4.4 Proposed Initiatives for CDB Child Development Project**

Table 4.4 contains a proposed strategy over the next 3 to 5 years for addressing protection, juvenile justice, and preventative issues discussed above within the context of the recommendations of the UN Committee, and with consideration for the WHO guidelines for preventing child maltreatment. It consists of a structure for managing the project, technical assistance needed for capacity building in a number of areas, as well as two capital expenditures – a family resource centre and a residential facility for children in need of an alternative placement.

**Table 4.4**  
**Proposed Initiatives for CDB Child Development Project**

<b>Project Component</b>	<b>Function</b>
Project Management Team (PMT): Members from government and NGOs, as well as project coordinators.	<ul style="list-style-type: none"> <li>- to monitor project implementation</li> <li>- review work plans</li> <li>- to ensure that project initiatives are coordinated with government and NGO initiatives</li> <li>- develop a country-wide strategy for children</li> </ul>
Position: Project Coordinator (PC)	<ul style="list-style-type: none"> <li>- manage the project and report to PMT</li> <li>- coordinate and facilitate functions of PMT</li> <li>- prepare reports for CDB</li> </ul>
Position: Children's Advocate (CA)	<ul style="list-style-type: none"> <li>- would be independent from government ministries and departments</li> <li>- would deal with individual complaints from children and advocate for them</li> <li>- would identify systemic problems for children and advocate change</li> <li>- would organize a volunteer legal aid program for children being prosecuted</li> <li>- would monitor the implementation of the CRC</li> </ul>
Technical Assistance: Training for teachers and other professionals who deal with children	<ul style="list-style-type: none"> <li>- to increase awareness and build capacity among those who work with children to recognize and respond to their psychological needs, behavioural disorders, and learning deficiencies</li> </ul>
Technical Assistance: Training for Social Workers and other professionals. Parenting skills training	<ul style="list-style-type: none"> <li>- to provide training for Social Workers regarding: <ul style="list-style-type: none"> <li>• child sexual abuse; various therapeutic approaches; case management; and family support</li> </ul> </li> <li>- to develop a specific parenting program for Saint Lucia based on a survey of parenting needs and to train Social Workers to administer that parenting program</li> </ul>
Technical Assistance: In-service training for police and other professionals	<ul style="list-style-type: none"> <li>- to provide in-service training for police and others who deal with child victims: <ul style="list-style-type: none"> <li>• domestic violence; and all types of child maltreatment;</li> </ul> </li> </ul>
Technical Assistance: Training of professionals for assessments and special needs intervention	<ul style="list-style-type: none"> <li>- to provide pediatricians, occupational, speech and language therapists, and physiotherapists to deal with developmental needs of special needs children</li> <li>- to validate the Child Health Passport for use by professionals</li> </ul>
Technical Assistance: Training for those who teach the HFLE	<ul style="list-style-type: none"> <li>- to provide accredited courses for these teachers to improve their ability to teach this course using interactive methodology</li> </ul>
Technical Assistance: Develop a restorative, rights-based juvenile justice system	<ul style="list-style-type: none"> <li>- assess the current juvenile justice legislation and system using a restorative, rights-based approach</li> <li>- develop a revised system based on a broad consultation process</li> <li>- provide training to police, probation officers, residential faculty staff, judges and lawyers on the revised system</li> </ul>
Technical Assistance: Development of a data Management Information System (MIS)	<ul style="list-style-type: none"> <li>- to enhance/develop a data MIS for children in the protection and/or juvenile justice system</li> <li>- to provide data for the monitoring and evaluation of project implementation and outcome</li> </ul>
Technical Assistance: Develop a media strategy	<ul style="list-style-type: none"> <li>- to inform the public regarding issues of: <ul style="list-style-type: none"> <li>• domestic violence; all types of child maltreatment; parenting; teen pregnancies/AIDS; and alcohol use by teens</li> </ul> </li> </ul>
Capital Expenditures: Family Resource Centre (FRC) including office space for the Children's Advocate Advocate and a "soft" room for police and social workers to interview child victims <sup>1</sup>	<ul style="list-style-type: none"> <li>- to provide the following programs for children and families: <ul style="list-style-type: none"> <li>• family support; parent training/groups; and counseling and therapy for families and children (especially child victims)</li> </ul> </li> <li>- to coordinate public education such as media organizations, brochures, etc.</li> </ul>
Capital Expenditures: A residential facility for male and female children who offend	<ul style="list-style-type: none"> <li>- to provide a safe alternative placement for female children</li> <li>- would include support and counseling on-site</li> <li>- would facilitate continuing education</li> </ul>
Evaluation/Research: - Implementation and Evaluation	<ul style="list-style-type: none"> <li>- to monitor program implementation</li> <li>- to measure program effectiveness</li> </ul>

<sup>1</sup> Please note staff and professional resources will have to be identified for the Centre and financial responsibility for these positions will have to be negotiated. As well, support expenses will have to be identified (e.g., office expenses and vehicles).

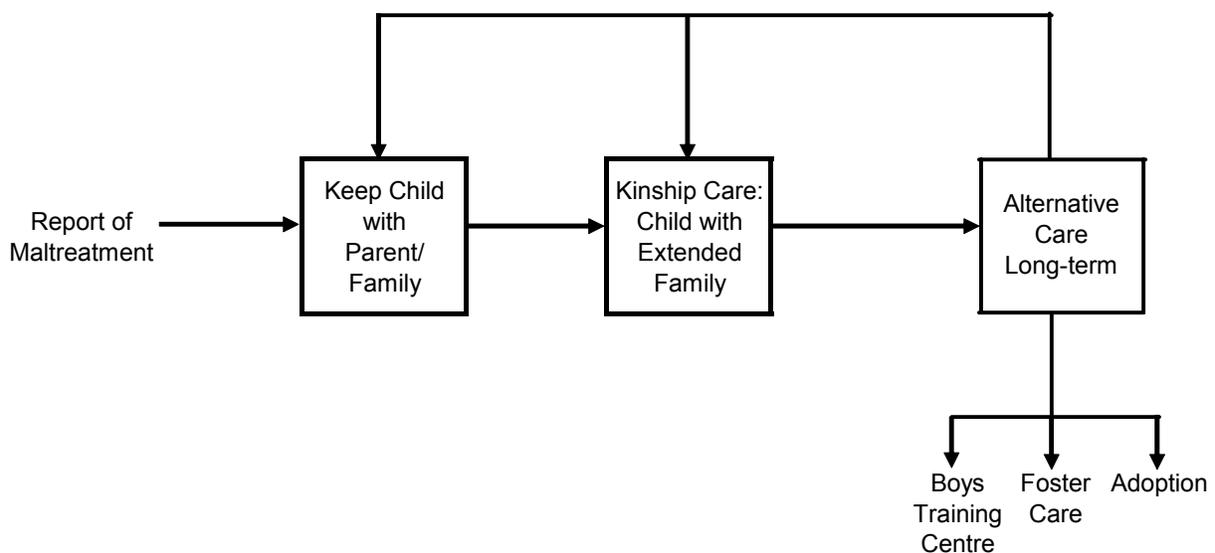
## 4.5 Proposed Changes in Child Protection and Juvenile Justice

As indicated previously in this chapter, the child protection safety net and the juvenile justice system of Saint Lucia are most urgently in need of major restructuring and targeted resources. Thus, we would like to conclude this Volume of the report by focusing on these two areas by documenting graphically the structure of the systems currently, and what they could look like if the recommendations of this report are followed.

### 4.5.1 Child Protection: Before and After

The current Child Protection Services, as described in Section 3.1 of this report and pictured in Figure 4.1, is extremely under-developed and under-resourced. First, the response to reports of child maltreatment are often delayed due to limited resources. Then, once an investigation has been completed and it is determined that a child is in need of protection, the first and only placement option is kinship foster care. If this is not available, the child is either left with the family (possibly in a continued risk situation) or could be sent to an alternative care situation. If male, and over 10 years old, the child could be placed at the Boys Training Center (BTC). If the boy is younger, a foster care placement may be sought, but they are difficult to find. If the child in need of protection is female, leaving the child at home or foster care are the only options if kinship foster care is not available. Only a few adoptions are made per year.

