



*SECOND SESSION OF THE TWELFTH PARLIAMENT (2021/2022)*

*DRAFT SECOND REPORT OF THE*

JOINT SELECT COMMITTEE ON

# HUMAN RIGHTS, EQUALITY AND DIVERSITY

*on*

***THE HUMAN RIGHTS OF SOCIALLY DISPLACED PERSONS IN TRINIDAD AND TOBAGO WITH SPECIFIC FOCUS ON THEIR TREATMENT AND RELOCATION FROM PORT OF SPAIN PUBLIC SPACES***



## Committee Mandate

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

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

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# Table of Contents

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<b>1. EXECUTIVE SUMMARY .....</b>	<b>6</b>
<b>2. INTRODUCTION.....</b>	<b>9</b>
Background- Homelessness.....	9
Defining Socially Displaced Persons.....	9
Socially Displaced Persons in Trinidad and Tobago .....	9
Data in Relation to Socially Displaced Persons in Trinidad and Tobago .....	10
Ministry of Social Development and Family Services (MSDFS).....	10
Conduct of the Inquiry .....	10
<b>3. EVIDENCE.....</b>	<b>12</b>
Objective 1: To Examine The Treatment Of Socially Displaced Persons In The Relocation From Public Spaces In Port-Of-Spain.....	12
Statistics on Socially Displaced Persons .....	12
Treatment of Socially Displaced Persons in POS .....	13
<i>The Centre for Socially Displaced Persons (CSDP).....</i>	<i>14</i>
<i>Process for Engagement of Street Dwellers by Mental Health Officers.....</i>	<i>17</i>
Relocation of the Socially Displaced in Port of Spain.....	18
<i>The Role of Mental Health Officers .....</i>	<i>19</i>
Legal Provisions for Involuntary Removal .....	20
Training .....	22
<i>Stakeholder Collaborations .....</i>	<i>23</i>
<b>4. FINDINGS AND RECOMMENDATIONS.....</b>	<b>24</b>
Objective 1: To Examine The Treatment Of Socially Displaced Persons In The Relocation From Public Spaces In Port-Of-Spain.....	24
Treatment of Socially Displaced Persons .....	24
Relocation of Socially Displaced Persons .....	25
Legal Provisions for Involuntary Removal .....	26
Training.....	27
Recommendations.....	27
<b>APPENDIX I.....</b>	<b>31</b>

<b>APPENDIX II</b> .....	<b>33</b>
<b>APPENDIX III</b> .....	<b>43</b>
<b>APPENDIX IV</b> .....	<b>115</b>
<b>APPENDIX V</b> .....	<b>122</b>

## **ABBREVIATIONS**

<b>AGMLA</b>	Office of the Attorney General and Ministry of Legal Affairs
<b>CSDP</b>	Centre for Socially Displaced Persons
<b>MoH</b>	Ministry of Health
<b>MSDFS</b>	Ministry of Social Development and Family Services
<b>NGO</b>	Non- Governmental Organisation
<b>NWRHA</b>	North West Regional Health Authority
<b>POS</b>	Port-of-Spain
<b>POSCC</b>	Port of Spain City Corporation
<b>RHA</b>	Regional Health Authority
<b>SDU</b>	Social Displacement Unit
<b>TTPS</b>	Trinidad and Tobago Police Service

## **TABLES**

<b>Table 1: Breakdown of Socially Displaced Persons as at 2019</b>	10
<b>Table 2: Number of Admissions to St. Ann’s Hospital of persons with No Fixed Place of Abode for the period 2018-2020</b>	12
<b>Table 3: Street Count of Socially Displaced Persons in Port of Spain and Environs</b>	12
<b>Table 4: Intake Statistics for CSDP</b>	12
<b>Table 5: Exits from the CSDP and Reasons for Leaving</b>	13
<b>Table 6: Measures to Rectify the Challenges at the CSDP</b>	14

## **FIGURES**

<b>Figure 1: Process for engagement of Street Dwellers by Mental Health Officers .....</b>	17
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# 1. EXECUTIVE SUMMARY

1.1. At its Fifth Meeting held on April 09, 2021, the Committee resolved to inquire into *'the human rights of socially displaced persons in Trinidad and Tobago with specific focus on their treatment and relocation from Port of Spain public spaces.'* It was agreed that the following objective would guide the inquiry:

- To examine the treatment of socially displaced persons in the relocation from public spaces in Port-of-Spain.

1.2. The Committee agreed to hold two (2) virtual public hearings with officials listed below. The public hearings focused on the government officials responsible for treatment of socially displaced persons in Port of Spain:

- Ministry of Social Development and Family Services (MSDFS);
- Ministry of Health (MoH);
- Office of the Attorney General and Ministry of Legal Affairs (AGMLA);
- Port of Spain City Corporation (POSCC); and
- Trinidad and Tobago Police Service (TTPS).

1.3. The Committee submitted its findings and recommendations with respect to the human rights of socially displaced persons in Trinidad and Tobago with specific focus on their treatment and relocation from Port of Spain public spaces in **Chapter 4**.

1.4. **A summary of the Committee's key findings and recommendations are:**

- I. The MSDFS has the responsibility of determining the treatment plan or care plan for the relocation, removal, rehabilitation or reintegration of socially displaced persons and to provide the care, treatment or protection to socially displaced persons via the CSDP and the Ministry's other transitional and rehabilitation facilities. However, the Committee found that there is a gap in the services at transitional facilities to rehabilitate socially displaced persons.
  - a. **The MSDFS should collaborate with other Ministries, Departments and Agencies to negotiate for socially displaced persons at the**

**transitional facilities, to be incorporated into programmes available to the public to facilitate a seamless transition into society.**

- II.** The Committee found that although the CSDP is tasked with providing treatment and care services to socially displaced persons; they are reluctant to relocate, as, the services provided at the Centre cannot make up for the benefits collected when these persons are on the streets.
- a. The MSDFS should collaborate with the POSCC to implement the proposed relocation initiatives in item 4.11 as an interim measure, pending the proclamation and implementation of the Socially Displaced Persons Act, 2000.**
- III.** The Committee found that currently, there were no definitive legal provisions, which allow for the involuntary removal or relocation of socially displaced persons from the streets.
- a. The MSDFS should complete, finalise and commence implementation of the policy for the Socially Displaced Persons Act, 2000 by September 2022; and**
- b. The MSDFS should provide the implementation plan and timeline for the implementation of the policy and the Act, to the Committee.**
- IV.** The Committee found that while Mental Health Officers are required to assess and remove socially displaced persons from the streets, the current complement of Officers are insufficient. As such, the implementation of the decentralised model of care, will promote an expanded mental health system for easier access to mental health officers within communities; it will allow for the creation and recruitment of additional Mental Health Officers and other mental health professionals. This will enable the assignment of Officers at both hospitals and within the community, for more assertive outreach and crisis intervention, facilitating easier assessment and hospitalization, of mentally ill persons who may be homeless or at risk of becoming homeless.
- a. The MoH should provide the Committee with the implementation plan and the status of the implementation of the decentralized model of care.**

V. The Committee found that 36 socially displaced persons were identified as receiving care services at the CSDP while in receipt of social welfare grants from the MSDFS.

- a. **The MSDFS should establish a database of persons in receipt of social welfare grants and care/support at institutions with information sharing capabilities across the divisions of the MSDFS; and**
- b. **The MSDFS should implement the following improved administrative and oversight measures to improve scrutiny to avoid recurrence of persons residing at the CSDP and in receipt of grants from the MSDFS:**
  - i. **An alternative approach to the management of the disbursement of monies to NGOs;**
  - ii. **Establishment of a system of information sharing between the CSDP with other State Funded and Community Care providers; and**
  - iii. **Improved investigative procedures for applicants of grants from the Social Welfare Division.**

VI. The Committee found that, based on the MSDFS' report on the CSDP (**Appendix V**), there are challenges at the CSDP in relation to the physical infrastructure, administrative, human resource, reporting to the MSDFS, and the system of care.

- a. **The MSDFS should provide the Committee with a breakdown of the short, medium and long-term implementation plan, inclusive of timelines, regarding the measures to rectify the infrastructure, administrative and human resource issues at the CSDP.**
- b. **The MSDFS should complete and finalise the grievance procedure for the Centre by May 31, 2022.**



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## 2. INTRODUCTION

### Background- Homelessness

2.1. Homelessness is a global problem, affecting people with diverse economic, social and cultural backgrounds, in both developed and developing countries. The last time the United Nations attempted to count the global number of homeless people in 2005, it estimated that 100 million people were homeless. According to UN-Habitat, globally, 1.6 billion people live in inadequate housing conditions, with about 15 million forcefully evicted every year.<sup>1</sup>

### Defining Socially Displaced Persons

2.2. Section 3 of the Socially Displaced Persons Act, 2000, of Trinidad and Tobago defines a socially displaced person as,

*“any idle person habitually found in a public place whether or not he is begging and who by reason of illness or otherwise is unable to maintain himself, or has no means of subsistence or place of residence, is unable to give a satisfactory account of himself and causes or is likely to cause annoyance or damage to persons frequenting that public place, or otherwise to create a nuisance.”<sup>2</sup>*

### Socially Displaced Persons in Trinidad and Tobago

2.3. Goal 6 under Theme I of the Vision 2030 includes the strategic initiative to ‘Rehabilitate, Integrate and Reintegrate Vulnerable Groups’. In order to achieve this initiative, the measures to address vagrancy and the socially displaced will be strengthened. Centres will be established to ascertain the best support for this group and guide them with care to the appropriate social institutions.

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<sup>1</sup> Commission for Social Development (2020). Report of the Secretary-General: Affordable housing and social protection systems for all to address homelessness. Page 2. <https://undocs.org/E/CN.5/2020/3>

<sup>2</sup> The Socially Displaced Persons Act, 2000. Act No. 59 of 2000. Trinidad. Accessed December 16, 2020. <http://www.ttparliament.org/legislations/a2000-59.pdf>

## Data in Relation to Socially Displaced Persons in Trinidad and Tobago

2.4. Between September 2015 and January 31, 2019, 45 persons were relocated from the streets to care facilities<sup>3</sup>.

2.5. A breakdown of the 441 of socially displaced persons in Trinidad and Tobago as at the end of 2019 is shown in Table 1.

**Table 1: Breakdown of Socially Displaced Persons as at 2019**

Location	Number of Socially Displaced Persons
Port of Spain	190
Arima	26
St. Augustine	2
Aranguez	1
San Juan	14
Woodbrook	39
Chaguanas	20
Couva	3
San Fernando	71
Princes Town	5
Point Fortin	6

## Ministry of Social Development and Family Services (MSDFS)

2.6. The Ministry of Social Development and Family Services (MSDFS) is mandated with the responsibility for addressing the social challenges of poverty, social inequality and social exclusion. The Social Displacement Unit (SDU) of the MSDFS plans and coordinates activities pertinent to the empowerment and rehabilitation of socially displaced persons. The Unit currently provides direct social work services to the client population and ensures that the services and programmes provided by treatment and care centres are appropriate to the needs of the socially displaced.<sup>4</sup>

## Conduct of the Inquiry

2.7. The Committee conducted two public hearings held on November 05, 2021 and on January 14, 2022 with key stakeholders related to the treatment and regulating of socially

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<sup>3</sup> House of Representatives Debate March 22, 2019, Page 35-36. [Online] [Accessed December 16, 2020] <http://www.ttparliament.org/hansards/hh20190322.pdf>

<sup>4</sup> Ministry of Planning and Development (2021). Social Sector Investment Programme, pages 151. Port-of-Spain: Ministry of Planning and Development. [Online] Accessed December 16, 2020. <https://www.finance.gov.tt/wp-content/uploads/2020/10/Social-Sector-Investment-Programme-2021-1.pdf>

displaced persons in Port of Spain. During this time, the Committee questioned the officials on matters based on the objective of the inquiry.

2.8. Prior to the public hearing, the Committee sought responses from various stakeholders and the following written submissions were received:

- Ministry of Social Development and Family Services (MSDFS);
- Ministry of Health (MoH);
- Office of the Attorney General and Ministry of Legal Affairs (AGMLA);
- Port of Spain City Corporation (POSCC); and
- Trinidad and Tobago Police Service (TTPS).

2.9. The **List of Officials** that appeared before the Committee is attached as **APPENDIX I**.

2.10. The **Minutes and Verbatim Notes** are attached as **APPENDIX II** and **APPENDIX III** respectively.

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### 3. EVIDENCE

#### Objective 1: To Examine The Treatment Of Socially Displaced Persons In The Relocation From Public Spaces In Port-Of-Spain.

##### Statistics on Socially Displaced Persons

3.1. Data received from the MoH in **Table 2** below indicate the number of persons admitted to the St. Ann’s Hospital with ‘no fixed place of abode’ for the period 2018 to 2020. Additionally, of the thirty-eight (38) persons admitted in 2020 as No Fixed Place of Abode, thirty-two (32) were re-admissions.

**Table 2: Number of Admissions to St. Ann’s Hospital of persons with No Fixed Place of Abode for the period 2018-2020**

Year	Number of admissions to the Hospital with No Fixed Abode (NFA)
2018	58
2019	38
2020	38

3.2. Data received from the MSDFS in **Table 3** highlighted the number of socially displaced persons on the streets of Port of Spain (POS) and Environs as at March 23, 2021.

**Table 3: Street Count of Socially Displaced Persons in Port of Spain and Environs**

Area	Male	Female
Port of Spain	258	25
Woodbrook/St. James	53	0
Subtotal	311	25
Total	336	

3.3. The intake statistics for fiscal years 2017 to 2021 for persons accessing and benefitting from programmes offered by the Centre for Socially Displaced Persons (CSDP) as well as the reasons for persons leaving the Centre are shown in **Tables 4 and 5** below.

**Table 4: Intake Statistics for CSDP**

No. of Persons	Fiscal Year				
	2017	2018	2019	2020	2021
No. of persons accessed programme (new entrants)	98	104	111	143	135
No. of persons benefitted (the persons in the Programme at beginning of FY plus new entrants)	213	204	216	112	135

**Table 5: Exits from the CSDP and Reasons for Leaving**

No. of Persons	Fiscal Year				
	2017	2018	2019	2020	2021 as at Dec 2021
No. of Persons sent to rehabilitation	4	5	3	3	4
No. of persons sent to homes for the aged or hospital (no return)	7	11	12	12	12
No. of persons who died whilst in the programme	7	4	4	3	1
No. of persons returned to relatives	19	14	16	31	28
No. of persons who obtained alternative accommodation independently	51	38	45	46	49
No. of persons leaving without informing	12	18	12	19	17
No. of persons sent to Prison	2	0	2	4	-
No. of persons who were expelled or suspended (no return)	10	9	12	4	1

3.4. The TTPS indicated that for the period 2017 to 2021 81 socially displaced persons were charged for criminal offences, while 17 were victims of criminal offences, one of which was a homicide.

### **Treatment of Socially Displaced Persons in POS**

3.5. The MSDFS provided treatment to socially displaced persons in POS via the CSDP and the SDU of the Ministry. According to the MSDFS, the treatment and rehabilitation needs of the socially displaced population in POS were diverse. As such, an assessment was required to identify a socially displaced person’s specific needs and the development of an individualized care plan.

3.6. Consequently, a dedicated facility was required for this process. However, in the absence of a dedicated facility, a project to conduct Assessment Services at the CSDP, was undertaken as an interim measure by the MSDFS.

3.7. According to the MSDFS, a technical team with representatives from the MOH Mental Health Unit, North West Regional Health Authority (NWRHA), Mental Health Services and POSCC was working to develop a project to conduct team outreach in POS to engage socially displaced persons for voluntary relocation or assessment at the CSDP. However, COVID-19 had limited the roll-out of the outreach programme as the vaccine

status for most of the socially displaced population was unknown. Additionally, the quarantine requirements also posed a challenge as there was only one area available for quarantine which did not allow for accommodation by both genders simultaneously.

***The Centre for Socially Displaced Persons (CSDP)***

3.8. The CSDP is managed by the St. Vincent De Paul Society and receives a subvention from the MSDFS for the operation of the Centre. The Centre is responsible for the:

- Provision of a viable alternative to street dwelling, temporary accommodation with access to toilets, bathing and washing facilities;
- Provision of meals to residents three (3) times per day, monitor residents, ensure adherence to prescribed medication regimes and attendance at clinic/hospital;
- Provision of referrals to treatment, rehabilitation and transition accommodation;
- Provision of rehabilitative sessions such as Narcotics Anonymous and Alcoholics Anonymous meetings, Life Skills programming, Harm Reduction programmes and Sunday spiritual services; and
- Provision of recreational activities such as yoga, bingo, library, and crafts.