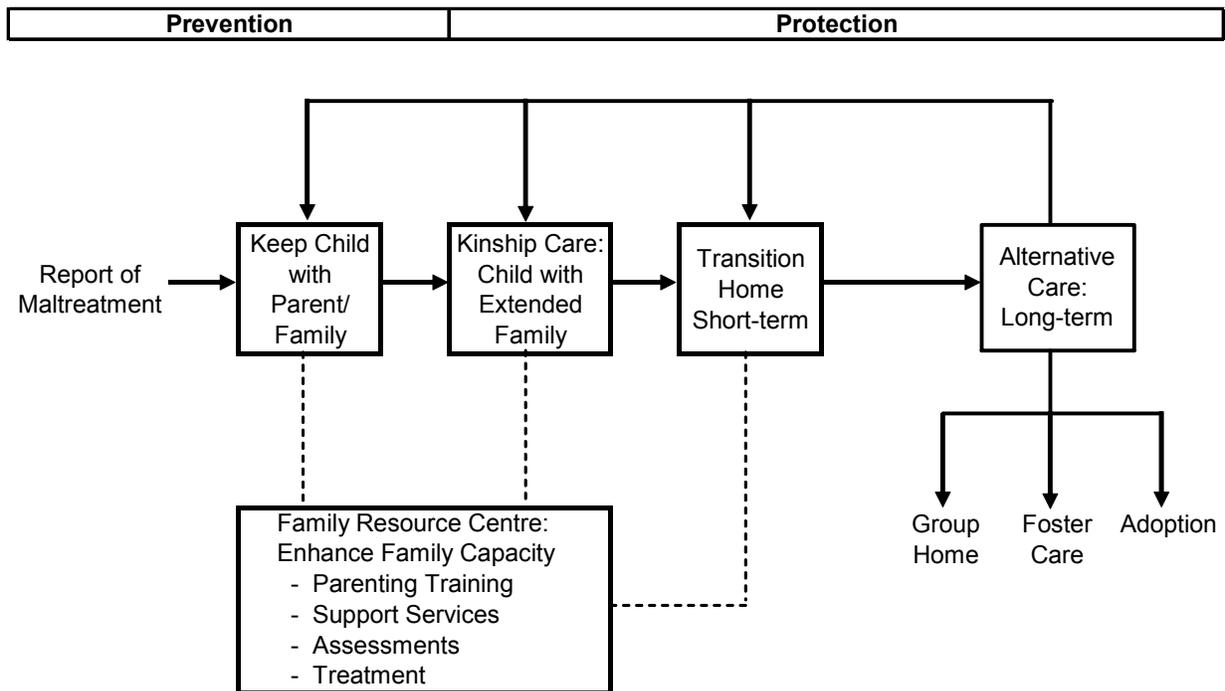
**Figure 4.1**  
**Current Child Protection Services Placement Options**



The proposed Child Protection System pictured in Figure 4.2 adds a number of critical components to deal specifically with the issues of prevention, quick response when a child is in need of protection, and a detailed assessment (usually while the child is in the Transit Home) prior to making decisions regarding long-term alternative care.

Further, if long-term alternative care is required, the model is intended to provide more “home-like” placements (e.g., small group homes (possibly managed by NGO’s), foster care, and adoption) as opposed to institutional settings like the BTC.

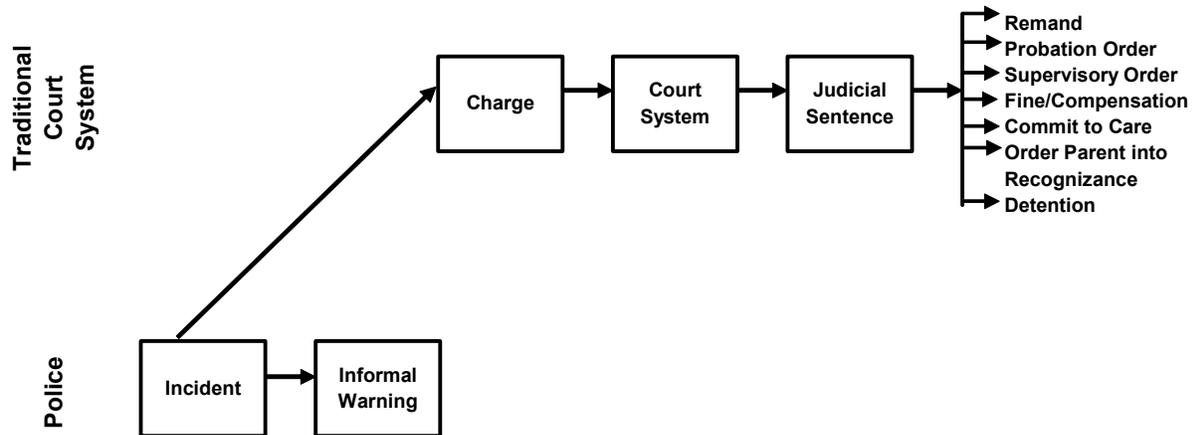
**Figure 4.2**  
**Proposed Child Prevention/Protection**  
**Services Placement Options**



#### 4.5.2 Juvenile Justice: Before and After

The current juvenile justice system, as described in Section 3.5 of this report and pictured in Figure 4.3, is also poorly developed and under-resourced. It lacks any prevention and/or diversion component and depends almost totally on the legal/court system to deal with juveniles who offend. The community is not involved in any way and thus, is not asked to share responsibility for juvenile offending and prevention. Further, the police are not encouraged to deal “differently” with juveniles who offend. Currently, if police arrest and charge a juvenile for allegedly committing an offence, the matter would be referred directly to the Crown prosecutor and the court system. After a lengthy process, during which the child may not have legal representation, the child, if convicted, would receive one of the dispositions listed in Figure 4.3. If remand or detention is ordered, the child, if male, would be placed at the BTC. If the offender is female, detention is not possible regardless of the seriousness of the offence because there is no secure facility for females.

Figure 4.3  
Current Juvenile Justice System in Saint Lucia



There is no question that there is a need for considerable reform in the area of juvenile justice in Saint Lucia. Although data are limited, it does appear that youth offending is increasing and certainly the recent occurrence of alleged murders by young persons highlights the gravity of the issue. Unfortunately, the juvenile justice system in Saint Lucia has been neglected for decades – the most obvious indicator is the deplorable conditions at the Boys Training Center (BTC). While we propose in another section of this report to build a new residential facility for the secure treatment and rehabilitation of those children who offend seriously, we feel that such a facility will only be successful if the entire system is revised. If it is not, it is likely that a new facility may simply turn into another “boys training center.” More specifically, the following points and concerns were identified during our review of information and focus groups:

- Closure of the BTC: it is an understatement to say there are serious concerns about the BTC. Of all of the issues raised in this review, the BTC is certainly one of the greatest. The facility is not secure nor habitable and neither protects the public nor does it protect the children who are residents.
- Legislative reform: there are serious concerns about the *Children and Young Persons Act 1972*. It is outdated and does not adequately deal with either child protection or juvenile offending.
- Female offenders: the concern has been raised that there is no secure facility for female young persons who commit serious offences.
- Probation services: concerns were raised about whether probation services for juveniles should be the same as adult probation services. It has been suggested that juvenile probation should be separate from adult probation and it should involve a more intensive and restorative approach.

- Convention on the Rights of the Child: to be consistent with the recommendations of the UN Convention on the Rights of the Child, Saint Lucia must develop a rights-based restorative model for juvenile justice.

### Restorative Justice

Restorative justice is a response to a crime or wrongdoing that brings victims, offenders, and the community together with government in repairing the injuries caused by crime and promotes rehabilitation of the offender.