3.9. The MSDFS’ report on the CSDP (**Appendix V**) and submission to the Committee highlighted the challenges affecting the CSDP and the proposed measures by the Ministry to rectify same. Please refer to **Table 6** below.

**Table 6: Measures to Rectify the Challenges at the CSDP**

Challenges at the CSDP	Measures to Rectify the Challenges at CSDP
<p><i>Physical Infrastructure</i></p> <ul style="list-style-type: none"> <li>• <b>The physical infrastructure of the CSDP is inappropriate and inadequate</b></li> </ul>	<ul style="list-style-type: none"> <li>i. The internal and external painting of the CSDP was undertaken in fiscal 2019/2020 at a cost \$565,716; and</li> <li>ii. Repairs to the main staircase of the facility.</li> </ul>

<p><i>System Limitations</i></p> <ul style="list-style-type: none"> <li>• <b>The Continuum of Care was not fully developed and the Centre was operating with voluntary engagement only</b></li> </ul>	<ul style="list-style-type: none"> <li>i. The creation of a viable environment for the delivery of services including enhanced and customized training plans at the CSDP to restore the dignity of these individuals to become productive members of society once more;</li> <li>ii. Conduct ongoing research on socially displaced persons to determine the most appropriate method of impact assessment to be utilised on programmes and the interventions that should be made;</li> <li>iii. Pursue and build partnerships with the corporate sector, regional and international donors to support the effective delivery of services at the CSDP;</li> <li>iv. Develop a Client Service Charter for residents at the CSDP; and</li> <li>v. Formalise the Grievance Policy and Procedure, which will be applicable to the CSDP;</li> <li>vi. Provide routine advise and support to the persons at the Centre regard the service delivery standards and capacity building initiatives; and</li> <li>vii. Greater engagement of socially displaced persons.</li> </ul>
<p><i>Staffing</i></p> <ul style="list-style-type: none"> <li>• <b>The staffing at the CSDP was not adequate to conduct the intended services as required. Additionally, the salary structure for the staff has to be revisited based on the type of services required</b></li> </ul>	<ul style="list-style-type: none"> <li>i. Review the recommended CSDP Organisation structure in alignment with best practice and make provisions for the recruitment of the necessary trained staff as per the agreed staffing complement to facilitate the array of services intended for the CSDP.</li> </ul>
<p><i>Reporting Challenges</i></p> <ul style="list-style-type: none"> <li>• <b>The submission of the relevant reporting information not in the required format and within stipulated deadlines, which negatively affected the MSDFS's data collection on clients;</b></li> <li>• <b>The lack of aspects of data to inform a proper analysis of the compliance,</b></li> </ul>	<ul style="list-style-type: none"> <li>i. Developing and implementing a comprehensive formal monitoring and evaluation system on client intake and progress, inclusive of the requisite training to the relevant parties to update and manage the system and the information technology platforms to</li> </ul>

<p><b>outcomes, and outputs of the programme; and</b></p> <ul style="list-style-type: none"> <li>• <b>The retrieval of data at the CSDP was done manually, which was time consuming and could lead to inconsistencies in the data presented</b></li> </ul>	<p>facilitate the proper storage, retrieval and utilization of the information;</p> <ul style="list-style-type: none"> <li>ii. Develop a robust Service Level Agreement for the CSDP;</li> </ul>
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3.10. The MSDFS indicated that 36 persons were identified as being in receipt of the MSDFS’ grants and in residence at the CSDP, which is in contravention to the regulations for the provision of the grants. Additionally, of the 36 persons identified to be residing at the facility, the MSDFS had discontinued the grants of 28 persons who remained in the facility and eight persons opted to leave the facility and find accommodation elsewhere and will be able to access the grants.

3.11. The MSDFS in their submission to the Committee highlighted that the Ministry intends to implement the following measures to prevent the reoccurrence of the duplication of care services within the Ministry.

- i. Move towards an alternative approach to the management of the disbursement of monies to NGOs to reflect a fee per MSDFS referral;
- ii. Establishment of a system of information sharing on admission to the CSDP with other State Funded and Community Care providers to be checked against the Social Welfare Grants database;
- iii. Increased vigilance by the Social Welfare Division with respect to the investigation of applicants’ national identification credentials and addresses to ascertain proof of addresses or whether they are domiciled at the addresses

3.12. The POSCC indicated that there were complaints of persons at the CSDP requiring payment from the socially displaced persons or their relative for the services or care provided to the socially displaced persons at the centre. However, upon investigation

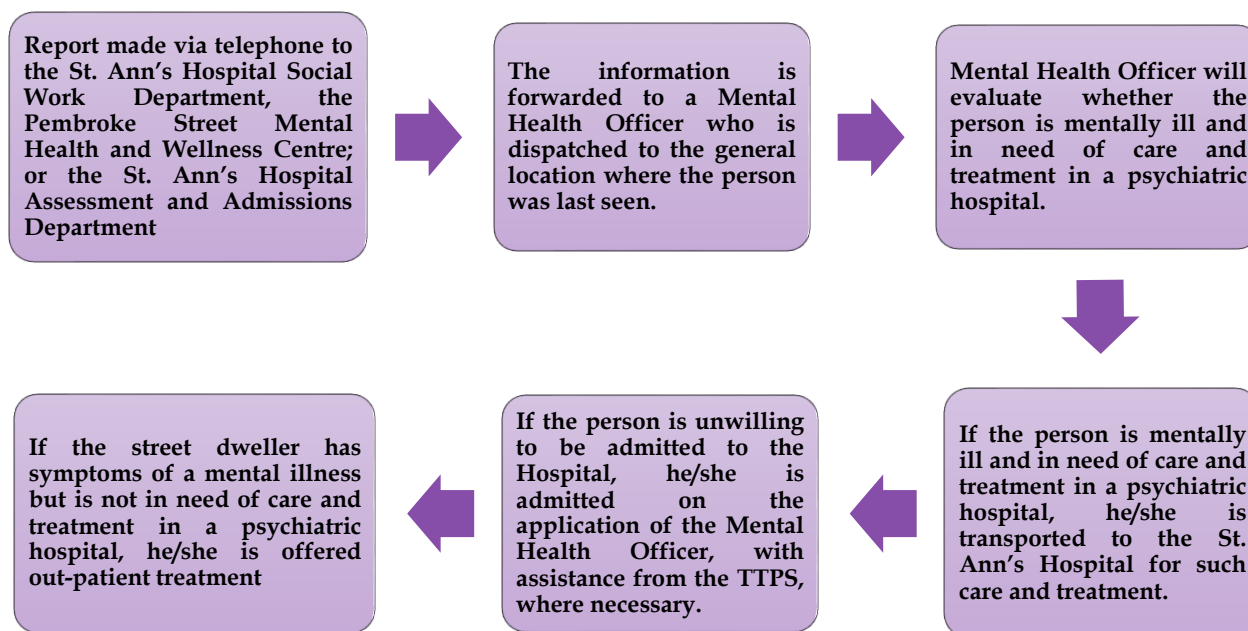


persons were unwilling to provide statements due to fear of being victimized by staff at the Centre.

### *Process for Engagement of Street Dwellers by Mental Health Officers*

3.13. The MoH provided care for socially displaced persons in POS with a mental illness at the St. Ann’s Hospital and the Pembroke Street Mental Health and Wellness Centre.

3.14. The process for the engagement of the socially displaced persons is provided in **Figure 1.**



**Figure 1** Process for engagement of Street Dwellers by Mental Health Officers

3.15. The care and treatment provided at the St. Ann’s Hospital involved a multi-disciplinary team including Psychiatrists, Psychologists, Psychiatric Social Workers, Mental Health Officers and Psychiatric Nurses. This collaborative process involves discharge planning which determines whether the street dweller had a family to which he can return. If unavailable, arrangements were made with the SDU for appropriate placement.

3.16. The MoH also provided follow-up mental health care for persons who remained within the Port of Spain area via the Mental Health Officers. Additionally, Psychiatric Social Workers also conducted home or community visits to ensure the continuity of care.

## **Relocation of the Socially Displaced in Port of Spain**

3.17. The MSDFS and the POS City Officers highlighted the following challenges that they have encountered in their efforts to remove/relocate persons from the streets:

- Socially displaced persons were able to easily obtain access to income, foods and support for a substance abuse lifestyle via the streets;
- The removal, whether voluntary or involuntary, creates an immediate moral, ethical and legal responsibility of treatment or rehabilitation and reintegration which requires facilities and services such as employment, independent housing and care options (supervised living, elderly homes, hospices) which are limited;
- Mental health issues may have impaired their judgement; and
- Limited risk of arrest for committal of Summary Offences.

3.18. Additionally, according to the Mental Health Act, 28:02, the POS City Police Officers did not have the authority to relocate socially displaced persons, as such, Municipal Officers were not trained in the removal or relocation of socially displaced persons. The officials of the POSCC indicated that they have made requests for additional training from the TTPS and the MOH to address this gap in the execution of their duties.

3.19. At the MSDFS, the Field Officers of the Social Displacement Unit (SDU) were tasked with conducting street counts, which was last conducted in March 2021, and engaging socially displaced persons at least three times each week, to ensure that they were regularly reminded of services available to them. However, the Committee noted with concern that there were two Field Officers employed at the Unit, tasked with countrywide street counts and other socially displaced matters.

3.20. According to the MSDFS, there was a gap in the transitional services for persons who were socially displaced and the Ministry had a responsibility to provide the care and protection and the transitional facilities to rehabilitate those persons. Consequently, the MSDFS refurbished and outfitted property in Carapo, which was intended to accommodate young persons, primarily single female adults aged 18-40 years, who could

be trained for employment. The MSDFS was in the process of finalising a Request for Proposals (RFP) for a Non-Governmental Organisation (NGO) to manage and operate the facility.

3.21. Additionally, the MSDFS informed the Property Real Estate Services Division of its interest in acquiring two properties previously utilised by the Trinidad Petroleum Holdings Limited, located in Central and South Trinidad to be used as transitional housing.

3.22. Some of the initiatives that the Port of Spain City Corporation (POSCC) have undertaken to encourage socially displaced persons to be removed or relocated from the streets were:

- i. The implementation of the 'Move Along' campaign which goal was to encourage socially displaced persons to voluntarily relocate to the CSDP; and
- ii. The collaboration with the Archbishop of POS to convert the ground floor of the CSDP building to facilitate NGOs providing meals to socially displaced persons at a central location where they can access other care such as clothes, showers and medical treatment.

### *The Role of Mental Health Officers*

3.23. In accordance with Section 15(1) of the Mental Health Act, Chapter 28:02, Mental Health Officers and Psychiatric Social Workers (who were also Justices of the Peace) had the authority to involuntarily remove mentally ill persons from public spaces and transport them to a psychiatric ward or hospital. Section 15(1) of the Act also provides for the involuntary admission of persons to a psychiatric ward or hospital on application by a Mental Health Officer.

3.24. There were currently 49 mental health officers employed across the Regional Health Authorities (RHAs) with, 30 Mental Health Officers employed by the NWRHA.

3.25. According to the MoH, the current system of distribution for the mental health officers required the officers to be present at the hospital and the community for assessments. However, the decentralised model of care, which was being implemented by the MoH, would separate the responsibilities of the officers to allow for the availability of officers within the community to respond.

3.26. According to the requirements of the implementation of the decentralisation model, additional Mental Health Officers would be recruited to allow Officers to be assigned at both hospitals and in the community.

### **Legal Provisions for Involuntary Removal**

3.27. The AGMLA in its submission to the Committee stated that the following international instruments guide the legislation of Trinidad and Tobago with respect to the treatment of the socially displaced persons:

- Universal Declaration on Human Rights;
- International Covenant on Civil and Political Rights (ICCPR);
- International Covenant on Economic, Social and Cultural Rights (ICESCR);
- International Convention on the Elimination of All Forms of Racial Discrimination (CERD);
- International Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) ;
- International Convention on the Rights of the Child (CRC); and
- International Convention on the Rights of Persons with Disabilities (CRPD).

3.28. Additionally, according to the AGMLA, as the Socially Displaced Act, 2000 was awaiting proclamation; there were no definitive legal provisions which allowed for the voluntary or involuntary removal or relocation of socially displaced persons from the streets. As such, these persons were entitled to the same rights as other citizens as enshrined in the Constitution.

3.29. According to the MoH, the Mental Health Act, Chap. 28:02 must be reviewed to ensure that, in addition to providing for the involuntary admission of persons, who require in-patient care and treatment in a psychiatric ward or hospital; it will also provide for community based psychiatric care and social support for street dwellers, who, though mentally ill, were not in need of hospitalization and any other required updates to ensure complete alignment with the National Mental Health Policy 2019-2029.

3.30. According to the TTPS, Section 45(c) of the Summary Offences Act, Chap. 11:02, provides for persons to be arrested and fined \$200 for loitering or sleeping in spaces without the permission of the owner; this provision can be used to remove socially displaced persons from the street. However, socially displaced persons would be unable to pay the fine and would be subject to imprisonment. Additionally, it can be difficult for an arresting officer to prove that the socially displaced person was loitering.

### **The Socially Displaced Persons Act, 2000**

3.31. The MSDFS does not have the authority to involuntarily remove or relocate a person from the streets, however, the Socially Displaced Act, 2000, once amended, will allow the MSDFS to relocate these persons.

3.32. According to the MSDFS, the Socially Displaced Persons Act, 2000 was completed without the benefit of a Policy, which left many loopholes, and gaps in the Act (refer to item **3.32**). As such, the Ministry is in the process of finalising a policy document to inform the areas within the Act, which require amendments.

3.33. The MSDFS highlighted the following challenges to the readiness for proclamation of the Socially Displaced Persons Act, 2000:

- a. the involuntary removal of a street dweller entails the infringement of the subject's constitutional right to liberty. As such, the passage of the Amendments will require a three- fifths majority in the House and all efforts have been focused on ensuring a best possible legislation draft;

- b. the range and scope of services that were required to support the provisions of the Act were still in the developmental stages;
- c. additional holistic networking was needed amongst relevant stakeholders and the state to efficiently address the situation;
- d. the human resources and infrastructure in the SDU were insufficient to address the removal of persons;
- e. the timeframe of obtaining court orders for involuntary removal of persons needed to be adjusted; and
- f. the NGOs' standard of care at facilities needed to be improved to meet standard service delivery procedures and care.

## Training

3.34. The MoH participated in the sensitization of TTPS officers regarding relevant mental health issues including an overview of the Act, the role of the Police and Mental Health Officers in relation to the Act and the prevention and management of aggression and violence.

3.35. The sessions were conducted on an ongoing basis with collaboration among the Police Training Academy; the SDU, MSDFS; the RHAs; and the Mental Health Unit, MoH.

3.36. According to the MOH's submission the intention is to provide a pilot programme to provide mental health training for police officers as a part of the curriculum for police officers. This programme includes three (3) modules - Mental Health Awareness, Prevention and Management of Aggression and Violence and Psychological First Aid. The Ministry also indicated the programme is in the process of being accredited.

3.37. For the period, 2016 to present, the following training sessions were conducted:

- In 2016, eighty-seven (87) TTPS Community Police Officers were trained in Psychological First Aid;

- In September/October 2019, an orientation workshop for police officers was conducted on mental health courses as a pilot project.
- In November and December 2021, two (2) sensitization sessions were conducted to train twenty-eight (28) POS City Police officers and four (4) officers from the SDU, MSDFS.

### *Stakeholder Collaborations*

3.38. Stakeholder engagements started in December 2020, to obtain stakeholder feedback and determine the status of the Continuum of Care activities. A meeting of the technical heads of the key agencies was held on April 27, 2021 to outline the strategy for relocation. The MSDFS engaged the following stakeholders with the removal/relocation of socially displaced persons in POS:

- Ministry of Local Government:
  - All Regional Corporations; and
  - Municipal Police: POS and San Fernando;
- Ministry of Health:
  - Mental Health Units in the RHA's; and
  - County Medical Officer (NWRHA);
- Ministry of National Security:
  - Community Police POS;
- Ministry of Housing:
  - HDC Social and Community Services; and
  - Land Settlement Agency;
- Ministry of Public Administration and Digital Transformation;
- Ministry of Planning and Development;
- Ministry of Agriculture Land and Fisheries;
- UDECOTT; and
- Trinidad Petroleum Holdings Limited

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## 4. FINDINGS AND RECOMMENDATIONS

### **Objective 1: To Examine The Treatment Of Socially Displaced Persons In The Relocation From Public Spaces In Port-Of-Spain.**

#### **Treatment of Socially Displaced Persons**

4.1. The Committee found that the initial treatment provided to socially displaced persons in POS by the State is via the CSDP and the SDU of the Ministry. Additionally, an assessment is required to identify their specific needs and for the development of an individualized care plan to determine the appropriate rehabilitation or transitional service to be administered.

4.2. The Committee found that while Mental Health Officers are required to assess and remove socially displaced persons from the streets, the current complement of Officers are insufficient. As such, the implementation of the decentralised model of care which promotes an expanded mental health system for easier access to mental health officers within communities, will allow for the creation and recruitment of additional Mental Health Officers and other mental health professionals. This will enable the assignment of Officers at both hospitals and within the community, for more assertive outreach and crisis intervention, facilitating easier assessment and hospitalization when necessary, of mentally ill persons who may be homeless or at risk of becoming homeless.

4.3. The Committee found that 36 socially displaced persons were identified as receiving care services at the CSDP while in receipt of social welfare grants from the MSDFS.

4.4. The Committee noted that the implementation of the decentralised model of care, will allow for Mental Health Officers to be assigned at both hospitals and within the community to more effectively and efficiently engage with persons in need of treatment.



4.5. The Committee found that the Field Officers of the SDU are tasked with engaging socially displaced persons and encouraging them to relocate from the streets and utilise the services at the CSDP. However, there are currently only two persons employed at the Unit to undertake this exercise.

4.6. The Committee found that, as shown in

4.7. , and based on the MSDFS' report on the CSDP (**Appendix V**), there are challenges at the CSDP in relation to the physical infrastructure, human resource, administrative, reporting to the MSDFS, and the system of care.

### **Relocation of Socially Displaced Persons**

4.8. The Committee found that the MSDFS is engaged in the implementation of the recommendations and activities contained in the Continuum of Care Framework (**Appendix IV**) for the removal or relocation of socially displaced persons.

4.9. The Committee found that although the CSDP is tasked with providing treatment and care services to socially displaced persons; these persons are reluctant to relocate to the centre, as, the services provided at the Centre cannot make up for the benefits collected when these persons are on the streets. As such the technical team, referred to in **Item 3.7**, was established to conduct outreach by to engage socially displaced persons for voluntary relocation or assessment at the CSDP was estimated to commence in January 2022.

4.10. The Committee found that the assessment of socially displaced persons is crucial to determining the treatment plan or care plan for their relocation, removal, rehabilitation or reintegration. As such, the MSDFS intends to establish a multi-purpose Assessment Centre for Socially Displaced Persons in Port of Spain, which will accommodate approximately 180 persons (120 males and 60 females).

4.11. The MSDFS has a responsibility to provide the care and protection and the transitional facilities to rehabilitate those persons however, the Committee was informed

that there is a gap in the transitional services for socially displaced persons, as such, the MSDFS recently refurbished and outfitted a facility in Carapo to provide transitional facilities to rehabilitate those persons. Additionally, the Committee noted that the MSDFS would collaborate with the Ministry of Sport and Community Development as well as other Ministries, Departments or Agencies, in the provision of services and training, at the Carapo House facility, to assist in the reintegration of socially displaced persons.

4.12. The Committee was informed that the POSCC, proposed the following initiatives to promote the relocation or removal of socially displaced persons from the streets:

- i. Engage and encourage the corporate sector to make donations or to sponsor meals, clothes, medical treatment or programmes at the CSDP to encourage persons come to the Centre and eventually, voluntarily, relocate off the streets; and
- ii. Engage socially displaced persons in minor jobs, to give them meaningful employment, earn an income and encourage them to voluntarily relocate from the streets.

### **Legal Provisions for Involuntary Removal**

4.13. The Committee found that currently, there were no definitive legal provisions, which allow for the involuntary removal or relocation of socially displaced persons from the streets, as such, legislation is a key factor to the supporting collaborative approach to treat with socially displaced persons and the removal or relocation of socially displaced persons.

4.14. The Committee found that the Socially Displaced Persons Act, 2000, is the only legislation, which contains the provisions for the involuntary removal of socially displaced persons from the streets. However, the timeline for the proclamation of the Act has not yet been determined.

4.15. The Committee noted that several international instruments as listed in **item 3.27** were used to inform the policy for the revision of the Socially Displaced Act, 2000,

however, additional international conventions that deal with children should be included in the considerations that guide the policy on socially displaced persons.

4.16. The Committee was informed that although socially displaced persons can be arrested for summary offences or criminal offences; persons cannot be arrested for being homeless and thus does not address the issues of the removal of the socially displaced persons from the streets.

4.17. The Committee noted that MoH intends to communicate with the AGMLA, to review and update the Mental Health Act, Chap 28:02 to provide for community based psychiatric care and social support for street dwellers, who, though mentally ill, were not in need of hospitalization, in accordance with the National Mental Health Policy 2019-2029..

## Training

4.18. The Committee was informed that after the mental health sensitization sessions provided to Port-of Spain City Police Officers in November and December 2021, a proposal is being developed to train Municipal Police from the other Regional Corporations.

## Recommendations

4.19. **The Committee recommends that the MSDFS provide the Committee with a breakdown of the short, medium and long-term implementation plan, inclusive of timelines, regarding the measures to rectify the issues at CSDP highlighted in**

4.20. .

4.21. **The Committee recommends that the MSDFS implement the following, to allow for a holistic approach to support services and mitigate instances of duplication of services:**

- **establish a database of persons in receipt of social welfare grants and care/support at institutions with information sharing capabilities across the divisions of the MSDFS; and**

- The MSDFS should implement the following administrative and oversight measures (see item 3.11) to improve scrutiny to avoid recurrence of persons residing at the CSDP and in receipt of grants from the MSDFS:
  - An alternative approach to the management of the disbursement of monies to NGOs;
  - Establishment of a system of information sharing between the CSDP with other State Funded and Community Care providers; and
  - Improved investigative procedures for applicants of grants from the Social Welfare Division.

4.22. Given the issues highlighted at the CSDP in

4.23. , the Committee recommends that the MSDFS complete and finalise the grievance procedure for the Centre by May 31, 2022.

4.24. The Committee acknowledges the role of the decentralised model of care in the treatment and relocation or removal of socially displaced persons in POS, as such, the Committee recommends that the MoH provide the Committee with the implementation plan and the status of the implementation of the decentralized model of care.

4.25. Given that the MSDFS' is implementing the initiatives in the Continuum of Care for the relocation or removal of socially displaced persons in POS, the Committee recommends that the MSDFS:

- the MSDFS provide an update on the status of the initiatives recommended in the Continuum of Care Framework; and
- encourage more cohesive stakeholder participation to ensure the efficient implementation of the MSDFS' Continuum of Care Model.

4.26. Given that one of the key factors for the removal or relocation of socially displaced persons in POS is legislation, the Committee recommends the following:

- the MSDFS complete, finalise and commence implementation of the policy for the Socially Displaced Persons Act, 2000 by September 2022; and

- the MSDFS provide the implementation plan and timeline for the implementation of the policy and the Act, to the Committee.

4.27. The Committee recommends that MoH collaborate with the AGMLA, to review the Mental Health Act, in accordance with the National Mental Health Policy 2019-2029, and subsequently placed on the legislative agenda by the end of fiscal 2022.

4.28. The Committee recommends that the MoH collaborate with the Municipal Corporations to provide mental health sensitization sessions and training to Municipal Police Officers who engage daily, with socially displaced persons.

4.29. The Committee recommends that the MSDFS note the proposed initiatives of the POSCC to encourage the voluntary relocation of socially displaced persons, in item 4.12, and collaborate with the POSCC to implement the initiatives as an interim measure, pending the proclamation and implementation of the Socially Displaced Persons Act, 2000.

4.30. The Committee recommends that MSDFS collaborate with other Ministries, Departments and Agencies to negotiate for socially displaced persons at the transitional facilities, once their care plans allow, to be incorporated into programmes available to the public to facilitate a seamless transition into society.

4.31. The Committee recommends that the MSDFS include the Office of the Prime Minister, Gender and Child Affairs and the Children's Authority of Trinidad and Tobago, in the stakeholder discussions and activities related to the policy to ensure that the perspectives of socially displaced children or children whose parents are socially displaced persons are considered in the deliberations.

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

Dr. Nyan Gadsby Dolly, MP  
Chairman

Mrs. Lisa Morris-Julien, MP  
Vice - Chairman

Mr. Esmond Forde, MP  
Member

Ms. Anita Haynes, MP  
Member

Mr. Kazim Hosein  
Member

Ms. Donna Cox  
Member

Ms. Jearlean John  
Member

Mrs. Hazel Thompson-Ahye  
Member

**April 26, 2022**

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APPENDIX I  
**Officials Attendance List**

NAME	POSITION	MINISTRY/ORGANISATION
<b>Public Hearing November 05, 2021</b>		
<b>Ms. Jacqueline Johnson</b> <b>Ms. Loraine Reyes-Borel</b>	Permanent Secretary Executive Director, Social Displacement Unit	Ministry of Social Development and Family Services (MSDFS)
<b>Ms. Lisa Ifill</b>	Director, Social Planning and Research (Ag.)	
<b>Ms. Jennifer Juteram</b>	Senior Legal Officer	
<b>Dr. Hazel Othello</b> <b>Ms. Marsha Connell</b> <b>Ms. Keisha Lewis</b>	Director, Mental Health Services State Counsel II (Ag.) GM, Mental Health Services, NWRHA	Ministry of Health (MOH)
<b>Mrs Annette Stapleton- Seaforth</b> <b>Mr Glen Charles</b> <b>Ms. Mitra Sooklal</b>	Chief Executive Officer  Superintendent of Municipal Police Public Health Inspector IV	Port of Spain City Corporation (POSCC)
<b>Ms. Sharon Cooper</b>  <b>Mr. Yusuff Gaffar</b>  <b>Ms. Shireen Pollard</b>  <b>Sergeant Terrence Dick</b>	Assistant Commissioner (Ag), Criminal Division  Assistant Commissioner Police(Ag), North West  Manager, Gender-Based Violence Unit  Legal Officer	Trinidad and Tobago Police Service (TTPS)
<b>Public Hearing January 14, 2022</b>		
<b>Ms. Jacqueline Johnson</b> <b>Ms. Loraine Reyes-Borel</b>	Permanent Secretary Executive Director, Social Displacement Unit	Ministry of Social Development and Family Services (MSDFS)
<b>Ms. Lisa Ifill</b>	Director, Social Planning and Research (Ag.)	
<b>Ms. Jennifer Juteram</b> <b>Ms. Christine John-Guy</b>	Senior Legal Officer Deputy Director, Social Welfare Division	
<b>Dr. Hazel Othello</b> <b>Ms. Marsha Connell</b> <b>Ms. Keisha Lewis</b>	Director, Mental Health Services State Counsel II (Ag.) GM, Mental Health Services, NWRHA	
<b>Alderman Joel Martinez</b> <b>Mrs Esther O'Brien</b> <b>Mr Brian De Leon</b> <b>Ms. Rhonda Laptiste</b>	Mayor of Port of Spain Acting Chief Executive Officer Inspector (Ag.) Public Health Inspector IV (Ag.)	Port of Spain City Corporation (POSCC)
<b>Mr. Daniel Moore</b>  <b>Ms. Shireen Pollard</b>  <b>Sergeant Terrence Dick</b>	Assistant Commissioner Police, North West  Manager, Gender-Based Violence Unit  Legal Officer	Trinidad and Tobago Police Service (TTPS)
<b>Mr. Sean O'Brien</b> <b>Ms. Dernisha Duke</b> <b>Mr. Carl Esdelle</b>	Permanent Secretary (Ag.) Legal Counsel I Policy and Research Officer	Office of the Attorney General and Ministry of Legal Affairs



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APPENDIX II  
**Minutes**

**EXCERPT OF MINUTES OF THE SIXTH MEETING OF THE  
JOINT SELECT COMMITTEE ON HUMAN RIGHTS, EQUALITY AND DIVERSITY,  
HELD ON FRIDAY NOVEMBER 5, 2021 AT 9:36 A.M.**

**Present**

Mrs. Lisa Morris-Julian, MP	Vice - Chairman
Mr. Esmond Forde, MP	Member
Mr. Barry Padarath, MP	Member
Mrs. Hazel Thompson-Ahye	Member
Ms. Donna Cox	Member
Ms. Jearlean John	Member

**Secretariat**

Ms. Khisha Peterkin	Secretary
Mr. Brian Lucio	Assistant Secretary
Ms. Aaneesa Baksh	Graduate Research Assistant

**Absent**

Dr. Nyan Gadsby-Dolly, MP	Chairman
Mr. Kazim Hosein	Member

[The meeting was held virtually via Zoom](#)

**Public Hearing: The 1<sup>st</sup> Public Hearing on an inquiry into the Human Rights of Socially Displaced Persons in Trinidad and Tobago with Specific Focus on their Treatment and Relocation from Port of Spain Public Spaces**

7.1 The meeting resumed in public at 10:06 a.m.

7.2 The following persons joined the meeting:

**Ministry of Social Development and Family Services (MSDFS)**

Ms. Jacqueline Johnson	Permanent Secretary
Ms. Loraine Reyes-Borel	Executive Director, Social Displacement Unit
Ms. Lisa Ifill	Director, Social Planning and Research (Ag.)
Ms. Jennifer Juteram	Senior Legal Officer

**Ministry of Health (MOH)**

Dr. Hazel Othello	Director, Mental Health Services
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Ms. Marsha Connell  
Ms. Keisha Lewis

State Counsel II (Ag.)  
GM, Mental Health Services, NWRHA

### **Port of Spain City Corporation (POSCC)**

Mrs. Annette Stapleton-Seaforth  
Mr. Glen Charles  
Ms. Mitra Sooklal

Chief Executive Officer  
Superintendent of Municipal Police  
Public Health Inspector IV

### **Trinidad and Tobago Police Service (TTPS)**

Ms. Sharon Cooper

Assistant Commissioner (Ag), Criminal  
Division

Mr. Yusuff Gaffar  
Ms. Shireen Pollard  
Sargent Terrence Dick

Assistant Commissioner (Ag), North West  
Director, Social Services  
Legal Officer

### Opening Statements

7.3 The following officials gave brief opening remarks:

- |                                    |                                       |
|------------------------------------|---------------------------------------|
| 1. Ms. Jacqueline Johnson          | Permanent Secretary, MSDFS            |
| 2. Dr. Hazel Othello               | Director, Mental Health Services, MOH |
| 3. Mrs. Annette Stapleton-Seaforth | Chief Executive Officer, POSCC        |
| 4. Ms. Sharon Cooper               | Assistant Commissioner (Ag), TTPS     |

### Key Issues Discussed

7.4 The following are the key subject areas/issues discussed during the hearing:

#### **Ministry of Social Development and Family Services**

- i. Assessments for socially displaced persons require individuals to present themselves voluntarily to the centres for assessment, before they are referred to a rehabilitation/transitional facility.
- ii. The Ministry of Health's assistance is required for persons who do not volunteer themselves for assessment.
- iii. The operationalization of two additional transition facilities for the socially displaced will assist in the placement and treatment of these persons after assessment.
- iv. The Centre for Socially Displaced Persons (CSDP) currently houses 111 persons, 50 persons were assessed for transitioning. Out of this cohort, persons who are:-
  - i. 55 years or older will be transferred to Homes for the Aged;

- ii. addicts will be referred to Rehabilitation Centres; and
  - iii. the mentally ill will be referred to the care of the Ministry of Health.
- v. Employees at the rehabilitation/transition facilities cannot deny the request of persons to leave the facility, as such there is a high turnover of persons leaving the facility.
  - vi. The POSCC alleged that persons from the CSDP have requested that socially displaced persons or their families pay for the services at the CSDP. The officials at the Ministry indicated that this matter will be investigated.
  - vii. The need for greater linkages between the divisions of the MSDFS, as there are socially displaced persons residing at the state funded rehabilitation/ transition facilities who are also receiving welfare grants.
  - viii. A draft policy document including amendments for the Socially Displaced Persons Act 2000, was reviewed and is carded for finalization by September 2022.
  - ix. The standards for the treatment of socially displaced persons were drafted and are to be finalized by the Ministry.

### **Ministry of Health**

- i. Mental Health Officers are also Justices of the Peace, which legally allows them to accompany persons who are mentally ill to a facility for treatment.
- ii. A needs-analysis was conducted on the complement of mental health officers, which indicated a need for additional officers.
- iii. The need for the implementation of a decentralised model of care, which will assign more psychiatrists and other doctors to be on call to assist in communities.
- iv. The need for the revision of the Mental Health Act to incorporate the treatment of socially displaced persons who are mentally ill and amend the sections of the Act relating to the involuntary assessment of persons who are mentally ill.
- v. A Mental Health Officer should be dispatched to assess a mentally ill socially displaced person once a report is received by the MOH. However, an instance was highlighted in which 11 months elapsed before a mental health officer was dispatched to conduct an assessment.
- vi. The proposed allocation of resources within the MOH solely for socially displaced persons.
- vii. There has been an increase in the number of socially displaced persons presenting themselves at hospitals.
- viii. The MOH is in the process of accrediting a pilot programme for training TTPS Officers on dealing with persons who have a mental illness.