As Van Ness (1990, p. 9) indicates:

- *Victims* sustain direct injury. Restorative justice requires that they be vindicated, compensated for their losses, given a voice in the adjudication process, provided with re-established personal security, and given the opportunity for mediated reconciliation with the offender.
- *Offenders* injure their victims and communities, as well as their families and themselves. Restorative justice requires that they be held accountable for their actions and responsible for making amends, and that they be provided opportunities for change.
- *Communities* are injured through loss of public safety, damage to community values, and the disruption caused by crime. Restorative justice requires not only that communities be compensated for these losses, but also that they assist victims, offer offenders opportunities for change, facilitate victim-offender reconciliation, and address the societal conditions which may contribute to crime.
- *Governments'* authority to enforce laws which provide for the well-being of individuals and communities is challenged by crime. Restorative justice requires that government provide fair procedures to hold offenders accountable for making amends.

Three key principles form the foundation of the restorative justice paradigm:

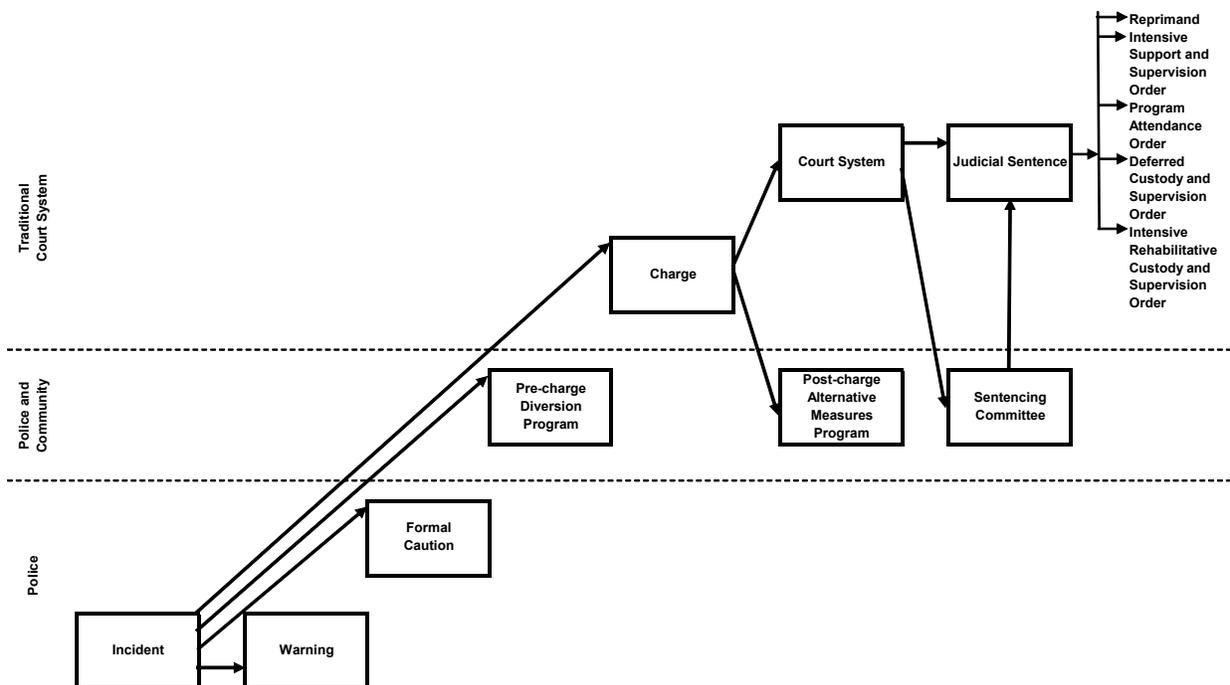
1. Crime results in injuries to victims, communities and offenders; therefore, the criminal justice process must repair those injuries.
2. Not only government, but victims, offenders and communities should be actively involved in the criminal justice process at the earliest point and to the maximum extent possible.
3. In promoting justice, the government is responsible for preserving order, and the community is responsible for establishing peace.

The restorative justice model has been proposed for a number of reasons including the following:

- The restorative justice approach is consistent with and complements the recommendations of the United Nations Convention on the Rights of the Child rights-based approach;
- The restorative justice approach is particularly well-suited for juvenile offenders since there is a high probability that they may be rehabilitated in comparison with adult offenders;
- The restorative justice approach is particularly well suited for societies based on smaller communities where people tend to know one another as in Saint Lucia;
- The restorative justice approach, as operationalized in the *Youth Criminal Justice Act (Y.C.J.A.)* in Canada, has been shown to be very successful in significantly decreasing the number of youth offenders who are held in custody and at the same time contributed to a significant decrease in levels of crime committed by young offenders.

The conceptual framework for the restorative justice model for a juvenile justice system, pictured in Figure 4.4, is based on information obtained from several sources including surveys of Canadian police agencies and information from youth and police agencies in other common law countries.

Figure 4.4  
A Restorative Justice Model for Juvenile Justice



This model is presented here to promote discussions regarding what an appropriate model for juvenile justice would be for Saint Lucia. In that sense, it is not a proposal for a specific model, but rather a framework of components that should be included in any discussions regarding the reform of the current system. Since it is a model based on the principle of restorative justice, it stresses the need for the use of police discretion and involvement of family and community.

The model for responses to juvenile offending depicts a set of graduated and integrated responses to a criminal incident where a youth suspect is known and enough evidence exists to lay a charge. The responses range from minimal intervention, i.e., a warning, to maximum intervention, i.e., the laying of a charge and prosecution in court. The first three responses – warning, formal caution, and pre-charge diversion programs involve direct decision-making by police and, thus, define “police diversion.” The first two steps – warnings and formal caution – fall within the role of police alone, while referral to pre-charge diversion programs would involve the decision of the police to refer to other community resources. It is important that any model of diversion still respects due process and protects individual rights. Therefore, diversion programs should only be used in cases where reasonable grounds exist to lay a charge. Further, youth who choose to plead innocence and go to court, rather than being diverted, must be allowed to do so. These possible alternative consequences for juvenile offenders who are diverted are listed in Table 4.5.

**Table 4.5**  
**Alternative Consequences Following Diversion**

General Focus	Specific Consequences
Offender	<ul style="list-style-type: none"> <li>- required conditions such as school attendance, curfew</li> <li>- special educational programs</li> <li>- counseling, such as anger management</li> </ul>
Victim	<ul style="list-style-type: none"> <li>- apology</li> <li>- personal services</li> <li>- compensation</li> </ul>
Offender/Victim Relationship	<ul style="list-style-type: none"> <li>- alternate dispute resolution</li> <li>- mediation</li> <li>- victim/offender reconciliation</li> <li>- family group conference</li> </ul>
Community	<ul style="list-style-type: none"> <li>- community services</li> <li>- charitable donations</li> </ul>
Offender/Family Relationship	<ul style="list-style-type: none"> <li>- support and counseling such as child-parent conflict management</li> </ul>

Even if the case proceeds to charge, it is possible in some jurisdictions to refer cases where the juvenile “accepts responsibility” back to community-based programs or committees (e.g., family group conferencing, youth justice committees) to determine a plan to stop the youth’s offending and restore order at the committee level. Some of these committees also “advise” judges and magistrates through pre-sentence reports on what an appropriate disposition could be.

The dispositions should also be restorative in nature, broad in range from reprimand to intensive rehabilitative custody and when possible be carried out within the context of the community. Custody should be used when it is necessary to protect society and/or the offender – but it should always be rehabilitative and not punitive. For a detailed discussion of these issues, see Nicholas Bala et al. (2002) and Hornick et al. (1996).



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**APPENDIX A**

**TERMS OF REFERENCE**



# **PROJECT PREPARATION - CHILD DEVELOPMENT PROJECT**

## **TERMS OF REFERENCE**

### **BACKGROUND**

1. The general public and policy makers in St. Lucia have a growing concern over the situation of children, particularly adolescents, in that country. The concerns being raised include: delinquency; the threat to well-being by early initiation into sexual activity; HIV/AIDS; teenage pregnancy; the involvement of youth in the drug trade; unemployment; and crime and violence. There is an increasing number of juveniles who come into conflict with the law, but even more critical is the seriousness and the nature of the crimes that are now being committed. The 2005 United Nations Children's Fund (UNICEF) Child Study reported that over 58% of St. Lucian children could be classified as being "at risk".