### **Port of Spain City Corporation**

- i. The need for training of Municipal Police Officers in the treatment of socially displaced persons with mental illness.
- ii. The limited success of the Move Along campaign of the POSCC due to:
  - a. the unwillingness of socially displaced persons to stay at the assessment centre;
  - b. the lack of incentives for persons to stay at the centre; and
  - c. the benefits of living on the streets outweighing the benefits of living at the centre.
- iii. The improvement in the resources available to the Municipal Police Officers.
- iv. The need for additional Municipal Police Officers within the city and the requirement of additional mental health officers to assist the Municipal Police Officers.

### **Trinidad and Tobago Police Service**

- i. All police officers should receive continuous training in various areas inclusive of interacting with socially displaced persons, dealing with volatile situations and persons with mental illnesses.
- ii. The need for further collaboration amongst all stakeholders to deal with the mental health aspect of socially displaced persons.

### **Adjournment**

10.1 The Chairman thanked Members and the listening public for their attendance and adjourned the meeting.

10.2 The adjournment was taken at 12:37 p.m.

I certify that the Minutes are true and correct.

*Chairman*

*Secretary*

*November 26, 2021*

**EXCERPT OF THE MINUTES OF THE SEVENTH MEETING OF THE  
JOINT SELECT COMMITTEE ON HUMAN RIGHTS, EQUALITY AND DIVERSITY,  
HELD ON FRIDAY JANUARY 14, 2022 AT 10:00 A.M.**

**Present**

Dr. Nyan Gadsby-Dolly, MP	Chairman
Mrs. Lisa Morris-Julian, MP	Vice - Chairman
Mr. Kazim Hosein	Member
Ms. Anita Haynes, MP	Member
Mrs. Hazel Thompson-Ahye	Member
Ms. Jearlean John	Member

**Secretariat**

Ms. Khisha Peterkin	Secretary
Mr. Brian Lucio	Assistant Secretary
Ms. Aaneesa Baksh	Graduate Research Assistant
Ms. Ria Rampersad	Graduate Research Assistant

**Excused/Absent**

Mr. Esmond Forde, MP	Member
Ms. Donna Cox	Member

**The meeting was held virtually via Zoom**

**Public Hearing: The 2<sup>nd</sup> Public Hearing on an inquiry into the Human Right of Socially Displaced Persons in Trinidad and Tobago Specific Focus on their Treatment and Relocation from Port of Spain Public Spaces**

7.5 The meeting resumed in public at 10:30 a.m.

7.6 The following persons joined the meeting:

**Ministry of Social Development and Family Services (MSDFS)**

Ms. Jacqueline Johnson	Permanent Secretary
Ms. Loraine Reyes-Borel	Executive Director, Social Displacement Unit
Ms. Lisa Ifill	Director, Social Planning and Research (Ag.)
Ms. Jennifer Juteram	Senior Legal Officer
Ms. Christine John-Guy	Deputy Director, Social Welfare Division

**Ministry of Health (MOH)**

Dr. Hazel Othello  
Ms. Marsha Connell  
Ms. Keisha Lewis

Director, Mental Health Services  
State Counsel II (Ag.)  
GM, Mental Health Services, NWRHA

### **Port of Spain City Corporation (POSCC)**

Alderman Joel Martinez  
Mrs. Esther O'Brien  
Mr. Brian De Leon  
Ms. Rhonda Laptiste

Mayor of Port of Spain  
Acting Chief Executive Officer  
Inspector (Ag.)  
Public Health Inspector IV (Ag.)

### **Trinidad and Tobago Police Service (TTPS)**

Mr. Daniel Moore  
Ms. Shireen Pollard  
Sergeant Terrence Dick

Assistant Commissioner Police, North  
West  
Director, Social Services  
Legal Officer

### **Office of the Attorney General and Ministry of Legal Affairs**

Mr. Sean O'Brien  
Ms. Dernisha Duke  
Mr. Carl Esdelle

Permanent Secretary (Ag.)  
Legal Counsel I  
Policy and Research Officer

### **Opening Statements**

7.7 The following officials gave brief opening remarks:

- |    |                        |                                       |
|----|------------------------|---------------------------------------|
| 5. | Ms. Jacqueline Johnson | Permanent Secretary, MSDFS            |
| 6. | Dr. Hazel Othello      | Director, Mental Health Services, MOH |
| 7. | Mr. Sean O'Brien       | Permanent Secretary (Ag), AGLA        |
| 8. | Alderman Joel Martinez | Mayor of Port of Spain                |
| 9. | Mr. Daniel Moore       | Assistant Commissioner (Ag), TTPS     |

### **Key Issues Discussed**

7.8 The following are the key subject areas/issues discussed during the hearing:

### **Office of the Attorney General and Ministry of Legal Affairs**

1. The officials advised that Section 45(c) of the Summary Offences Act, Chap. 11:02, which provides for persons to be arrested and fined \$200 for loitering or sleeping in spaces without

the permission of the owner, can be used by the TTPS to remove socially displaced persons from the street.

**Ministry of Social Development and Family Services**  
*Progress of the Policy on Socially Displaced Persons*

2. The Socially Displaced Persons Act, Chap. 2000 has not been fully proclaimed due to the following reasons:
  - a. the need to include voluntary and involuntary removal of persons;
  - b. the need for additional holistic networking amongst stakeholders;
  - c. the insufficient human resources in the Social Displacement Unit (SDU) to address the removal of persons;
  - d. the need to reduce the lengthy time frame it takes for court orders for involuntary removal of persons to be carried out; and
  - e. the need for NGOs' standard of care to be improved to meet standard service delivery procedures.
3. The Ministry's policy on continuum of care requires that all stakeholders be engaged to ensure that the rehabilitation process addressed all areas.
4. A Policy document on the Socially Displaced Persons Act Chap. 2000 was completed and the Ministry has convened a committee to review same. The Ministry was confident that the review of the Act will be completed in fiscal 2022.
5. There was a disconnect between the efforts of the MSDFS and other stakeholders. A formal collaborative structure was needed as well as input from those who were directly concerned with the administration and implementation of the policy.
6. It was recommended that the Office of the Prime Minister, Gender and Child Affairs should also be included in the discussions, as international conventions on children should be consulted in the review of policy.

***The Social Displacement Unit (SDU)***

7. The Act required a Director, an Assessment Unit, Doctors and Nurses in the SDU, but the current SDU was established with seven positions. Of the seven positions:
  - a. three positions were vacant;
  - b. four positions were filled; and
  - c. two of the filled positions were Field Officers charged with countrywide street counts and other socially displaced matters.
8. The inadequate staffing of the SDU makes it difficult for the staff to fulfil its mandate and is also to be reviewed.

***The CSDP Facilities***

9. The facilities may not be custom designed to meet all the requirements of the Socially Displaced but it has allowed the MSDFS, through one of its NGO's, the Society of the St. Vincent De Paul to provide a level of care that meets the needs of most clients such as:



- a. basic care and supervision;
  - b. three meals daily;
  - c. mental health and social work services;
  - d. quarantine facilities (for male patients only);
  - e. other NGO services such as alcoholics anonymous;
  - f. referrals for rehabilitation; and
  - g. Counselling.
10. Whilst there have been complaints of mismanagement at the CSDP, no complaints of personal, or physical abuse or the non-provision of meals were received.
11. The MSDFS was in the process of instituting a complaints procedure for residents of the CSDP.

### **Ministry of Health**

12. Mental Health Officers were also Justices of the Peace, which legally allowed them to accompany persons, voluntarily or involuntarily, who are mentally ill to a facility for treatment provided they are in a public place and satisfy the requirement of being mentally ill.
13. The MoH was in the process of finalizing the implementation plan for the Mental Health Policy to submit to Cabinet for approval.

### **Port of Spain City Corporation**

14. POSCC was not authorized to remove, involuntarily, socially displaced persons from the streets.
15. Municipal Police Officers often met resistance with the “Move Along Campaign” initiative as persons gave justifiable reasons for loitering, which is not a criminal offence.
16. The POSCC wishes to promote a voluntary and persuasive approach to the removal and treatment of socially displaced persons.
17. The POSCC was of the view that providing service with efficiency and care will win the support and compliance of socially displaced persons.
18. Some of the initiatives that the POSCC have since undertaken were:
- a. The “Move Along Campaign” initiative which sought to encourage socially displaced persons to come off the streets and into the CSDP;
  - b. The ground floor of the CSDP building has been converted to accommodate and feed (through an experienced NGO) the homeless and about 64 persons are housed at the facility;
  - c. Encouraging corporate TT to make donations to the initiative; and
  - d. Engage socially displaced persons in minor jobs, to give them meaningful employment, paid through the Mayor’s fund.
19. Mediation is currently ongoing through the MSDFS with the aim of developing a policy to care for the socially displaced persons.

## **Trinidad and Tobago Police Service**

20. While legislation exists, which allows the TTPS to remove socially displaced persons for offenses, socially displaced persons were unable to pay the fine and would be subject to imprisonment and potentially put TTPS officers at risk.
21. Additionally, relatives often arrived in court to defend the socially displaced arrested for the offence of loitering and deny the charges.
22. TTPS intends to collaborate with the MSDFS to amend the Socially Displaced Persons Act, 2000 to ensure that all stakeholders have an input in the effective implementation of the Act.
23. The TTPS highlighted that not all persons seen on the street during the day are socially displaced persons as some of these persons have a fixed abode and loiter to seek opportunities. As such, the night is the best time for a count to ascertain a more accurate number of socially displaced persons on the street.
24. The TTPS was of the view that socially displaced persons feel that it is an infringement of their rights or unfairly targeted when officers approach or arrest them for loitering.

## **Adjournment**

10.3 The Chairman thanked Members and the listening public for their attendance and adjourned the meeting.

10.4 The adjournment was taken at 12:41 p.m.

I certify that the Minutes are true and correct.

*Chairman*

*Secretary*

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APPENDIX III  
**Verbatim Notes**

**VERBATIM NOTES OF THE SIXTH VIRTUAL MEETING OF THE JOINT SELECT COMMITTEE ON HUMAN RIGHTS, EQUALITY AND DIVERSITY HELD (IN PUBLIC) ON FRIDAY, NOVEMBER 05, 2021, AT 10.05 A.M.**

**PRESENT**

Mrs. Lisa Morris-Julien	Vice-Chairman
Mrs. Hazel Thompson-Ahye	Member
Ms. Jearlean John	Member
Mr. Barry Padarath	Member
Mr. Esmond Forde	Member
Ms. Donna Cox	Member
Ms. Khisha Peterkin	Secretary
Mr. Brian Lucio	Assistant Secretary
Ms. Aaneesa Baksh	Graduate Research Assistant

**ABSENT**

Dr. Nyan Gadsby-Dolly	Chairman
Mr. Kazim Hosein	Member

**MINISTRY OF SOCIAL DEVELOPMENT AND FAMILY SERVICES**

Ms. Jacqueline Johnson	Permanent Secretary
Mrs. Loraine Reyes-Borel	Executive Director, Social Displacement Unit
Ms. Lisa Ifill	Director, Social Planning and Research (Ag.)
Ms. Jennifer Juteram	Senior Legal Officer

**MINISTRY OF HEALTH**

Dr. Hazel Othello	Director, Mental Health Services, Ministry of Health
Ms. Marsha Connell	State Counsel II (Ag.)
Ms. Keisha Lewis	General Manager, Mental Health Services, NWRHA

**PORT OF SPAIN CITY CORPORATION**

Mrs. Annette Stapleton-Seaforth	Chief Executive Officer
Mr. Glen Charles	Superintendent of Municipal Police
Ms. Mitra Sooklal	Public Health Inspector IV
Mr. Wayne Mohammed	Senior Superintendent, Northern Region

**TRINIDAD AND TOBAGO POLICE SERVICE**

Ms. Sharon Cooper	Assistant Commissioner (Ag.) Criminal Division
Mr. Yusuff Gaffar	Assistant Commissioner (Ag.)

Mr. Terrence Dick  
Ms. Shireen Pollard

North West  
Sergeant, Legal Officer  
Director, Social Services

[MRS. LISA MORRIS-JULIEN *in the Chair*]

**Madam Chairman:** Good morning everyone. Welcome to the third virtual public hearing of the Joint Select Committee on Human Rights, Equality and Diversity. I am Lisa Morris-Julien, the Vice-Chairman of the Committee and I will be chairing the procedures today.

Good morning to this honourable virtual assembly. I count it as a privilege to sit as Chair for today's proceedings as we address this very important issue of an enquiry into the human rights of socially displaced persons in Trinidad and Tobago with specific focus on their treatment and relocation from Port of Spain public spaces. It is my sincerest wish that we continue to engage with much-needed productive dialogue in addressing this major issue of social importance that not only affects the capital city of Port of Spain, but every single constituency of this vast developing nation.

The plight of the homeless, we will all agree, speaks to the very heart and soul of a nation's ability to care for those who have become displaced and seemingly castrated from our normal civilization. Nonetheless, what we are assembled here to address directly affects every individual in this country.

I myself as a former local government representative and a former Mayor can definitely speak directly to this very situation that has surfaced even in the beautiful borough of Arima, as I am sure that each and every one of you can attest in your own constituencies. I believe and I am confident that once we create, build, design, a framework that can properly and effectively help this major issue in our nation's capital, then similar templates can be created throughout our learning and alliances to treat with the homeless and street dwellers in each and every constituency.

Therefore, I must say again, I feel extremely privileged and humbled to chair this morning's JSC with its wide array of brilliant representatives from all the major stakeholders and institutions called together on this matter to help and harness a successful strategic implementation plan.

I want thank each agency for their very valuable contribution which continues to guide us in merging the best approach forward as we flesh out the continuum of care for street dwellers into a beacon of hope for our beautiful capital city and the less fortunate that depend on our care. I thank you very much.

Members, please also allow me to announce that Sen. Donna Cox, Minister of Social Development and Family Services will be recused from this morning's proceedings but she is very much present, and we will all be taking in your valued contributions.

We will start with the Ministry of Social Development and Family Services, and I am requesting that

you introduce yourselves—oh, sorry. Members, may I ask you to introduce yourselves before we move on to the Ministry of Social Development and Family Services.

*[Introductions made]*

**Madam Chairman:** Sen. Cox.

*[Introduction made]*

**Ms. Cox:** Recused from this meeting.

**Madam Chairman:** Thank you. So we will move on to the Ministry of Social Development and Family Services, and we are requesting that the Chairman introduce everyone—sorry, the PS. Thank you.

*[Introductions made]*

**Madam Chairman:** Thank you very much. We now move on to the representatives from the Ministry of Health.

*[Introductions made]*

**Madam Chairman:** Okay, thank you very much. We now move on to the Port of Spain City Corporation.

*[Introductions made]*

**Madam Chairman:** Thank you very much, Madam CEO. We now move on to the Trinidad and Tobago Police Service.

*[Introductions made]*

**Madam Chairman:** Thank you very much. Now that we have had all the representatives this morning, I will like to advise the listening and viewing public that the enquiry's objective is to examine the treatment of socially displaced persons in the relocation from public spaces in Port of Spain in particular. I would like to ask the following persons to make brief opening remarks in this order: Ms. Jacqueline Johnson, Permanent Secretary, Ministry of Social Development and Family Services; Dr. Hazel Othello, Director, Mental Health Services, Ministry of Health; Ms. Annette Stapleton-Seaforth, CEO of Port of Spain City Corporation; and finally, Ms. Sharon Cooper, Assistant Commissioner (Ag.) of Trinidad and Tobago Police Service. Thank you very much and you may proceed.

**Ms. Johnson:** The Ministry of Social Development and Family Services is responsible for addressing the social challenges of poverty, social inequality, and social exclusion. The social issue of street dwelling continues to present a daunting humanitarian challenge that affects a discreet number of individuals across diverse economic and social backgrounds in our nation.

To this end, the Ministry, through the services of the existing Social Displacement Unit and the full suite of other services and programmes, remains committed to the rehabilitation and restoration of the street dwellers. We duly recognize that the efforts of the Ministry in isolation will not and have not been sufficient to address the problem. Therefore, we have been working with stakeholders and other partners to develop the range and scope of services within the continuum of care for street dwellers. We are confident that the right coordination and collaboration among the key stakeholders will bring about definite solutions and positive outcomes for addressing street dwelling.

The Ministry looks forward to today's discourse to explain in greater detail those intervention measures which are currently in place and planned for in the near future, pertaining to the nation's socially displaced. We remain committed and guided by the recommendations of the Joint Select Committee. Thank you.

**Madam Chairman:** Thank you very much. Dr. Othello.

**Dr. Othello:** [*Inaudible*]

**Madam Chairman:** Please un-mute your microphone.

**Dr. Othello:** Good morning. Again, I take this opportunity to reaffirm the commitment of the Ministry of Health to the provision of treatment and care for the socially displaced within Trinidad and Tobago, and in particular persons within the city of Port of Spain. Our Ministry continues to partner with our sister Ministry, the Ministry of Social Development and Family Services and other entities to provide support in the treatment and care of these persons.

In particular, the Ministry continually provides technical guidance and support as it relates to the management of street dwellers who appear to be mentally ill. This collaboration includes the assessment of street dwellers who are believed by mental health officers to be mentally ill and in need of care and treatment in a psychiatric ward or hospital, and their admission to a public psychiatric ward or hospital when this is required. It also includes visitation to various current and proposed sites that offer services to street dwellers to assess suitability, and to provide technical recommendations in addition to a number of other initiatives.

In this regard, it is envisaged that today's proceedings will be insightful towards promoting effective monitoring, timely mental health assessment, and where needed, treatment, and greater care of socially displaced persons towards better health outcomes for them. I thank you, Ms. Chairperson.

**Mrs. Stapleton-Seaforth:** Good morning to all. One of the mandates of the Port of Spain Corporation is to ensure that the city is clean at all times. On the other hand, the health, safety, and well-being of all citizens and members of the public who traverse the city on a daily basis is our utmost priority at the Port of Spain Corporation. Despite our challenges which include mental health training, a vehicle to transport the homeless

persons, and the accommodation to house persons, as required, the Port of Spain Corporation is always ready to work with all stakeholders, specifically, the Ministry of Social Development and Family Services, and the Ministry of Health, to provide immediate response and services in the areas of policing, public health and sanitation on a continuous basis to assist where necessary to curb homelessness in the city of Port of Spain. I thank you, and we look forward to this presentation.

**Madam Chairman:** Thank you. TTPS.

**Ms. Cooper:** Good morning again. As law enforcement officers we respect and protect human dignity and maintain and uphold the human rights of all persons. All police officers are part of and have a duty to serve the community without discrimination. The TTPS continues to partner with organizations and NGOs to assist the socially displaced community.

What we looked at in Port of Spain for the period 2017-2021 we have where eight persons who were categorized as socially displaced persons – 81 persons, sorry, who were categorized as socially displaced persons were charged for varying criminal offences. Also, for the same period we have where 17 persons from that same community were victims of crime. One of which was as a result of a homicide.

From our belief we feel that these figures were significantly under-reported because of the community involved, which is the socially displaced community. Thank you.

**Madam Chairman:** Thank you very much. And before begin the questioning by the Committee I would like to remind all committee members and representatives to direct the questions and concerns through the Chair. I would also like to remind that both members and representatives to please mute your microphones unless acknowledged by the Chair, then you activate the microphone and turn it off as soon as you have concluded your contribution. And members, I would like us to begin, and I will invite member Thompson-Ahye to begin the questions.

**Mrs. Thompson-Ahye:** To the Ministry of Social Development and Family Services, through you, Madam Chair. PS Johnson, welcome, and thank you for your paper that you submitted to us. Very happy to see familiar faces among you, all of those who are here this morning.

Now, given that the Port of Spain City Corporation in their submission cited a lack of space in institutions and they have seen that as a challenge with regard to addressing the street dweller population, could you please identify the institutions where street dwellers are placed at present please? Madam PS Johnson.

**Ms. Johnson:** Madam Chair, through you, there is a process that we employ to treat with street dwellers which requires an assessment of the individual based on their voluntary decision to be assessed, and that determines



where they are placed.

Now, the Ministry has been engaged in the identification of several facilities that we can use to provide transitional and emergency housing for street dwellers. Two of them are on stream to be utilized shortly for that purpose. In the interim what we have located at the NIPDEC Carpark is what we call the Social Displacement Centre. Now, there is an assessment centre there and persons who are assessed as mentally challenged of course, will become the responsibility of the Ministry of Health.

Those that are assessed as being victims of drug abuse will be directed to the Piparo Empowerment Centre or an alternative drug treatment programme, several of which are available in the country. The elderly are usually directed at an old age home for care. So it depends on the assessment of the individual who voluntarily decides to come to the socially displaced centre at the NIPDEC Carpark to engage in that assessment with us, and then for assignment to an appropriate rehabilitation programme.

Now, the Ministry has – specifically, the Ministry has on stream yes, the Piparo Empowerment Centre and several other programmes which we can direct the individual to if they are mentally challenged. We have the Caura Programme, we have the Rebirth Programme, we have the New Life Ministry Programme. We also have the elderly homes which we would transfer persons to and the Ministry meets the cost of that.

And again, I am saying that we have two facilities that are coming on stream shortly which will also provide additional transitional housing for those persons who so desire. I really want to put on the table that the service while it is available, persons must volunteer for inclusion in the services provided. And there may be a shortfall in facilities known as transitional housing for those people who are assessed as socially displaced, and the Ministry has been working assiduously to identify those facilities. As I said, two should come on stream shortly. Refurbishment works are near completion, and we have two others that we are seriously – we are negotiating for, that should come on stream within this fiscal. Madam Chair.

**Mrs. Thompson-Ahye:** So having regard to what is in place now and what is to come, you know, into being soon, would that cater for the 336 that have been identified as spaces that you need as of March 2021? Would there still be a shortfall?

**Ms. Johnson:** We do not anticipate any major shortfall because the intention is to rehabilitate persons. Some of them may require long-term treatment. Some of them may require long-term mental health treatment, for example. So really what we need to be able to do is assess what are the needs of our clients. We are currently engaged at the socially displaced centre at the NIPDEC Carpark, trying to relocate about 50 persons at that facility. Some of them are elderly and they can easily be transferred to senior citizen's homes where the Government will pay – meet the cost of their care. And those are the people between 55 years and over. So that group we are catering for out of those 50 that we have identified as being able to transfer. So the elderly homes,

those will go to the elderly homes.

We also have some persons who may have already indicated their willingness to accept our social services grant and meet the cost of their own accommodation among that 50. So those are other options that we will look at. Those people just simply need funding to ensure that they can pay a rent somewhere and to treat with their basic food supply.

There are others at the centre who are definitely in need of long-term mental health care and these must be referred to the Ministry of Health. There are others there who are simply in need. We have elderly, mentally ill and those persons with addiction.

**Madam Chairman:** Madam PS Johnson, may I ask for some clarification please? What takes place if the person does not agree to voluntary assessments? What happens next?

**Ms. Johnson:** Madam Chair, if our officers encounter someone on the street who refuses to go for assessment or to go to the socially displaced centre, there is nothing more that we can do but alert the police or the Ministry of Health to see if they can make an intervention with the individual, in order to have some action taken in terms of their removal from the streets. The Ministry of Social Development and Family Services does not have the authority to remove or force anyone to go to the socially displaced centre.

**Mrs. Thompson-Ahye:** I have observed that the report, the submission from your Ministry is disaggregated by gender. But I have no idea about age. Tell me if you can, how many of those people will fall under the age of 25 years? If you can.

**Ms. Johnson:** Mrs. Borel can answer that.

**Mrs. Reyes-Borel:** Good morning everyone. That data, 336 persons, is obtained via what is called a head count. The head count does not allow for a determination of age. It is simply in the streets, in the night, counting the number of persons. So what we determine is number and gender, but overall our population is predominantly male. And also the issues in terms of predominance the age group is really between 39 and 55. That is where the predominance usually is, and we use that from data that is at the centre. We extrapolate that that is what we would see on the streets.

**Mrs. Thompson-Ahye:** Because you would imagine to be able to make any kind of plan you ought to know who you are dealing with going forward. Now, who are some of the stakeholders collaborating with the Ministry in implementing, you know, these initiatives that you are planning? You have set out quite an impressive plan of things that you are going to do, temporary care, primary care, a whole continuum, and could you name some of your stakeholders for us? And of course the listening public.

**Ms. Johnson:** The key stakeholders that we have been dealing with here would include the city corporation,

the Ministry of Health, the Ministry of National Security, Ministry of Housing and Urban Development, the Ministry of Planning and Development, and the Ministry of Agriculture, Land and Fisheries. There are some other minor stakeholders like for example, the Trinidad Petroleum Holdings Limited. We have been trying to negotiate with them for some of their bungalows for the purpose of housing some of these people. And of course, the Ministry of Housing and Urban Development and UDeCOTT in terms of planning and executing those projects which would require the custom design and build of facilities to meet the needs of the group.

**Mrs. Thompson-Ahye:** In your submission you made reference to the Socially Displaced Persons Act, and I must thank you for that. I was not even aware that such an Act existed. Perhaps, because you know, had we been the Finance and Legal Affairs Committee might have looked at – because we have been looking at matters, in fact legislation that has not been proclaimed. So perhaps it is not too late to add that to find out what is happening with that.

But having heard you just now, and having perused your papers that you submitted, and when you look at the Act and the Social Displacement Unit and responsibility for the Unit, it speaks about:

“(c) identifying the factors that lead to social displacement and implementing educational and other programmes aimed at preventing an increase in the population of socially displaced persons;”

**10.35 a.m.**

And nowhere do I see a mention – you know, do I get a mention – even this morning on the papers – any link with the Ministry of Education and I am concerned having regard to the spectrum of persons within the ambit of your remit that the Ministry of Education is not being engaged. Are there – any thought given to that, any plans? Because, you are talking rehabilitation and, therefore, I would imagine that that would be key in all of that, and this process.

**Ms. Johnson:** Yes, and, Madam Chair, while it may be good to engage the Ministry of Education at this point in terms of treating with social displacement within the student population, our treatment of education for the socially displaced is really within our model for social services empowerment. And that is a model that we adopted to encourage people to remove themselves from their vulnerability. Street dwelling really occurs when we have not treated with the particular vulnerability affecting the individual –

**Mrs. Thompson-Ahye:** “Mm-hmm.”

**Ms. Johnson:** –and therefore, our new model of social development and social empowerment and social service delivery really treats with how we get people to step up and step out of poverty and to treat with their vulnerability. So, our education piece is within that whole model of moving persons out of that poverty – over

that poverty and outside of that vulnerability situation. So, it is captured within there as opposed to treating with it at the level of the education system. And while I agree that we may need to—we should engage the Ministry of Education at this time, because that whole vulnerability thing starts at that level. The position of someone on the streets now did not happen yesterday, it is a whole system, and we really need to deal with this system holistically.

**Mrs. Thompson-Ahye:** Well articulated.

**Madam Chairman:** Madam PS Johnson, I actually have two follow-ups for you. One, in discussion regarding the Socially Displaced Persons Act of 2000, I saw that you stated that the Act had certain weaknesses. What has been done since then to strengthen and how are you going to move forward with that? And I also noticed in your submission a breakdown of the 336. How many are mentally ill, socially displaced, senior citizens, et cetera? Just a little more detail please, thank you.

**Ms. Johnson:** Madam Chair, thank you for that. In terms of strengthening the Act we have prepared a policy document that would inform the various areas within the Act that we would want to be considered for amendment. That has not been shared with the stakeholders as yet in any public kind of way but we have held discussions with Health and some of the key agencies in terms of advancing those amendments that we see as necessary in order to make that Act really effective.

**Madam Chairman:** Madam PS, what about the Office of the Attorney General and Ministry of Legal Affairs, have they been engaged?

**Ms. Johnson:** We have had initial discussions with the Attorney General's Office as well, yes. However, in recent times, we have recognized that that Act of 2000 was developed without the benefit of a policy. And, therefore, a decision has to be made now, whether we want to proceed with an overall policy to treat with the Act as opposed to the amendments that we have before us, and that is a decision that the Ministry is actively engaged in. With your other question, Madam Chair, about the breakdown, I will have Ms. Reyes-Borel answer that.

**Ms. Johnson:** Thank you, PS. As indicated earlier, the 336 represents persons who are on the streets who would have been identified on a particular night sleeping on the streets of Port of Spain. So that kind of breakdown is not available but we would be able to provide the breakdowns subsequent to assessment. So, for example the persons who are at the Centre for Socially Displaced Persons, we are able to provide breakdowns in terms of what you are asking. Their categories, that can be provided. But for the 336, it is only when they come into the system we are able to make a determination as to what their needs are, what their issues are. We have persons with—at CSDP, currently, we have 13 persons with a mental health diagnosis.

**Ms. Johnson:** And that population, Madam Chair, at the CSDP is 111.

**Madam Chairman:** Okay, [*Technical difficulties*] understand, but please clarify for me, is it that there is an intention to have an exercise to assess the persons who are currently not in the system? Because you said one particular night and I know that different nights, variations, correct? Is it the intention of Ministry of Social Development and Family Services to – ?

**Ms. Johnson:** Madam Chair, we could only assess those persons if they come with us to the assessment centre.

**Madam Chairman:** All right. I cannot remember –

**Ms. Johnson:** We cannot force them to do that.

**Madam Chairman:** Okay, I do recall there were some attempts by the Ministry in the past to do street assessments, could you clarify that for me?

**Ms. Johnson:** Sure, sure.

**Madam Chairman:** Because I would have been written by your Ministry asking to provide information on the street dwellers in the borough of Arima. Is that still an ongoing process?

**Ms. Reyes-Borel:** Yes, yes. What—that is an engagement of persons on the streets to do a preliminary assessment as to what the person’s issue might be, again with a view to getting them to go to the assessment centre so that we can actually do formal interventions – formal investigations as to what their issues are. So yes that engagement on the streets still happens. We have field officers attached to the unit and that happens in Port of Spain on a weekly basis. Prior to COVID it was three days for the week in Port of Spain with other cities being done on Tuesdays and Thursdays. So currently, we still maintain two days a week on the streets of Port of Spain through the field officers.

**Madam Chairman:** Okay, thank you. Members of the Committee would anyone like to continue?

**Mr. Forde:** Madam Chair, Esmond Forde here. Just a follow-up question for PS Johnson. In terms of a template, or let us say, are we mirroring any particular country, any particular cities with regard to this street dwelling problem that we are experiencing in Trinidad and Tobago? You know, I know, each city or country may have a unique situation with regard to this aspect, but are we – do we have a template that we are working with, like, for instance, have we studied any other environment with regard to our situation here in Trinidad and Tobago, Madam PS?

**Ms. Johnson:** Madam Chair, we are. We look at the situations – we are looking at the situations of several countries. We have been adopting standards, for example, of some of those cities in terms of how they deal with homelessness. And those are being used at present in the draft standards that we have created – that is a policy that we – a document that we are actively looking at in terms of having it finalized. We are also looking at some of the approaches to assessment in some major cities and some of that we have adopted in terms of our

planning and execution of the project to treat with our street dwellers. So yes, we are actively doing that kind of research to inform some of the decisions that we are making here, mindful of the uniqueness of our society.

**Mr. Forde:** Secondly, Madam PS, in terms of roles and responsibilities, in terms of your knowledge, do you think that the Ministry of Social Development and Family Services should be the Ministry to handle this particular aspect of the street dwelling? Now, from the statistics, right, again, we are only dealing with Port of Spain which I presume has the majority of the street dwellers, right? In the constituency where I have some responsibility which is Tunapuna, we do have these similar scenarios. But do you think that the Ministry of Social Development and Family Services, seeing that they have to depend so much on the Ministry of Health for the tools, for the apparatus, for the equipment, and so on, most of the parameters that are needed for this particular street dwelling aspect, do you think that the Ministry of Social Development and Family Services should be saddled with this responsibility? I would just like to get your opinion on that aspect.

**Ms. Johnson:** Madam Chair, the Ministry of Social Development and Family Services has a role to play in treating with all vulnerable groups. Street dwellers are indeed a vulnerable group that we must pay attention to. And as you said, it is all over the country. It may just mean that Tunapuna or the Chaguanas may have fewer persons than Port of Spain. It is in – what I think is important for us to do is to have a collaborative and joint approach to dealing with the problem. We – in our research of other jurisdictions, we have found that the legislation is key to supporting a collaborative approach to treating with street dwellers. And that is one of the gaps that we are seeing in our system.

So for example, when we looked at street dwelling in countries like India, Singapore, Australia, New Zealand, those countries which stand out here, like Denmark and United Kingdom, would have strong legislation which supports the collaboration between the Ministries of Health, the police service, and the Ministry of Housing, and Social Development, in a way that facilitates the removal of the street dweller from the streets and their rehabilitation based on a continuum of care that we have identified. And I think that within that we have some gaps that we need to treat with and maybe we need to treat with those urgently. The Ministry of Social Development and Family Services ought to be in a position like the Ministry of Health to provide services for those who are mentally challenged. That will remain the responsibility of the Ministry of Health. The Ministry of Social Development and Family Services has a responsibility to provide the care and protection and the transitional facilities to rehabilitate those persons who are simply displaced and have nowhere to go.