2. Since the signing of the Convention on the Rights of the Child in 1993, St. Lucia has initiated several reforms to existing legislation. However, the country has been slow in enacting amendments and new laws that would make it compliant with the Convention. There is also an urgent need to enhance the capacity of the social services to respond to the demands of increasing reports of child abuse. Training, expanded interventions and an improved capacity to collect disaggregated data within the interagency framework, are some of the activities to be implemented to improve the childcare and protection system in St. Lucia.

3. GOSL has recognised the need to expand the delivery of services to children in St. Lucia through a combination of measures including legislative reform, safe environments for children, restorative and rehabilitative care, and advocacy to strengthen awareness and national prevention efforts regarding child abuse and neglect. In this regard, GOSL has approached CDB for assistance in funding a project that would address the needs of children in St. Lucia.

### **OBJECTIVE**

4. The objective of the Technical Assistance is to assist CDB and GOSL with the preparation of a project proposal which focuses on providing services to children, particularly those at risk of being victims of violent behaviour as well as those at risk of committing violent crimes.

### **METHODOLOGY**

5. The Consultants will perform all investigative work and analysis to realise the objective stated above working closely with the Director, Division of Human Services and Family Affairs. They will review all relevant documents, including the Report by GOSL on the Implementation of the Convention on the Rights of the Child (1993-2003) and the UNICEF Child Study (2005). Participatory methodologies will be utilised in data gathering and action planning with all stakeholders, including children and community groups. It is well recognised that issues and solutions of children at risk can differ significantly for boys and girls. The Consultants are therefore expected to undertake all analyses and reviews with a gender perspective. A consultative workshop with all stakeholders will be held to refine the proposal.

### **SCOPE OF WORK**

6. The assignment will involve research, consultations, analysis and cost estimation. The Consultants will be expected to prepare, in collaboration with GOSL, a project proposal suitable for

consideration by CDB applying any lessons learnt and best practice from relevant regional or international projects or programmes. The following activities will be undertaken:

### **Review and Analysis**

- (a) review the structure, organisation, management and financing of the social sector as it relates to the provision of services for youth and children at risk, including the policy framework, and the degree of private sector, non-governmental organisations' (NGOs) and community-based organisations' (CBOs) participation;
- (b) assess the "children at risk" problem covering both the care and protection and juvenile delinquency dimensions;
- (c) identify the major issues and constraints affecting the delivery of services and make recommendations for addressing the most critical areas;
- (d) assess the level of life skills preparation offered in the school system so as to identify constraints that may be addressed under the project;
- (e) analyse trends in juvenile delinquency over the past five years;
- (f) review the juvenile justice system in St. Lucia;
- (g) review parenting programmes and make appropriate recommendations;
- (h) review the operations of residential institutions for children in need of care and protection and those who have come into conflict with the law e.g. Boys' Training Centre;
- (i) assess the level and type of training and educational programmes for social workers, law enforcement officers and members of the judiciary and teachers/guidance counselors, as it pertains to dealing with children; and
- (j) review the foster care and adoption system in St. Lucia.

### **Project Proposal**

7. Based on the review and analysis above, identify the major issues that can be addressed in a coherent Child Development Project. In collaboration with GOSL, the Consultants shall prepare a project proposal suitable for consideration by CDB. The proposal should, *inter alia*, identify all the major issues, constraints, activities to be implemented, including training needs, rationale for proposed project, estimated costs, institutional framework for management of the project, and social impact of project.

### **Stakeholders' Workshop**

8. The Consultants, in collaboration with GOSL, shall organise a workshop of all stakeholders, including children and youth, the public and private sectors and NGOs and CBOs, to discuss the major findings and recommendations at the Draft Final Report stage.

## **TIMING, QUALIFICATIONS AND REPORTING**

9. It is anticipated that the consultancy will require a maximum of 60 person days over a three-month period. The consultancy team should have expertise in youth development, social services to children, Juvenile Justice Systems, or social services management. Knowledge of St. Lucia and the Region would be an advantage.

10. The Technical Proposal of the selected firm or individuals shall have already outlined a work plan and approach to the exercise, the scope and methodology, the tasks and responsibilities of the different team members and a time schedule. The following reports shall be furnished to GOSL and CDB:

- (a) three copies each of a Detailed Work Plan within five days of commencement of the assignment;
- (b) three copies each of a Draft Final Report within six weeks after commencement of the assignment. The Report should include the findings of the review and analysis and provide detailed recommendations for addressing deficiencies identified. The Report should provide a detailed Project Proposal for consideration by GOSL and CDB. A suggested format for the Project Proposal is outlined below:
  - (i) Rationale for project;
  - (ii) Objective;
  - (iii) Scope of Project;
  - (iv) Project Description;
  - (v) Project Costs (by component/activity);
  - (vi) Project Management;
  - (vii) Schedule of Implementation;
  - (viii) Monitoring and Evaluation System;
  - (ix) Project Risks; and
- (c) three copies each of the Final Report incorporating such comments of CDB and GOSL as may be agreed to by the Consultants, CDB and GOSL within one week of receiving comments.

The Report should also be submitted on two sets of diskettes or CD-Rom in Microsoft Word and Excel.



# **APPENDIX B**

## **PROTOCOLS**

**(Key Informants/Focus Group Protocols and  
Key Informants/Focus Group Protocols for Children)**



## **ST. LUCIA CHILD DEVELOPMENT PROJECT: KEY INFORMANTS/FOCUS GROUP PROTOCOL**

### **1.0 Introduction**

1.1 Introduce ourselves

1.2 Provide an overview of the study including: rationale, scope, and objective.

1.3 Outline how meeting/focus groups will run and set out ground rules.

- discussion should be frank and open;
- we have some specific questions but welcome any comments and discussion relevant to the purpose of our study;
- Ground rules:
  - Chatham House Rules should be observed, i.e., things said will not be attributed to specific individuals. Our report will respect confidentiality and anonymity;
  - we are interested in both positive (strengths) and negative (needs) since a clear and rank discussion of these will provide the most accurate picture; and
  - we would like to stress that we are a neutral party and our job is to provide the most accurate description of the needs of Saint Lucia.

1.4 Introduction of attendees

- for heterogeneous groups (e.g., many key informants from different organizations), ask:
  - (1) who they are; and
  - (2) what organization they represent (as brief as possible);
- for homogeneous groups (e.g., focus groups with a number of people from one organization or professional group), ask:
  - (1) who they are;
  - (2) what organization they represent;
  - (3) whether the organization is government, non-government (NGO) or community-based (CBO);
  - (4) what is their level of experience, including years of prior experience, basic training, and in-service training;
  - (5) what is the mandate of their organization (is it mandated by legislation and/or policy); and

(6) what types of clients are served (how many clients does your organization serve)?

## **2.0 General Questions**

2.1 Within your sector, what are the key issues and problems that you face?

- for focus groups: discuss and prioritize.

2.2 What are the positives/strengths regarding your sector?

- for focus groups: discuss and prioritize.

2.3 What strategies/coping mechanisms do you currently use to provide services?

- for focus groups: discuss and prioritize.

2.4 What strategies would be more effective?

- for focus groups: discuss and prioritize.

2.5 What resources are currently available that could help in the implementation of these strategies?

- for focus groups: discuss and prioritize.

2.6 Looking into the future five years from now, what needs to be changed? How can this be accomplished?

- for focus groups: discuss and prioritize.