**Madam Chairman:** Thank you very much –

**Ms. Johnson:** So there is a responsibility there for the Ministry of Social Development and Family Services.

**Madam Chairman:** Thank you very much. I recognize member Padarath.

**Mr. Paradath:** Thank you, Madam Chair. PS, I wanted to raise a particular matter based on something that was said earlier about the Piparo Empowerment Centre. As you may be aware it falls in the constituency of Princes Town and we have had some challenges in the recent past where persons who have been placed at the Piparo Empowerment Centre, few as they may be, spend a lot more time in the community of Piparo outside of the

Centre than being rehabilitated at the Centre. The question that I really had was whether or not this is as a result of limited resources available at the centre in terms of personnel and so on, or what would be the challenges the Piparo Empowerment Centre faces that would allow a situation like that to continue?

**Ms. Johnson:** Madam Chair, the Piparo programme is a drug rehabilitation programme. It is a voluntary programme. Now, persons will be assigned to the facility for rehabilitation, but we cannot hold them at the facility and hence the reason why we have such a high dropout rate of our clients at that facility. So, we are now down to approximately five clients. Two of them will complete their treatment in the next two weeks or so, and we are then down to three. The issue here for us is that because it is voluntary, we cannot hold you against your will and violate your rights to leave. And therefore, our intake there has been pretty low, it has never been up to the capacity of 50. But the fact remains that the programme is sound enough to allow some people, albeit very few, to complete the programme. And I would say that there – we have some limitations in terms of resources, but it ought not to be at the point where our clients are allowed to leave the facility in the way that you have described. We are up to speed in security, we have counsellors, we have been providing all the needs of the client in terms of their meals, and their hygienic items. And so the issue of clients leaving and spending time in the village, I do not know if that might be part of their therapy, but the centre is indeed a therapeutic – has a therapeutic environment that should allow our clients to remain. I am again putting on the table that it is a voluntary treatment facility and we cannot hold anyone against their will on site.

**Mrs. Thompson-Ahye:** Madam Chair, if I may, the Port of Spain City Corporation in their submission to us, indicated that they have received allegations that persons in charge of the Centre for Socially Displaced Persons, that they have in fact been collecting money from the homeless persons and families to accommodate them. So, is the Ministry aware of these allegations and has there been any investigation, and what is the procedure for investigating these allegations and the repercussions for persons who have been collecting money from homeless persons to accommodate them at the centre?

**Ms. Johnson:** Madam Chair, the Ministry provides the – has an agreement with the St. Vincent de Paul Society to manage that centre for us at the cost of \$2.8 million per annum. The centre has a capacity for housing 200 people and as we indicated earlier, it currently houses 111 people. Recently, we have – let me put on the table that this is the first time that I am hearing of this particular situation, but I am aware that we have been having complaints from members of the – who have been assigned to the facility. We have put in a complaints mechanism recently and we are hoping that that will be able to remedy many of the issues that we see being raised by our clients. And if I could ask Ms. Juteram to indicate a little bit more about that complaints mechanism, in summary?

**Ms. Juteram:** Good morning, Madam Chair. The St. Vincent de Paul is the NGO which is assigned the responsibility to operationalize the CSDP. Within that, the St. Vincent de Paul, there is a home committee, which basically manages the grievance, any grievance or complaints that members of the home may have. So therefore, there is a form that persons have to fill out basically to say what their problem is. It would be placed

before the committee through the manager of the CSDP. So therefore, the person has a right and an opportunity to be heard and their complaints adequately and sufficiently addressed and resolved.

**Ms. Johnson:** Thank you, Madam Chair.

**Madam Chairman:** Thank you, I see member Forde, member Padarath, and then we will go back to member Thompson-Ahye.

**Mr. Forde:** Thank you, thank you, Madam Chair. I know we have other persons there, but I think the discussion we are having now with the PS is very critical, you know, in the objectives of what we are trying to achieve. Persuasion, all right, and with regard to the Attorney General and Legal Affairs' role, right, I think – I know some headway has been taking place. But where are we at presently with regard to, again, proposals, towards the Attorney General's department with regard to the legislation in order to ensure that we in Trinidad and Tobago might be able to use more than persuasion with regard to this street dwelling problem that we have in Trinidad and Tobago? Could you shed some light there Madam PS, as to – you know, in terms of recommendations, communication with the AG department as to where we are at present with regard to any aspect of this?

**Ms. Johnson:** Madam Chair, the policy review document to amend the socially displaced Act, what we have done so far is completed the internal review of the document. We have – we still need to have our Ministry's executive agree with that, go to stakeholder consultation, finalize that policy, submit it to Cabinet and then of course to the Office of the Attorney General and Ministry of Legal Affairs to have whatever is being proposed as amendment to be treated with. That –

**Mr. Forde:** Any timeline has been – so sorry, go ahead, go ahead.

**Ms. Johnson:** Yeah, we anticipate that we should be able to get to Cabinet by September 2022.

**Mr. Forde:** Actually, that is the question I was going to ask with regard to a timeline. So you hit it on the button right there. Thanks, Madam PS.

**Madam Chairman:** Member Padarath.

**Mr. Padarath:** Thank you, Madam Chair. PS, just to follow up on a point that you made earlier, and it was a bit startling when you indicated that there was a high turnover level in terms of persons leaving some of these centres. And while we do appreciate, and I do not want to come across as though we do not appreciate the work that your unit with responsibility has for this is doing, can you indicate whether or not there are any internal enquiries within the Ministry, within the units, that would help to determine, separate and apart from persons wanting to leave the programme, what are some of the other contributing factors that would create an environment that persons would not be comfortable enough to stay? Are there any internal enquiries that are happening with the Ministry to determine these things at the various centres?

**Ms. Johnson:** Certainly.

**Ms. Reyes-Borel:** Madam Chair, the nature of the street dwelling population and their issues, engagement and having the opportunity especially via rehabilitation programmes, which usually speaks to some kind of



addiction, the nature of addiction creates the challenge of being able to hold this person's attention and hold them based on what addiction does. It really distracts you and you want to be **back** doing what you were doing. In terms of continually looking at what we do and how we do it, at least as far as rehabilitation that the Ministry will be responsible for, which is at PEC, yes, there is the looking at what we are doing, how we are doing, it, getting feedback from clients. In terms of complaints issues that they have to see where it is possible to make changes and address. So it is the nature of the social work engagement to determine how what you are providing to the client is being received, and to seek to improve on it where it is possible, where the issues might be as far as service provision is concerned. So, as far as what the Ministry is responsible for, there is that review in terms of what we are doing and how we are doing it.

**Madam Chairman:** Madam PS, the MP for Princes Town gave a very good point, but I want to go back to the St. Vincent de Paul Society because I am a little confused. How come there are persons at CSDP receiving grants? Because if the Ministry is paying for St. Vincent de Paul to take care of the persons, there is a contradiction. Then why are they still in receipt of the grants and is something going to be done to stop these practices? And who is going to be held accountable for that? Because from what I understand, once the Government is taking care of them financially, they are not supposed to be also receiving grants. So there seems to be something very untidy about that situation. Can I get some clarification?

**Ms. Johnson:** Madam Chair, let me clarify. We have situations where there are approximately 47 persons who have been placed at CSDP and are in receipt of government grants. Now, when they apply – some of them when they applied for the grant, they were not at CSDP. They continue to get the grant while at CSDP. What we have done, we are engaged in an exercise to assess our grant payments currently. Some of it would have been in the public domain in terms of that exercise that we recently conducted. And the exercise has shown up that there are persons who are in receipt of our grants and who are not at the CSDP, but they may be at another institution. We are attempting, currently, to treat with that issue as concisely and as quickly as possible to prevent its occurrence.

Our current policy says that if the Government is paying for you at an institution, you ought not to be in receipt of a grant. And therefore, we have given some ultimatums – an ultimatum to those people at CSW who are in receipt of grants, we have been holding their cheques, and we are telling them that if it is that you can find alternative accommodation, we will continue with the grant, and that accommodation cannot be on the streets. But if you continue at CSDP, we will continue to fund you under the current subvention arrangement. So that is the kind of discussion we are having with those people there who are in receipt of a grant. Those that are over the age of 55 who we can accommodate at our community care facilities, we have also engaged them with the option to go to one of those facilities, and we will pay through our Community Care Programme and we will now discontinue the grant. So we are working assiduously at trying to eliminate that scenario at all care facilities.

**11.05 a.m.**

**Madam Chairman:** Madam PS, I do have a question that was not answered. Who is being held accountable for this? Because this is not something that is happening now. This has been happening for quite some time. So I want to know who is the accountable officer or department or arm of the Ministry? Who exactly should be held responsible for something like this? Because to me, this is definitely –

**Ms. Johnson:** Madam Chair, as Permanent Secretary here, I will take responsibility for the occurrence of that kind of event, but it really speaks to the need for us to work in a coordinated fashion so that we know who our clients are. One of the things that we intend to do via our digitization programme is to ensure that we understand our client in a coordinated manner. So the Social Welfare Division, yes, understands that they are paying a grant, but they also need to understand that that individual being paid a grant exists within a family and therefore, the Family Services Division ought to be engaged in terms of supporting and helping that client to step up above the poverty – the vulnerability line. It also means that the Social Displacement Unit ought to understand the needs of that client as it relates to their family and the grant payment.

**Madam Chairman:** Madam PS, may I ask, is the Social Welfare Director – is there a representative for the Social Welfare Director?

**Ms. Johnson:** The Director of Social Welfare is not here with us.

**Madam Chairman:** Okay. Is it possible, Madam PS, that it could be submitted to this Committee for us, what exactly is happening and what do you propose to stop this from happening in the near future? Would that be possible –

**Ms. Johnson:** Madam Chair –

**Madam Chairman:** – in the interest of time?

**Ms. Johnson:** Madam Chair, our current process involves, one, of identifying those persons who are in our care system that we are paying for and in receipt of a grant. We have done so already for the social displacement centre. What we are engaging those 47 clients in is a procedure to eliminate the grant or have them relocated to one of our facilities where they can be properly cared for. So we have laid out the options for those persons as it relates to the payment of the grant with the view to ending that kind of anomaly.

**Mr. Forde:** Madam Chair?

**Madam Chairman:** Member Thompson-Ahye's hand is up and then we will move on to member Forde. But –

**Mr. Forde:** No. Madam Chair, depending on what the point is, I just want to add, with the request that you made, if we can get the dollar value, please?

**Madam Chairman:** Thank you. Because members, I am very much concerned because I still do not think that

any entity is being held accountable for – and I will say it plainly – the abuse of taxpayers’ money. And while the PS has quite nobly taken it upon herself for the responsibility, I happen to know that, Madam PS, you are fairly new to this position. Correct?

**Ms. Johnson:** Yes.

**Madam Chairman:** So we need to see some level of accountability. And thank you very much member Forde, and member Thompson-Ahye.

**Mrs. Thompson-Ahye:** I have a short question. If you are not in receipt of a grant and you are in an institution like the Centre for Socially Displaced Persons, do you get a stipend at all or how does it – is it that the St. Vincent de Paul is going to satisfy all your needs? I mean, do these people even get pocket change if they are not in receipt of a grant?

**Ms. Johnson:** Madam Chair, our arrangement with the St. Vincent de Paul allows them to provide three meals, provide support, the medical care of the client through our public health clinics and to provide the social services – the counselling services are provided by the Ministry of Social Development and Family Services through our social workers and the facility. We do not pay a stipend to the client.

**Mrs. Thompson-Ahye:** Thank you.

**Madam Chairman:** Thank you very much. Is there any other member who would like to ask further questions before we move on to the Ministry of Health? Well, if not, Madam PS, thank you very much to you and your team and, of course, you know, we may have follow-up questions –

**Ms. John:** Chairman? Chairman? Hello, Chairman, sorry.

**Madam Chairman:** Yes, member John.

**Ms. John:** Thank you so much for the opportunity. I just want to commend the honourable PS Jacqueline Johnson for that sterling contribution. I also just want to find out, she had said the utilization of the facility in Piparo is way under par and I think only five clients she said right now, et cetera, et cetera, and it is well – in terms of being serviced and ready. Is there anything one can do – I know the protocol now is for one to go there voluntarily – given that already there is a cost attached to that facility?

**Ms. Johnson:** Madam Chair, the Piparo facility comprises 115 hectares of land, so it is a huge facility and the Government at present is considering how best to optimize the use of that facility. Yes – and we may have to engage in sharing the facility to meet some of the other needs that we may have nationally. But the issue at hand here is how best we can keep our clients at the facility without some kind of order, maybe from the court, for them to remain at the compound. With an entirely voluntarily system in place, there is no way that we could

deny someone a request to move out of the facility despite all the –meeting their needs and attempting to ensure that that might be the best option for them at this point in time.

**Ms. John:** Thanks a lot, Madam Chair. I just want to again, through you, commend the PS on that really sterling contribution she has given this morning. I think I, for myself – we have a better view of what is happening in that particular sector. Thanks a lot.

**Madam Chairman:** Thank you very much, Member John. Once again, Madam PS, thank you very much for your contribution. We appreciate all the valuable information and now we move on to the Ministry of Health, and I know that member Padarath will be starting us off.

**Mr. Padarath:** Thank you, Madam Chair. To the members visiting from the Ministry of Health, thank you for taking the time to join us and share this information with us. Madam Chair, through you, a lot of the questions and concerns that I have really surround two main issues, and this will be in relation to some of the things that were also mentioned by the Permanent Secretary in the Ministry of Social Development and Family Services. And to the representatives from the Ministry of Health, the first question we would like to start off with, in terms of the information provided to us would be: What would be the Ministry's capacity, at this time, with respect to the support that it provides in terms of getting persons voluntarily off the streets to be assessed? Is there a specific unit at the Ministry and what is the capacity of the Ministry, at this time, in terms of servicing all of Trinidad and Tobago as it relates to persons that are requiring assessment and getting them off the streets?

**Dr. Othello:** Through the Chair, thank you for that question. There is not a specific unit at the Ministry for that purpose. However, all mental health officers are sworn in as Justices of the Peace. Mental Health Officers are nurses who have been given specific training in community mental health and in addition, they are trained to work with persons in the community and provide mental health care within the community. They are sworn in as Justices of the Peace which allows them, under the Mental Health Act, to approach persons who are believed or considered to be suffering from a mental health disorder. If that person is in a public place, engage that person, do an assessment and if on the basis of that assessment the person needs to be provided with mental health care, they are given the authority under the law to accompany that person to a psychiatric ward or a psychiatric hospital where that care can be provided.

An audit of the Mental Health Services, Human Resources, was completed just a few months ago and tells us exactly where we are at in terms of numbers of the different mental health professionals. In addition to which, subsequent to that audit, we did a needs analysis. We collaborated with all of the regional health authorities' mental health teams to look at not just how they currently provide their services, but how they plan to improve those services as we implement the Cabinet-approved National Mental Health Policy 2019 to 2029. That was approved just at the end of 2019. So that now that we are in the implementation phase of that policy, we have done an HR needs analysis which was only completed about two weeks ago and has to be submitted

to the executive of the Ministry of Health for approval. And once that approval is completed then our implementation plan can be sent forward to Cabinet for approval, and then we will be able to move forward in a more effective manner with the implementation of our decentralization plan.

I took the time to explain that because it is the decentralization plan that is focused on more community-based mental health services. Therefore, those very mental health officers will be located in the community to a large extent. In fact, the vast majority of them will be working primarily in the community.

Currently, we have a system where people have to be in the hospital on certain days and in the community on certain days, and there may be a need. You may be called to assist somewhere where somebody needs one of these assessments, but you may be unable to respond to that need because you are fulfilling a hospital-based responsibility. So we want to separate those two things as part of our implementation of our decentralized model of care so that these mental health officers will be available in the community and better able to respond to these needs.

**Mr. Padarath:** Madam Chair, again, through you, to the member from the Ministry of Health. Member, could you indicate to us what is the current complement of officers at this time?

**Dr. Othello:** Yes, I have that for you. Currently, we have 49 mental health officers distributed across the regional health authorities.

**Mr. Padarath:** Okay. And can you indicate how do you go about the distribution of these 49 officers? What is mechanism that is used in terms of the assignment of these officers?

**Dr. Othello:** The regional health authorities are the delivery arm of the Ministry of Health with respect to health service delivery. So therefore, the mental health officers are employed within the various RHA systems. So that, at this time, we have 30 assigned to the North West RHA, 11 assigned to the South-West RHA and eight assigned to the Tobago RHA. There are currently none assigned to the North Central or Eastern RHA because the North West RHA provides the majority of mental health services within those two regions at this time.