## **3.0 Conclusion**

3.1 Is there anything we have missed?

3.2 Thank you for your contributions.

**ST. LUCIA CHILD DEVELOPMENT PROJECT:  
KEY INFORMANTS/FOCUS GROUP  
PROTOCOL FOR CHILDREN**

**1.0 Introduction**

1.1 Introduce ourselves and engage children through informal discussion.

1.2 Provide an overview of the study including: rationale, scope, and objective.

1.3 Outline how meeting/focus groups will run and set out ground rules.

- discussion should be frank and open;
- we have some specific questions but welcome any comments and discussion relevant to the purpose of our study;
- Ground rules:
  - Chatham House Rules should be observed, i.e., things said will not be attributed to specific individuals. Our report will respect confidentiality and anonymity;
  - we are interested in both positive (strengths) and negative (needs) since a clear and frank discussion of these will provide the most accurate picture; and
  - we would like to stress that we are a neutral party and our job is to provide the most accurate description of the needs of Saint Lucia.

1.4 Introduction of attendees

- for heterogeneous groups (e.g., many key informants from different organizations), ask:
  - (1) who they are; and
  - (2) what organization they are involved with and for how long;
- for homogeneous groups (e.g., focus groups with a number of young people from one organization or group), ask:
  - (1) who they are;
  - (2) what organization they represent;
  - (3) whether the organization is government, non-government (NGO) or community-based (CBO);
  - (4) what is their level of involvement, including years;

- (5) what does that organization do, and how does it do it?
- (6) what types of young people are served (how many, what age group, gender, etc.)?

## **2.0 General Questions**

- 2.1 What are the key issues and problems that you face?
- 2.2 What are the positive things being done to help with these?
- 2.3 What strengths does the organization you are involved with have regarding assisting with these issues?
- 2.4 What kinds of activities or actions does the organization or the system use to try to alleviate the issues and provide services?
- 2.5 What would be more effective?
- 2.6 What resources are currently available to your organization? What else needs to be available as far as you are concerned?
- 2.7 Looking into the future five years from now, what needs to be changed? How can this be accomplished?

## **3.0 Conclusion**

- 3.1 Is there anything we have missed?
- 3.2 Is there anything else you would like to tell us?
- 3.3 Thank you for your contributions.

**APPENDIX C**  
**LIST OF PARTICIPANTS**



**CDB Child Development Project  
List of Government Participants**

<b>Last Name</b>	<b>First Name</b>	<b>Designations</b>	<b>Street Addresses</b>	<b>Telephone Numbers</b>	<b>E-mail Addresses</b>
Alexander	Ms Sonia		National AIDS Programme Secretariat		
Armstrong	Mr. Andy	Assistant Commissioner	Royal St. Lucia Police Force Police Headquarters Bridge Street Castries		
Augustin	Ms Thecla	Permanent Secretary	Ministry of Social Transformation, Youth, Sports, Human Services and Family Affairs Graham Louisy Building Waterfront Castries	468-5102	
Augustin	Mr. Nadge	Teacher	George Charles Secondary Cul de Sac	453-0252	
Baptiste	Ms Deborah Jn.	Welfare Officer	Division of Human Services and Family Affairs	468-5365	
Baptisten	Mr. Natham Jn	Programme Coordinator	National AIDS Programme Secretariat Ministry of Health		
Bird	Dr. Jacqueline	Community Child Health Service			jbird@candw.lc
Bullard	Mrs. Ingrid	Permanent Secretary	Ministry of Home Affairs and Internal Security		
Charles	Mrs. Joanne	Clerk/Intake Officer	Division of Human Services and Family Affairs	468-5362	
Charles	Dr. Lisa	Physician	Ministry of Health		lisa-charles@hotmail.com
Cherry	Ms Norma	Economist	Economic Planning and Policy		
Cox	Ms Yolande	Welfare Officer	Division of Human Services and Family Affairs	468-5364	
Dalphinis-King	Mrs. Rumelia	Director	Family Court		rumieking@yahoo.com
Didier	Ms Joan	Director	AIDS Action Foundation		
Edwards	Her Ladyship Ole Mae	High Court Judge	Eastern Caribbean Supreme Court in the High Court of Justice		
Elien	Titus D.	Physical Education Teacher			
Eugene	Ms Clementia	Director	Division of Human Services and Family Affairs		
Ferdinand	Mr. Anthony	Welfare Officer	Division of Human Services and Family Affairs	468-5363	

**CDB Child Development Project  
List of Government Participants (cont'd)**

<b>Last Name</b>	<b>First Name</b>	<b>Designations</b>	<b>Street Addresses</b>	<b>Telephone Numbers</b>	<b>E-mail Addresses</b>
Flavien	Ms Phillippa	Detective /Corporal	c/o P.O. Box 109 Police Headquarters Castries		
Francis-Nathaniel	Mrs. Victoria	Family Case Worker	Divison of Human Services and Family Affairs	468-5373	
Gabriel-Valcin	Patricia	District Counsellor			
Gustave	Mrs. Margurite	Education Officer Early Childhood	Ministry of Education Waterfront Castries		
Hippolyte	Ms Charmain	Family Case Worker	Divison of Human Services and Family Affairs	468-5368	
Hippolyte	Mr. Salim	Teacher	George Charles Secondary Cul de Sac	453-0252	
John	Mrs. Beverlyn	Senior Field Social Worker	Division of Human Services and Family Affairs Cnr. Chaussee Road & Pearts Gap Castries		beverlynjohn@talk21.com
Joseph	Mr. Sylvester	Police Corporal	Royal St. Lucia Police Force CRB Anse La Raye		rampy.8@hotmail.com
Joseph	Ms Rubina	Police Officer	Dennery Police Station Dennery		
Joseph	Ms Kerry	Social Planner	Ministry of Health and Labour Waterfront Castries		Kerryj25@gmail.com mohslu@gmail.com
Joseph	Ms Tatiana	Teacher	George Charles Secondary Cul de Sac	453-0252	
Joseph	Dona	Field Officer	NCPD		
Lansilo	Ms Blanda	Family Case Worker	Divison of Human Services and Family Affairs	453-9451	
Lewis	Mrs. Elizabeth	Family Case Worker	Divison of Human Services and Family Affairs	468-5370	
Lewis	Ms Cyrillia	Welfare Officer	Ministry of Education NIS Building Waterfront		
Lewis	Mrs. Shirley	Lawyer	Castries		
Lopez	Sr. Delourdes	Pastoral Care	St. Jude's Hospital		bunny.lop60@yahoo.com

**CDB Child Development Project  
List of Government Participants (cont'd)**

<b>Last Name</b>	<b>First Name</b>	<b>Designations</b>	<b>Street Addresses</b>	<b>Telephone Numbers</b>	<b>E-mail Addresses</b>
Mangal	Hon. Tessa	Minister	Ministry of Social Transformation, Youth, Sports, Human Services and Family Affairs Graham Louisy Building Waterfront Castries		
Mann	Ms Samantha	Teacher	George Charles Secondary Cul de Sac	453-0252	
Mason	Her Ladyship Sandra	High Court Judge	Eastern Caribbean Supreme Court in the High Court of Justice Castries		
Maxius	Ms Ethleen	Social Worker	Family Court High Street Castries		
Melville	Mrs. Cornelia	Social Work Volunteer	Division of Human Services and Family Affairs	452-7204	
Montoute	Hon. Leonard	Minister	Ministry of Social Transformation, Youth, Sports, Human Services and Family Affairs	468-5101	
Mulligan	Mr. Paddy	Superintendent	Royal St. Lucia Police Force Police Headquarters Bridge Street Castries		Supt.-mulligan@rslpf.com
Myers	Mrs. Lucy	Probation Officer	Probation and Parole Brazil Street Castries		LucyaMyers@yahoo.com
Nathram	Ms Kesia	School Counsellor	George Charles Secondary Cul de Sac	453-0252	
Osman	Ms Susanna	Police Officer	Royal St. Lucia Police Force CID		osie4@hotmail.com
Pascal	Mr. Marinus	Social Development Officer	Ministry of Social Transformation, Youth, Sports, Human Services and Family Affairs		pascalm100@yahoo.com
Peter	Mr. Ron	Teacher	George Charles Secondary Cul de Sac	453-0252	
Phillips	Mr. Arthur	Teacher	George Charles Secondary Cul de Sac	453-0252	

**CDB Child Development Project  
List of Government Participants (cont'd)**

<b>Last Name</b>	<b>First Name</b>	<b>Designations</b>	<b>Street Addresses</b>	<b>Telephone Numbers</b>	<b>E-mail Addresses</b>
Phulchere	Mrs. Christine	Magistrate	Family Court Peyner Street Castries	453-2839	
Plummer	Dr. Francisca	Nurse/Medical Social Worker	Ministry of Health Victoria Hospital		iamfano@hotmail.com
Powlette	Mrs. Patsie	Guidance Counsellor	Ministry of Education NIS Building		patsie233@gmail.com
Poyotte	Ms Beverly Ann	Family Case Worker	Divison of Human Services and Family Affairs	468-5367	
Prince	Ms Agnes	Assistant Director Day Care Services	Ministry of Social Transformation, Youth, Sports, Human Service and Family Affairs		
Prosper	Ms Francisca	Nurse/Medical Social Worker	Victoria Hospital Hospital Road	456-8299	iamfano@hotmail.com
Reid	Mr. Victor	Youth & Sports Officer	Ministry of Social Transformation Greaahm Louisy Building Waterfront		
Remy	Ms Jennifer	President , Saint Bar Association	Castries		
Rene	Ms ????	Lawyer	Castries		
Rigobert	Mr. Lazurus	Family Case Worker	Divison of Human Services and Family Affairs	468-5371	
Roheman	Kimberley	Attorney-At-Law			
Simei	Ms Arthusa	Curriculum Officer Family Life	CAMDU		
Smith	Ms Ann Marie	Magistrate	Criminal Division Magistrate Court Castries		
Son	Ms Thecla	Teacher	George Charles Secondary	453-0252	
St. Paul	Ms Prisca	Manager	Upton Gardens Girls' Centre P.O. Box 951 Cedars Road Castries	452-5094	
St. Rose	Renee T.	Attorney-At-Law			
Vargas	Barbara	Legislative Drafter/Attorney-At-Law		285-3000	lds@candw.lc
Weekes	Ms Cynthia	Special Education Officer	Ministry of Education		
Wilkinson	Ms Lucrecia	Social Worker	Family Court		

**CDB Child Development Project  
List of School Counsellors Participants**

<b>Last Name</b>	<b>First Name</b>	<b>Districts</b>	<b>Street Addresses</b>	<b>Telephone Numbers</b>	<b>E-mail Addresses</b>
Andrew	Ms Fadia	Laboire	Piaye Secondary School		
Calderon	Mr. Gerard	Micoud	District 5 Education Office Micoud		
d'Auvergne	Ms Virginia	Castries	District 1 Education Office Sans Souci		
Emmanuel	Ms Cashina	Castries	District Education Office II		
Emmanuel	Ms Agatha Prospere	Soufriere	District 8 Education Office Soufriere		
Eugene	Ms Joceyln	Vieux Fort	Vieux Fort Technical School Vieux Fort		
Fontenard	Ms Marcelta	Choiseul	Choiseul Secondary School	459-3250	
Joseph	Ms Jenny	Vieux Fort	Vieux Fort Comprehensive Campus B Vieux Fort	454-6350	
Lawrence	Bianca Lawrence	Castries	District Counsellor Balata		
Maitram	Kezia Maitram	School Counsellor			
Marius	Ms Francine	Choiseul	District 7 Education Office		
Powlette	Ms Patsie	Vieux Fort	District 6 Education Office Vieux Fort		
Romain	Ms Josephine	Castries			

**CDB Child Development Project  
List of NGO Participants**

<b>Last Name</b>	<b>First Name</b>	<b>Designations</b>	<b>Street Addresses</b>	<b>Telephone Numbers</b>	<b>E-mail Addresses</b>
Archibald	Mrs. Caroline	Director	Dunnattor P.O. Box 849 Castries		
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St. Juste	Mr. Dale	Principal	Lady Gordon Opportunity Centre Ciceron Castries	452-4667	

**APPENDIX D**  
**SUPPORTING TABLES**



**Table D-1**  
**Crime Statistics: Against Public Morality and Person 2004**

Offences	Cases Reported	Cases Accepted	Cases Detected	Cases Cleared Up %	Persons Arrested		Persons Summoned		Dealt With By Court
					M	F	M	F	
<b><u>Against Public Morality</u></b>									
Rape	56	52	19	36.5	19	0	0	0	1
Indecent Assault	67	64	36	56.3	28	0	1	0	10
Unnatural Offences	8	8	3	37.5	3	0	0	0	0
Unlawful Carnal Knowledge	65	62	34	54.8	29	0	0	0	4
Incest	6	6	2	33.3	2	0	0	0	0
<b><u>Against The Person</u></b>									
Murder	31	31	17	54.8	20	1	0	0	1
Manslaughter	1	1	1	100.0	0	1	0	0	0
Attempted Murder	14	12	6	50.0	6	0	0	0	0
Grievous Bodily Harm/Harm	424	416	155	37.3	141	7	1	1	25
Wounding	1,014	988	384	38.9	356	27	2	1	48
Armed/Assault w Dangerous Weapons	955	928	417	44.9	372	21	15	5	66
Assaults	1,342	1,301	459	35.3	346	55	24	10	67
Threats	1,073	1,051	330	31.4	250	21	37	4	0
Other	235	224	116	51.8	102	11	9	6	9

Source: Royal St. Lucia Police Force.

**Table D-2**  
**Crime Statistics: Trends from 2000 to 2005 on**  
**Cases Reported for Select Offences**

Offences	2000	2001	2002	2003	2004	2005
Murder	22	24	33	33	31	34
Assault	1,330	1,356	1,263	1,382	1,342	1,938*
Rape	41	39	38	48	56	51
Unlawful Carnal Knowledge	65	48	57	49	65	12**
Victim under 12						8
Victim under 16						43

Source: Crime Statistics, Royal Saint Lucia Police Force.

\* Note: Changes in the *Criminal Code* and definitions for statistical recording, as well as informants are likely responsible for this increase. This category includes 1,257 summary offences (not previously distinguished).

\*\* Note: This offence changed to "unlawful sexual contact" in 2005 with the revised *Criminal Code* and statistical recording including the new categories by victims age.

**Table D-3  
Number of Domestic Violence Cases Lodged 1997-2004**

<b>Year</b>	<b>Number of Cases</b>
1997*	161
1998	281
1999	385
2000	482
2001	452
2002	414
2003	386
2004	431

Source: Family Court; National Health Strategic Plan: St. Lucia, Volume 2, Annex 12, Social Protection 2005, p. 6.

\* 1997 figures are calculated from July 1997 as this is when the Family Court was opened.

**Table D-4  
Number of Crisis Calls and Shelter Intakes at the Women's Support Centre**

	<b>2001*</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>Total</b>
Number of crisis calls	7	138	108	100	37	390
Number of shelter intakes	3	29	20	25	13	90

Source: Women's Support Centre; National Health Strategic Plan: St. Lucia, Volume 2, Annex 12, Social Protection 2005, p. 6.

\* 2001 figures are calculated from October 2001. The Women's Support Centre became fully operational in October 2001.

**Table D-5  
Cases Involving Juveniles Lodged by the Family Court (1997\*-2004)**

<b>Year</b>	<b>Number of Juvenile Cases</b>
1997*	67
1998	90
1999	97
2000	91
2001	114
2002	116
2003	143
2004	181

Source: Family Court; National Health Strategic Plan: St. Lucia, Volume 2, Annex 12, Social Protection 2005, p. 21.

\* 1997 figures are calculated from July 1997 as this is when the Family Court was opened.

Figures represent cases from Family Court, Castries, and the 2nd District Court, Vieux-Fort. The Family Court sits at Vieux-Fort every Thursday.