**Mr. Padarath:** And member, can you indicate whether or not there are any plans afoot with respect to an additional intake of officers? Because the numbers you provided to us suggest, to me – it seems to be a little bit inadequate. Are there any plans to bring in additional persons as these mental health officers?

**Dr. Othello:** That is one of the needs that was identified when we did the needs analysis and that we were aware of intuitively even before we did that formal needs analysis. So that the HR component of the decentralization implementation plan would provide the scope for additional mental health officers to be brought on board.

**Mr. Padarath:** Okay. One of the things that you indicated earlier that had me a little concerned, to be honest,

was the way in which these officers are brought on board. And I know you did indicate earlier that some of them would have been nurses who are made Justices of the Peace, et cetera. But in terms of their relationship and relating to persons who are street dwellers that we are dealing with in particular today, is it not more prudent to have some of these mental health officers with a more clinical background in terms of psychology and psychiatric medicine and so on?

**Dr. Othello:** The process for – the persons who can be under the current law sworn in as Justices of the Peace are mental health officers and social workers. I did not mention it but there are medical officers who are sworn in as well. They are generally senior persons within the psychiatric fraternity. So they are also sworn in as Justices of the Peace and they do have responsibility in that regard. But within the current system, they do not go out to engage these persons because, again, with the current system whereby they are heavily invested in hospital-based services, it is not practical for them to be able to do that. But once the decentralized model of care is fully implemented then there would be – once this model is accepted and fully implemented – psychiatrists and other doctors assigned to the communities who can provide basically any level of care that is required in the communities.

**Mr. Padarath:** Madam Chair, if you would allow me one additional question. Member, I am aware of the limitations within our jurisdiction as it relates to the Mental Health Act, but I am also aware of other jurisdictions that we share our jurisprudence with that allow in instances where persons who are street dwellers and have psychiatric problems are unable to make decisions for themselves, and there is no next of kin that can be contacted and so on, that the State is given a certain amount of leeway. Are there any discussions amongst stakeholders, whether it be the Attorney General's Office, the Ministry of Social Development and Family Services, to explore these avenues in terms of giving the Ministry of Health a bit more teeth to bring assistance to persons who are street dwellers that require the psychiatric intervention?

**Dr. Othello:** I am not sure if I understand the question. Could you please repeat it? Sorry.

**Mr. Padarath:** What I am saying is that I understand in Trinidad and Tobago the limitations with respect to mental health legislation. The PS at the Ministry of Social Development and Family Services was at pains to indicate that listen, you know, as much as we want to help and we want to get involved, there is the limitation of not forcing persons. What I am saying is that while that exists in Trinidad and Tobago, there are other jurisdictions that we share our jurisprudence with that allow for the State to have a bit more teeth and leeway of getting that sort of psychiatric assistance to persons that require it through legislation. And I was wondering whether or not the Ministry of Health is exploring these avenues to get that teeth, that additional teeth, to provide this assistance to persons on the streets and whether or not these discussions have begun in any quarters at all, whether it be amongst stakeholders, AG's Office, social development, et cetera?

**Dr. Othello:** With respect to legislation, the Ministry of Health is aware of the fact that there is a need to have

another look at our Mental Health Act and we are in the process of discussing that and, you know, working towards updating it.

With specific reference to getting care for persons with mental health disorders, even though the Mental Health Act is not perfect, it does allow, in the instance where someone in a public place is suspected of having a mental health need, it does allow the mental health officer to do an assessment of that person and based on that assessment, make a decision as to whether that person should be offered – well, should be taken where necessary involuntarily to a mental health care facility. So, it does have the capacity for involuntary action. In those instances, the mental health officers engage the assistance of the police and they can and do on a fairly regular basis involuntarily take that person to the nearest psychiatric ward in a general hospital or psychiatric hospital depending on the location from which the person was identified. So the law does give us some teeth but that has to be in an instance where the person is in need of mental health care in a hospital setting. When the person is not in need of inpatient care, then we have to respect their right to liberty and we have to offer them outpatient care and, again, that is done. If it is in Port of Spain, they are referred to the Mental Health and Wellness Centre on Pembroke Street, Port of Spain.

**Mr. Padarath:** And, Madam Chair, I know –

**Madam Chairman:** Dr. Othello –

**Mr. Padarath:** Sorry?

**Madam Chairman:** Go ahead, member.

**Mr. Padarath:** I am sorry. I know I had indicated that that was my last question but I just have one additional.

**Madam Chairman:** No problem. Go ahead, member.

**Mr. Padarath:** Thank you. The additional question that I wanted to find out is that in light of the current environment as it relates to the COVID pandemic, somewhere at the end of 2019, continuing into 2020 and 2021, what upticks are you seeing with respect to the data of persons who find themselves as street dwellers but also suffering from serious psychological and mental issues?

**Dr. Othello:** I will refer to Ms. Lewis for that question, please.

**Ms. Lewis:** Hi. Yes, we have seen an increase in street dwellers presenting, in particularly, to the hospital, particularly during the lockdown stages, not necessarily for admission. Because we know them so well, some of them, they would come in for a change of clothes, for a shower and for a meal. We have had for 2019, 38 persons with no fixed abode admitted to the hospital. This is not necessarily from the Port of Spain area, but yeah.

**Madam Chairman:** Thank you very much, Ms. Lewis. Member Padarath, you have a follow-up question?

**Mr. Padarath:** Yes. Based on what Ms. Lewis had indicated, what I wanted to find out was that whether or not this information is broken down per regional health authority and whether or not that data is also available for 2020 and 2021.

**Ms. Lewis:** The data is available for 2020. We had 38 persons with no fixed abode admitted as well, and for 2018, that number was 58. We do not have the breakdown per regional health authority but that is something we could get.

**Mr. Padarath:** Okay.

**Madam Chairman:** Could you please, Ms. Lewis, submit it to the Committee. Thank you very much. I see member Forde's hand is up but before I have a question from the public to Dr. Othello: Do the mental health officers conduct field assessment of the street dwellers and, if so, how often are these done?

**Dr. Othello:** Okay. What happens with respect to field assessments is that once we get a report from the public – it can be from the public, it can be – we sometimes get reports from the Ministry of Social Development and Family Services, we get reports from several different agencies. So once we get a report that a person in a particular location appears to be mentally ill, a mental health officer is dispatched to that location to do that assessment once they relocate the person. So that it varies depending on the frequency of those reports.

**Madam Chairman:** Dr. Othello, I happened to have had in the past, personal interactions with your mental health officers in the Borough of Arima and I can tell you one particular case took as much as 11 months, and the gentleman was clearly mentally ill, naked, living in the Arima Savannah. So I am very much interested in what is the wait time, what is the timeline? And as I wait for your answer, member Forde will follow up with his own.

**Dr. Othello:** Okay. With respect to the wait time, again, that 11-month wait should not happen. I do not know of the specifics of that case, so I cannot explain what the reasons would have been. But under normal circumstances, the mental health officer is dispatched within, you know, as soon as the report is received, generally, once it is received between 8.00 and 4.00 Monday to Friday. If it is received after hours, then clearly the next day they would be told about the situation and they generally respond. So that I do not know what happened in that specific situation. I know that on some occasions where persons have had difficulty for some reason, they have sent emails to the Mental Health Unit in the Ministry and we have contacted the various RHAs depending on where the person is located, and our experience has been that of a prompt response in the vast majority of situations.

**Madam Chairman:** Dr. Othello, I would like to say that has not been my experience and I know – I am fully



aware that there are still very much outstanding matters in the Borough of Arima, and I will allow Mr. Forde to ask his question now. Thank you.

**Mr. Forde:** Yes. Dr. Othello, good morning again. It was said that there is not a department, a specific department that deals with these particular aspects of street dwelling, whether mental cases or whatever. All right? But are there any recommendations in place in order to ensure that we have a department to deal with this particular aspect? Because we know of the number of 336, whether correct or incorrect, but we have been given a figure of 336 persons. Right? Now, that is just Port of Spain. Right? My colleague was just talking about Arima when she wore the hat as being the Mayor of Arima. I can talk for Tunapuna and I am sure, you know, my colleague, MP Padarath, has been talking about his Piparo area. So the number of 336 just relates to Port of Spain. So, I am saying that in light of this, I think there should be some proposals, some sort of projection going forward as to a particular department and resources to actually generate, you know, this sort of – to ensure the importance of this particular department. So, could you shed some light in terms of going forward, what proposals are on stream with regard to resources, department, a greater emphasis on the street dwelling as it relates to having it, you know, now being structured in order to ensure that you know, the numbers are minimized? Doctor?

**Dr. Othello:** Okay. That number of over 300 was the total number of street dwellers. That would not reflect the total number of persons on the streets who have a mental health disorder. Based on international literature, the percentage of 30-odd per cent usually reflects the percentage of mental health – persons in the – on the streets who have a mental health disorder. Having considered that, not everyone who has a mental health disorder needs to be admitted to a hospital to receive care and that is why we have to be very, very careful that we treat with these persons in an inclusive manner that respects their autonomy and their dignity.

We encourage that collaboration that facilitates the process of ensuring that those persons get the care that they need, but we do that in a way that does not make the person, the average street dweller, afraid of a mental health officer or unwilling to engage with a mental health officer. Therefore, we want them to see us as their partners in care. We do not want them to see us as persons who are coming to pick them up to take them to St. Ann's Hospital, whether or not that is what they need.

**11.35 a.m.**

So that, as I described, the decentralized model of care, that model places more human resource potential in the communities as opposed to the current model in which most people – most mental health professionals are vested in hospital settings and have to do that dual back and forth between the hospital and the community. If the mental health officer for your community is resident in the community, working in the community on an ongoing basis and if some of the proposals that we have – for instance, we are looking at options such as 24-hour on call which of course will require, you know, dialogue with unions and things like

that before they can be operationalized but it would, if successful, allow for a response after hours.

So we are looking at ways to make our outreach more assertive and more effective but also have those mental health officers available across the community whenever they need it for whatever purpose and specific to this enquiry have them more accessible when they are needed for the purpose of engaging with street dwellers.

**Mr. Forde:** All right. Dr. Othello –

**Madam Chairman:** Thank you –

**Mr. Forde:** Hold on, Chairman. Hold on one sec, Chairman. Thanks for the information. Again, so could you then provide this Committee with a breakdown, a schedule of the various areas in Trinidad and Tobago for, you know, of the various health officers that are responsible. Like, for example, Tunapuna, who is the health officer for Tunapuna; email contact, office contacts so that we can have a relationship. Because again, I could readily speak to one, the Eddie Hart Ground, right where we have migration of individuals; homeless, we do not know whether there are any mental cases. We can talk of Constantine Park, Macoya, Tunapuna. We can talk of Auzonville Park, Auzonville Road in Tunapuna and within the Tunapuna constituency those are the three main areas where we would have street dwellers, whether they come there to sleep during the night or whether they spend the whole day at those particular institutions. Now, I know we are focusing mainly on the Port of Spain and environs but again, you know, those are some pointers that – some pins we need to stick at those three locations. So again, provide the Committee with a breakdown of the various health officers. I think it would be good for all Members of constituencies so that we could have an actual appreciation of who these individuals are and then we could have communication in terms of going forward. Thank you.

**Dr. Othello:** Thank you for that question. I will turn you over to Ms. Keisha Lewis in a short while in terms of the names of the officers who are assigned to the specific locations, however I would also add that at this point in time in terms of email contacts, we are not quite there yet in terms of the digitalization of services so that our mental health officers do not at this time have a government – they do not all have government email addresses that could be used for this purpose. Some of them have personal emails, some of them do not, so that would not be a reliable way of reaching them. So that we would – the most reliable way at this precise point in time would be the ways that Ms. Lewis will describe to you. So I hand over to Ms. Lewis.

**Mr. Forde:** But, Doctor, again, Ms. Lewis does not need to give us – when I say, I am thinking it can be provided in writing rather than to give a breakdown of all –

**Dr. Othello:** Sure. Okay. We can have that submitted. Certainly.

**Mr. Forde:** Yes. Right. So again it would be person's name, office address and probably a telephone contact.

**Dr. Othello:** We can certainly provide that.

**Mr. Forde:** All right. Thank you, Doc.

**Madam Chairman:** Thank you very much, member Forde. Doctor, I would just like to say for the record that there is a gentleman on Abercromby Street, at the corner of NALIS that I see very often on my way to the Ministry or to Parliament. He is usually stark naked and bathing at the leak – at the corner there and I would really like Ms. Lewis to perhaps send the mental health officer with responsibility for Port of Spain in that particular area. You can find him there early in the morning, between the hours of 7.00 to 9.00, and even earlier I am told.

Dr. Othello, I would like to move on to the training of the municipal police officers. Could you give us some more information on that, the sensitization process?

**Dr. Othello:** Yes, I can. That process takes place from time to time and even as we speak another round of training is being arranged and I saw an email to that effect as recently as this morning. The training provides them with mental health – general mental health awareness. It provides them with information on prevention and management of violence so that they learn how to de-escalate situations in which a mentally ill person may be agitated or anxious and, in other words, they learn how to more safely engage that person and they also learn – they would also be exposed to some psychological first aid which is the mental health equivalent of first aid intervention for physical injuries.

It is by mental health intervention for emotional and emergency mental health situations so that – in the training we also familiarize them with the Mental Health Act, how it works; what their role under the Act is, what role of the mental health officer is; how, you know, how that engagement takes place. So that as a result of that training they are better equipped to work with us in ensuring that persons are safely transported from the location where they are found to the nearest health facility where they could receive the care that they need.

**Madam Chairman:** [*Technical difficulties*] – are you hearing me? Dr. Othello?

**Dr. Othello:** Yes.

**Madam Chairman:** I think that my connection just dropped for a bit but can you follow up by telling me how often are these sessions? When was the last session you had with the municipal police officers? And also let us know what is the level of participation like.

**Dr. Othello:** Okay, I would have to get those details for you and I can submit it within the next few days.

**Madam Chairman:** Thank you very much. Member Thompson-Ahye, do you have any follow-up questions?

**Mrs. Thompson-Ahye:** I must say, first of all, I am pleasantly surprised that this programme, you know, with

the training of police officers exists at all because I am sure the national community has been very concerned about the number of untoward incidents involving the police and the mentally ill people. Now, you spoke about – you wrote of a “Day of Care” during which street dwellers were provided with information on how and where to access public mental health services, the benefits of engaging with psychiatric social workers, referrals to psychiatric social workers and basic health and wellness screening. Now, is this a continuous exercise by the Ministry, and if not, does the Ministry intend to consider conducting the exercise more often, through you, Chair, to Dr. Othello?

**Dr. Othello:** Through the Chair, that initiative was an initiative of the Ministry of Social Development and Family Services and the Ministry of Health was invited to participate and we were more than happy to collaborate with them in that regard and we are quite happy to do so if further – if subsequent events of that nature are arranged.

**Mrs. Thompson-Ahye:** So if I am to go back to the pilot programme to the mental health training, when did it start?

**Dr. Othello:** Pardon me?

**Mrs. Thompson-Ahye:** The police officers, when did that start, the training?

**Dr. Othello:** Okay. To give context, our mental health training to some extent has always – well, I would not say “always” but has for a long time been a part of police training. While I worked at the St. Ann’s Hospital we would have police officers, prison officers and so forth pass through St. Ann’s Hospital as part of their training and be exposed to some mental health training.

In more recent years a more specific, more targeted approach was requested and a curriculum was developed and a pilot programme rolling out that curriculum took place. What we are now in the process of doing is getting that curriculum accredited so that it can be a standard part of the police training curriculum to be delivered to each cadre of police officers that will be trained going forward. So that is the plan with respect to that training.

**Mrs. Thompson-Ahye:** When did it start actually?

**Dr. Othello:** I think it was 2018 but I would have to double-check that for you.

**Mrs. Thompson-Ahye:** And involves municipal police as well, everybody, all the police?

**Dr. Othello:** I would have to also double-check that.

**Mrs. Thompson-Ahye:** Alright. Thank you.

**Mr. Forde:** Madam Chair, my turn?

**Madam Chairman:** I recognize member Forde.

**Mr. Forde:** Thank you very much, Madam Chairman. Dr. Othello, in your submission on page 7, number 2(a), your submission indicated that for the period 2018 to 2020, 134 persons were submitted at St. Ann's Hospital with no fixed place of abode. I basically have about five questions so I will start with one: Of the 38 persons admitted in 2020, how many were re-admissions to the facility?