**Table D-6**  
**Violence/Antisocial Behaviour**

Type of Violence/Antisocial Behaviour	Gender		Age Group			
	Female	Male	10-12	13-15	16-19	Total
<b>Interpersonal Violence</b>						
Been in a fight with weapons (past year)	4.3	19.2	5.3	15.1	13.6	11.2
Carried weapon to school (last 30 days)	2.8	21.8	5.2	13.2	15.4	10.6
Carry weapon at times other than school	8.8	39.4	14.3	25.8	31.4	22.9
Ever belonged to a gang	17.0	28.7	19.1	27.1	19.7	22.4
Ever knocked unconscious from violence	3.8	7.5	7.7	5.0	2.9	5.5
Ever been stabbed or shot	1.7	7.4	3.2	4.5	6.1	4.4
<b>Theft/Property Damage</b>						
Took from store without paying	20.7	36.6	19.9	34.3	30.3	28.1
Stole from parents/family	45.0	44.2	39.7	48.2	46.2	44.6
Entered house/building to steal	2.4	4.9	2.9	3.8	4.1	3.6
Deliberately damaged property that didn't belong to you	16.7	34.7	21.6	27.0	27.2	25.0

Source: Findings of the Caribbean Youth Health Survey: St. Lucia, 2000, p. 23.

**Table D-7**  
**Cases of Child Abuse and Neglect at the Division of**  
**Human Services and Family Affairs (1999-2004)**

Year	Type of Abuse				Total
	Sexual	Physical	Psychological	Neglect/ Abandonment	
1999	39	63	14	36	152
2000	34	63	9	52	158
2001	42	64	4	64	174
2002	79	50	7	90	226
2003	67	53	15	55	190
2004	42	34	13	59	148
Total	303	327	62	356	1,048

Source: Division of Human Services and Family Affairs; National Health Strategic Plan: St. Lucia, Volume 2, Annex 12, 2005, p. 16.

**Table D-8**  
**Reported Cases of Sexual Abuse at the Division of Human Services**  
**and Family Affairs, January 2004-September 2006**

Type of Abuse	Year			Total
	2004	2005	2006 (Sept.)	
Incest	12	20	48	80
Carnal Knowledge	38	63	17	118
Total	50	83	65	198

Source: Division of Human Services and Family Affairs Statistics; Child Sexual Abuse - The Silent Crime and its Impact on Children, 2006, p. 8.

**Table D-9**  
**Number of Cases of Sexual Offences Against Children**  
**at the Office of the Director of Public Prosecutions**

Year	Type of Offence					Total
	Unlawful Carnal Knowledge	Incest	Indecent Assault	Act of Indecency	Unnatural Carnal Knowledge	
2002	2	--	1	--	1	4
2003	8	--	--	--	--	8
2004	12	--	--	--	--	12
2005	21	1	--	1	--	23
Total	43	1	1	1	1	47

Source: Office of the Director of Public Prosecutions; Child Sexual Abuse -- The Silent Crime and its Impact on Children, 2006, p. 7.

**Table D-10**  
**Emotional Concerns**

Type of Emotional Concern	Gender		Age Group			Total
	Female	Male	10-12	13-15	16-19	
In general, see self as happy	81.8	86.8	87.9	82.7	80.6	84.1
In general, see self sad, angry, irritable	18.2	13.2	12.1	17.3	19.4	15.9
Past month, felt so down wondered if anything worthwhile (yes/sometimes)	49.7	41.3	29.8	52.6	58.6	45.8
Feel friends care very little about me	15.5	20.3	23.4	17.1	9.8	17.7
Self-directed violence						
Ever tried to kill self	18.2	10.3	10.5	16.2	18.0	14.6
Any family who tried to kill self	12.7	10.1	9.1	12.0	14.5	11.5
Any friend who tried to kill self	21.8	17.8	11.8	20.7	31.8	19.9
Rage						
Think about hurting/killing someone almost all the time	4.7	8.2	4.0	7.0	8.7	6.3
Worry either somewhat or a lot about:						
Parents' drinking/drugs	25.2	21.7	20.1	23.2	29.9	23.6
Parents leaving me	37.5	26.7	26.1	32.6	42.6	32.5
Violence in the home	27.4	25.0	25.5	25.5	29.0	26.3
Being physically abused	27.8	17.9	17.7	26.8	26.2	23.2
Being sexually abused	31.2	13.7	20.0	25.6	23.6	23.0
Physically abused in the past	14.7	14.1	10.7	15.0	19.5	14.5
Sexually abused in the past	14.2	6.3	9.7	11.0	10.9	10.5
Think I will not live to be 25 years	14.5	13.5	17.4	12.9	10.4	14.1

Source: Findings of the Caribbean Youth Health Survey: St. Lucia, 2000, p. 31.

**Table D-11  
Sexual Behaviour**

Type of Sexual Behaviour	Gender		Age Group			Total
	Female	Male	10-12	13-15	16-19	
Sexual behaviour						
Sexual experience with male	47.8	6.2	13.6	34.6	50.6	30.2
Sexual experience with female	6.3	69.9	27.4	41.7	51.0	38.4
Attraction						
Only same sex	2.9	3.6	4.6	2.6	2.4	3.3
Equal both sexes	6.9	2.3	5.4	5.1	3.3	4.7
Only opposite	54.1	75.7	43.5	69.2	86.6	64.2
Not sure	13.8	7.4	18.5	8.7	3.0	10.8
Don't understand question	22.2	11.0	28.0	14.5	4.7	17.0
Had sexual intercourse	20.1	53.1	20.0	36.8	55.9	35.4
First intercourse forced:						
Yes	21.3	7.8	19.4	11.5	8.5	11.8
Sort of	41.8	16.8	17.2	23.4	28.6	24.3
Age of first intercourse						
<10 years	29.3	50.9	78.0	48.7	26.1	44.7
11-12 years	15.0	22.9	21.9	25.1	16.0	20.6
13-15 years	37.6	22.3	N/A	26.2	38.3	26.7
16+ years	18.0	3.9	N/A	N/A	19.7	8.0
Number of sex partners						
1-2	74.8	44.0	64.7	52.6	47.9	52.9
3-4	14.8	28.0	20.0	24.2	26.1	24.2
5+	10.4	28.0	15.3	23.2	26.1	23.0
Always use birth control	26.0	22.8	12.5	23.4	29.5	23.7
Have been or gotten someone pregnant	9.9	10.3	9.4	9.7	11.0	10.1
Worry about getting or making someone pregnant						
Somewhat	11.0	17.3	6.7	14.9	24.1	14.0
A lot	21.6	20.8	15.2	23.5	26.9	21.2
Worry about AIDS						
Somewhat	14.4	13.8	8.0	14.8	22.8	14.1
A lot	29.3	33.7	23.9	34.3	38.5	31.4

Source: Findings of the Caribbean Youth Health Survey: St. Lucia, 2000, p. 20.

**Table D-12**  
**Teenage Births with Percent of Total Births by Year, 1991 to 2000**

Item	Year									
	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Teenage births	758	770	700	651	672	657	569	491	497	489
Percentage of total births	20	20	19	17	18	17	16	16	16	16

Source: Committee on the Rights of the Child Report, CRC/C/28/Add.23, 2004, p. 41.

**Table D-13**  
**Tobacco, Alcohol and Other Substances**

Substance	Gender		Age Group			Total
	Female	Male	10-12	13-15	16-19	
Monthly or more frequent use of:						
Cigarettes	0.3	1.4	0.5	0.7	1.5	0.8
Alcohol	3.7	14.1	2.9	9.2	16.7	8.6
Marijuana	0.8	5.5	0.5	3.2	6.6	3.0
Inhalants	1.7	2.5	1.5	2.6	2.2	2.1
Speed	2.3	2.0	1.2	2.5	3.1	2.1
Steroids	4.4	2.7	3.1	4.7	2.5	3.6
At least one substance used monthly or more frequently	10.8	22.0	7.8	17.7	26.4	16.0
Ever use of cocaine	1.6	1.1	2.0	1.0	0.9	1.3
Any problems related to drinking/drugs	20.1	32.4	25.6	25.6	26.6	25.8
Worry a lot about own drinking/drug use	6.9	10.9	8.2	8.7	9.7	8.8
How many drinks make it unsafe to drive						
Any amount	48.5	38.2	46.4	43.5	39.7	43.8
5 or more	27.4	33.1	30.2	31.9	26.2	30.0
How much do you drink at one time (4 or more)	3.3	11.1	3.1	5.7	4.9	7.0
Ever drive after drinking/drug use	3.4	16.0	5.6	10.0	13.9	9.3
Ever ride with someone high on alcohol or drugs	17.1	27.5	15.0	21.0	34.7	21.9

Source: Findings of the Caribbean Youth Health Survey: St. Lucia, 2000, p. 6.

**Table D-14  
Community Concerns**

Concerns	Gender		Age Group			Total
	Female	Male	10-12	13-15	16-19	
Worry a lot about:						
Violence in community	31.4	27.3	28.2	30.7	29.6	29.5
Drinking/drugs in neighborhood	26.1	23.8	24.0	25.0	26.7	25.1
Being treated unfairly (race, religion)	15.5	13.7	13.5	14.5	16.6	14.6
Getting a job	62.1	55.2	54.0	59.4	65.7	58.9
Passing the common entrance exams	80.6	70.8	72.3	74.6	84.6	76.1
Happy to move to another neighborhood	30.8	26.5	33.3	27.4	24.0	28.8
Feel adults in neighborhood care	32.8	33.2	38.9	32.3	24.8	33.0
Feel priest/minister cares a lot	43.8	43.5	50.5	40.0	37.7	43.7

Source: Findings of the Caribbean Youth Health Survey: St. Lucia, 2000, p. 34.

**Table D-15  
Selected Statistics Regarding Community Child Health Clinics 1998-2002**

Item	Year				
	1998	1999	2000	2001	2002
Number of centres	34	34	34	34	34
Number of sessions	1,866	1,650	1,736	1,736	2,016
New registrations	1,335	1,052	1,137	1,462	1,296
Percentage of live births	44	34	39	52	49
Total attendances	29,300	27,042	25,282	25,998	30,356
Average attendance per session	16	16	15	15	15
Average attendance per case	22	26	22	18	23

Source: Report of the Chief Medical Officer: St. Lucia 2001-2002, p. 61.

**Table D-16**  
**Health Care Services**

Services	Gender		Age Group			Total
	Female	Male	10-12	13-15	16-19	
Where usually go to get medical care						
Nowhere	12.1	15.9	10.9	13.7	18.7	13.8
Public clinic	28.1	26.7	26.7	28.9	26.2	27.5
Hospital	27.6	31.4	36.5	27.9	20.7	29.4
Private doctor	31.6	24.7	25.0	29.2	32.3	28.4
Healer	0.6	1.3	0.9	0.3	2.0	0.9
Health visits in last 2 years						
Medical clinic	36.2	33.4	29.6	39.8	34.7	34.9
Healer/herbalist	11.0	16.1	13.6	12.7	14.4	13.4
Hearing check	12.3	12.7	13.3	13.7	9.1	12.5
Eyes checked	29.9	25.6	24.6	32.5	25.5	27.9
Dental visit	41.9	38.6	39.2	40.3	42.3	40.3
Mental health services	9.6	7.5	7.2	9.1	10.0	8.6
Female exams						
Ever had pelvic exam (female)	15.9	N/A	18.0	19.1	13.9	17.6
Last pelvic exam within 2 years	9.5	N/A	11.6	10.8	8.3	10.5
Where would you like to get contraception						
Doctor's office	45.5	50.6	57.6	47.5	32.4	47.9
Public health clinic	9.7	13.1	9.4	13.5	10.3	11.3
Family planning clinic	18.5	9.8	16.1	12.0	16.2	14.4
Youth clinic	5.1	2.0	2.9	3.0	5.9	3.6
Drug store/pharmacy	15.6	15.5	10.9	16.3	22.1	15.6
Public bathroom	0.7	1.8	1.5	1.3	0.7	1.2
Mini-mart, grocery store	5.1	7.2	1.7	6.5	12.4	6.1
Perception of confidentiality						
If tell doctor something personal, parents will find out	35.7	36.8	40.2	35.7	30.9	36.2
If discuss sex with teachers, others will find out	26.7	29.4	23.3	29.6	32.5	27.9
If tell nurse something personal, others will know	21.1	25.1	21.4	23.2	24.9	22.9
If tell peer counselor something personal, others will know	21.4	21.8	20.2	20.6	25.4	21.6
If tell guidance counselor about a problem, others will know	18.8	22.5	21.6	18.7	22.0	20.5
If tell parents, neighborhood will find out	18.7	23.2	21.2	20.3	21.0	20.8

Source: Findings of the Caribbean Youth Health Survey: St. Lucia, 2000, p. 10.



**APPENDIX E**  
**RECOMMENDATIONS**



## **RECOMMENDATIONS**

### **THE COMMITTEE MADE THE FOLLOWING RECOMMENDATIONS TO THE GOVERNMENT OF ST. LUCIA**

#### **GENERAL PRINCIPLES**

- Legislation must conform to the principles of the Convention.
- Establish a National Inter-Ministerial Committee on the Rights of the Child.
- Finalize the National Plan of Action for Children
- Establish a Monitoring Committee on the Implementation on the Convention on the Rights of the Child
- Establish firm priorities addressing the rights of the child in its National Strategic Plan for Poverty Reduction and allocate the necessary resources to this effect.
- Develop a Central Data Base Registry that includes data on children up to 18 years old.
- Strengthen efforts to raise public awareness on the Convention.

#### **COOPERATION WITH CIVIL SOCIETY**

- Encourage the active involvement of civil society in the promotion of children's rights.

#### **NON-DISCRIMINATION**

- Ensure that all laws pertaining to children define them as persons 18 years and under as per article 1 of the Convention.
- Ensure that existing laws fully comply with article 2 of the Convention and to abolish as a matter of priority all discriminatory provisions regarding children born out of wedlock.

#### **CIVIL FREEDOMS**

- Ensure meaningful participation of children and educate the public on the importance of such participation.

## **FAMILY LIFE**

- Provide parenting education programs.
- Amend legislation to include the recognition of both parents in the upbringing of children.
- Ensure adequate protection of the rights of a separated parent and/or child.
- Improve law and process relating to the recovery of maintenance for the child.
- Introduce legislation ensuring the child's right to contact or visit the parent when the child is deprived of a family environment.

## **ADOPTION**

- Consider ratifying the 1993 Hague Convention No. 33 on Protection of Children and Cooperation in Respect of Intercountry Adoption.

## **ABUSE AND NEGLECT**

- Adopt draft protocol for Management of Child Abuse and Neglect as a matter of priority.
- Strengthen child help line (Child Link)

## **BASIC HEALTH AND WELFARE**

- Adopt a comprehensive policy on children with disabilities.
- Undertake a health care reform.

## **ADOLESCENT HEALTH**

- Tackle adolescent sexual and reproductive health concerns.
- Review legislation pertaining to the child's right to social security.

## **EDUCATION, LEISURE AND CULTURAL ACTIVITIES**

- Ensure that the rights of all children to education is not compromised, including teen mothers and children who are not academically inclined.

## **LEISURE, RECREATION AND CULTURAL ACTIVITIES**

- The Committee recommends the access of all children to enjoy leisure, recreation, and cultural activities in all spheres of the child's life.

## **SPECIAL PROTECTION MEASURES**

- Address issues relating to child labour.
- Combat drug abuse.
- Address the issues of sexual abuse and exploitation of children.

## **JUVENILE JUSTICE**

- Strengthen efforts to improve the juvenile justice system.

## **OPTIONAL PROTOCOL ON THE UN CONVENTION ON THE RIGHTS OF THE CHILD**

- Ratify the Optional Protocol on the UN Convention on the Rights of the Child.