**Dr. Othello:** I do not have that information at my figure tips. I do not know if Ms. Lewis has it.

**Ms. Lewis:** No, but we can certainly check that.

**Mr. Forde:** Right. Okay. You will have to supply it. Secondly – well, I presume probably you would have none of the information – so, secondly, what percentage of street dwellers are ex-patients of the St. Ann's Hospital? Thirdly, how has the facility been affected by the COVID-19 pandemic, since COVID-19 and with regard to street dwellers going whether in or out of the facility? How has the facility been affected? Fourthly, what is the current staff complement of the facility? And fifth, is the number sufficient to treat with the new issues which may arise at the facility due to the COVID-19 pandemic and the various protocols? All would have to be submitted in writing to us, Ms. Lewis or Dr. Othello?

**Ms. Lewis:** Is the facility St. Ann's facility you are referring to?

**Mr. Forde:** Yes. St. Ann's facility we are referring to, because remember in your submission on page 7 you all have said that 134 persons were admitted so I just wanted to get clarity on those particular five aspects.

**Ms. Lewis:** What was number three?

**Mr. Forde:** Number three is: How has the facility been affected by the COVID-19 pandemic, you know, with regard to all the health protocols, the restrictions and so on? Are you always able to – persons to go in, you know, what is happening and so on?

**Ms. Lewis:** Well, we can start there, I can answer that. So St. Ann's Hospital has really been affected. We have recently been added as one of the parallel health system facilities. We have opened two units, two wards at St. Ann's Hospital to cater for COVID-positive mentally ill patients requiring acute admission. Seven – 10 bedded male, 10 bedded female, so that caters for admission throughout the country of acutely unwell mentally ill patients.

We have recently started PCR testing all admissions to the hospital. Of course, we have developed our own swabbing team at St. Ann's Hospital so that reduces the reliance on primary care having to come into the hospital to do the swabbing. So we trained our own – we have a COVID team that is led by a consultant, a registrar, a house officer, nurses and a COVID service coordinator specifically for St. Ann's Hospital. We only

admit to three areas in the hospital as opposed to all the five admission wards. So we only admit to one admission ward which is ward 1 LFE. We admit to ward 8 which is an acute secured aggressive male ward and of course the Forensic Unit.

So as of about five months ago all patients are swabbed; all new admissions are swabbed on Mondays, Wednesdays and Fridays. We have been added – the hospital has been added as a client of TPHL, Trinidad Public Health Laboratory, so that five persons were trained at the hospital to access results. So we can do so within a 12 to 24-hour period which is critical for us because we need to move people out of admission holding areas into other admission areas. Yeah.

**Mr. Forde:** Okay. So based on that –

**Ms. Lewis:** So what is number four?

**Mr. Forde:** Number four, what is the current staff complement at the facility? You know, you spoke about the 10 beds male, 10 beds female, the PCR testing, the swabbing and so on, so therefore you would have had to – what? Increase in some staffing and so on?

**Ms. Lewis:** Staffing is a huge challenge at the hospital, more than it used to be. Currently at St. Ann's Hospital we have 418 psychiatric nurses. Now, when this was submitted I know for a fact that this number has increased because persons have been temporarily employed since then. We currently have 10 psychologists, two occupational therapists. We have 31 mental health officers, 28 psychiatric social workers and we have 50 medical officers.

**Mr. Forde:** Okay. Thank you. And that is where (e) would now come in and your numbers, as you said, sufficient, insufficient, you can work with what you have. You are cutting corners –

**Ms. Lewis:** Completely insufficient. Completely insufficient, and insufficient because we are continuously managing quarantine; staff being on quarantine, staff migrating so we also have to contribute staff towards the running of the COVID unit at St. James and of course the reopening of the field hospital. So we constantly manage on a shortage. It is a constant moving around kind of arrangement to make sure wards are covered on a daily basis. What we do for the COVID wards is we ring-fence those staff. So we have attendants, we have domestic, we have the nurses who work there, they only work there. So they are not allowed to work in any other area to reduce the risk of cross infection.

**Mr. Forde:** And again, we still try to ensure 100 per cent health allocations and no neglect and do it at our best ability.

**Ms. Lewis:** Yes, we try to do.

**Mr. Forde:** Right. Thank you very much, Ms. Lewis and Dr. Othello. So the other information you would provide it for us in writing?

**Ms. Lewis:** Yes, yes, questions one and two.

**Mr. Forde:** You will be able to provide the information?

**Ms. Lewis:** Yeah.

**Mr. Forde:** Thanks, Madam Chair.

**Madam Chairman:** Thank you very much, member Forde, and thank you Ms. Lewis. And Mrs. Thompson-Ahye, do you have anything further to add before we move on to the Port of Spain City Corporation?

**Mrs. Thompson-Ahye:** Not at this time, no. You can move on to the Port of Spain Corporation.

**Madam Chairman:** No problem. Thank you very much. And, Dr. Othello, we look forward to the information regarding the municipal training to be submitted in writing.

**Dr. Othello:** Certainly.

**Madam Chairman:** Oh, before we close off though, I noticed that New Horizons as a ward in accordance with the Mental Health Act, can we get some information on that? And the refurbishing works at Arima Rehabilitation Centre which actually falls in D'Abadie/Omeara, and Dr. Othello, I can tell you once more from personal experience, never have I seen a space so under-utilized as much as the Arima Rehabilitation Centre and if you are able to provide, can you tell me the number of patients currently assigned to that particular centre? Thank you.

**Dr. Othello:** I would have to refer to Ms. Lewis for that information.

**Ms. Lewis:** So the current number of patients—the current bed state is 32. We have 29 patients currently at Arima and within the last year we have opened a new ward on the ground floor which has 10 beds and these house medically, socially displaced persons. So those persons, for example, who are in continuous need of medical care who were living in Central Block at the Port of Spain General Hospital have been relocated there. So there are 10 of those persons and 29 beds. So we have three vacant beds at the moment.

**Madam Chairman:** I know that you said refurbishment works, is this to increase the current bed space or simply to do repairs? I know it is a very old building, correct?

**Ms. Lewis:** To do repairs. Recently conducted repairs within the last year, the most urgent thing is in the process of completely redoing the sewer system and the roof works because it was leaking terribly. But the Arima

Rehab is in need of an overhaul and upgrading.

**Madam Chairman:** Yes, I know and I am also aware there is a lot of land space that could be better utilized in order to help us with this urgent problem. I have a question here from a member of the public regarding the number of homeless people that tested positive for COVID. Can we get any update on that or is that information that will have to be sent, Dr. Othello?

**Dr. Othello:** I do not have that information because that would not come directly to me. That information would have to be sourced from the appropriate agencies.

**Madam Chairman:** Is it possible – yes, Ms. Lewis.

**Ms. Lewis:** Dr. Othello, just to add, since we began swabbing all admissions we have had two positive NFA, no fixed abode, homeless persons turned up positive, one male and one female.

**Madam Chairman:** Okay. All right. And the supply, Dr. Othello or Ms. Lewis, of medical services to street dwellers via mobile units in major cities and towns, is this going to be expanded, extended in other places of care?

**Dr. Othello:** Currently once a person is in need of any kind of medical service and we are aware of it we would assist the person in getting to where that service is located. So if it is not a mental health service and it is an outpatient service at a health centre then that is where the person would be taken or if it is hospital-based care for some medical condition, then if they are in Port of Spain they would be taken to the Port of Spain General Hospital. If they are in San Fernando it would be the San Fernando General Hospital and so on.

**Madam Chairman:** Okay. To close off, the Mental Health Act – your legal officer is present, I believe.

**Dr. Othello:** Yes.

**Madam Chairman:** Yes, Ms. Connell. Ms. Connell, amending, is there a view to amending with the involuntary relocation of street dwellers which will of course help the Ministry of Social Development and Family Services and allow municipal police as well as the TTPS to best move forward?

**Ms. Connell:** Hi, good morning. This is the first time that I am hearing of that suggestion. So it would have to go as part of the policy that is being reviewed and once approved I suppose that they would move forward with that type of amendment.

**Madam Chairman:** So I take it, Dr. Othello, the Ministry has not determined to review the Mental Health Act?

**Dr. Othello:** The Mental Health Act review is something that we are engaged – that we are aware of and that we know we need to do, however, the specific issue of amending the Act with specific reference to street dwellers is not something that has been considered for the simple reason that the mental health officers already



have the capacity under the Act to do what is being asked to be done and the issue before us, as I understand it, is the availability of those officers in certain communities to respond quickly, you know, because of their other responsibilities in other places at the same time. So that the decentralization plan speaks to that need.

**Madam Chairman:** Okay. Thank you, Dr. Othello, but I think we would need further clarification so the Committee may write you. And finally let us move on to the Port of Spain, but before we move on, Dr. Othello, thank you very much for your contribution; Ms. Lewis, Ms. Connell, we appreciate all that you do and thank you for being of service.

And we will move on to the Port of Spain City Corporation. I know that member Forde, MP for Tunapuna would love to start us off. Member Forde? Until member Forde is ready, I would like to ask about the “move along” campaign, madam CEO.

**Mrs. Stapleton-Seaforth:** The “move along” campaign, I know that it is ongoing, however Superintendent Charles did indicate in the submissions that is a problem with regard to accommodation of those persons. I will have Supt. Charles expand on this information.

**Supt. Charles:** Madam Chair, good morning, Madam Chair.

**Madam Chair:** Good morning, Sir.

**Supt. Charles:** Before we move on I just want to go back to a previous item that we dealt with just now in terms of training for the municipal police officers in the area of, the discipline of mental health. Again, I will like to re-ask a question in terms of when that training took place, how many officers were trained and whether it was the TTPS officers or it involved the municipal police officers? Because I have –

**Madam Chairman:** You are speaking – Supt. Charles, I know that you are in charge of the municipal officers and you have been there for quite some time so you should be aware, correct?

**Supt. Charles:** Ma’am, I have 33 years’ service and during that 33-year service, Ma’am, I do not recall any such training. In addition to that, my training at the Police Academy was the same training. I was fortunate to be one of the officers to train alongside TTPS and that was nowhere part of the training. I have since also contacted Senior Superintendent Belford who is in charge of our training and he cannot recall any such training. So I am puzzled at this stage, Ma’am.

**Madam Chairman:** Okay. So, Dr. Othello, we would need some clarification regarding that, if it is the municipal police are indeed part of it. And Supt. – Snr. Supt. Charles is one of our more senior officers in the municipal police and I think he would know and if the training was indeed for them or just the TTPS and I guess we would be joining with the TTPS shortly so we can all clarify then. Okay, Dr. Othello? We would need that information.

**Dr. Othello:** Yes, I cannot recall if municipal police –

**Ms. Lewis:** Dr. Othello, I can answer. The training was in 2018. It was a six-day training through the Police Academy. It was the TTPS. It did not include municipal police, but we will provide some further details on dates and content of that training.

**Madam Chairman:** I think what we have to note that in anything to do with us moving forward, the municipal police will have a very important role to play because they are an integral part of local government and they will also provide the necessary support. Thank you, Supt. Charles. And can we move on to the “move along” campaign please? Thank you for the clarification.

**Supt. Charles:** Ma’am, in respect to the “move along” policy the corporation has since instituted a “move along” policy, however we as police officers have to be guided within the precincts of the law and have to work within the parameters of the law. Now, our role as police officers in respect to the Mental Health Act is more supportive. We have to be careful how we are engaging persons who we consider homeless in the sense that these persons and “dem” might become violent and it would be very important and crucial at that stage and critical that we have a mental health officer present to assist, to conduct that assessment and do the proper recommendations in terms of what institution that person should be conveyed to.

In addition, the mental health speaks about the psychiatric facility, what we have down at the CSTT –

**Mrs. Stapleton-Seaforth:** CSD

**Supt. Charles:** CSD – sorry – is that we have an assessment centre set up there but without the assistance of the mental health officers we as police officers could just go there with persuasion in the sense of getting the people and “dem” off the streets to go to the centre to get properly evaluated – assessed, sorry.

In addition to that, what we have, we have people from all over the country, you know, in terms of charity where they come into Port of Spain and tell themselves they are doing good by feeding the people, so the people and “dem doh” really stay at that institution. They tend to venture into the streets where they could get some meals and that contributes in terms of, you know, that the effort of the police officers to get them off the streets, but we really need a little more stringent and a little more prudent approach from the mental health officer in terms of assisting us in performing our daily function in terms of treating with these homeless persons.

**12.05 p.m.**

**Madam Chairman:** Snr. Supt. Charles, could you tell the Committee if there was any success at all with the “move along” campaign?

**Supt. Charles:** I will say little, Ma’am. I will say little, because, as I said what happened is we do not have a

proper structure in place at the centre down there in terms of when the people reach there. For instance, when they reach there now in terms of food and lil pocket change—and this was mentioned before by one of the persons making their contribution, is that, on the streets they find people tend to, and more so Christmas time, a little charity. They might give “dem” a lil \$5 and \$10. So at the end of the day, when they do check up all the little five and 10, and “de” lil small pocket change they get, it might tally to a substantial amount. Plus, they would be getting more food and, you know, they feel more welcome on the streets. So this is something that we need more engagement with the stakeholders.

Probably we can have one place by the centre that they could come and distribute their food, and they give to those persons. But the benefits that they arrive from on the streets tend to—it overrides and tends to encourage them to be more on the streets than to go down to the homeless centre.

**Madam Chairman:** Thank you very much. Madam CEO, in the past, has the corporation collaborated with the relevant Ministries to treat with these challenges in order to address the problem of street dwelling in Port of Spain?

**Mrs. Stapleton-Seaforth:** Chairman, in the past the corporation has been collaborating continuously with informing the Ministry of the challenges, and it is a work in progress between the Ministry of Social Development and Family Services and the Port of Spain Corporation.

**Madam Chairman:** Can I ask if you have requested from the various Ministries the necessary training for your municipal police officers in helping to deal with this issue?

**Mrs. Stapleton-Seaforth:** Yes we did. We did alert the Ministry of Social Development and Family Services and Ministry of Health.

**Madam Chairman:** Okay. Given that you submitted that persons in charge at the CSDP have been collecting money from homeless persons and the families to accommodate them, did you formally alert the Ministry of Social Development and Family Services about your findings?

**Mrs. Stapleton-Seaforth:** At this point in time I have not seen any document where we have alerted Ministry of Social Development and Family Services of these findings. However, this is based on investigations and the municipal police department, and I will also allow Supt. Charles to contribute to this question.

**Supt. Charles:** Madam Chair, what happened is that in the past we see several complaints in terms of these allegations. However, when the officers went to investigate, the person did confirm, but they were reluctant to give any statement going forward in fear of being victimized. So, therefore, that kind of put a pause on the investigation but, however, we have been monitoring the situation, and “de investigation not stopping”. It is something that it keeps on going but, again, in terms of getting “de” people to come forward to give a written

statement, they have been reluctant in terms of victimization – fear of victimization.

**Madam Chairman:** Thank you, and I will just like to congratulate you Supt. Charles on taking the initiative to look into this, because this is very disturbing and, again, taxpayers' money involved. So I hope that the investigation will continue and yield more results.

Okay, Madam CEO, I would hope that it would not just be at this Joint Select Committee, but you will write the Ministry of Social Development and Family Services' PS, and formally inform them of your findings, please.

**Mrs. Stapleton-Seaforth:** Chair, I will.

**Madam Chairman:** All right. Is there any initiative to increase the cohort of the municipal police to effectively engage street dwellers, in collaboration with the mental health officers? I will ask Dr. Othello, as well as you Madam CEO, to just give me feedback from both entities.

**Mrs. Stapleton-Seaforth:** Chair, I know currently we are staffed with 200 police officers. Some of them are on training, some are on sick leave, and Supt. Charles could expand whether we would be getting additional officers. I am not sure if –

**Supt. Charles:** Ma'am, through "de" Chair, we have a final batch of police officers that would comprise about 17 male officers. These officers are supposed to undergo training. In about a month or two they are supposed to start off training. So that will bring up the department to a full complement, which is our sanctioned strength of 200. Presently, what we have right now is all the officers who are assigned to the streets do engage in that exercise in engaging the street dwellers and trying to get them off the street. So having, "lewwwe say" in the matter of the next five months, five to six months, when the department comes to our full complement, we will be in a better position to really treat with these homeless persons, barring the fact that we have the assistance from the mental health officers and the necessary requisite training.

**Madam Chairman:** Thank you very much. I would like to invite member Thompson-Ahye if she has any questions, as well as member Forde.

**Mrs. Thompson-Ahye:** I have been hearing the Port of Spain City Corporation. I have read their cries for help, lack of resources, lack of relevant training, public inference, no suitable equipment, lack of space in institutions, and I have heard them being advised to go to the Ministry. So these problems have been existing for some time. The elephant in the room for me though is, where is the mayor in all of this? I would imagine that since you have a very proactive mayor, with lots of ideas, is it that you have been ignoring him? Have you not been bringing all of your hardship and all of your problems to him? Because, you know, we read of some of his plans and his concern about the street dwellers, but these things that are coming out here this morning, that has not

formed part of the dialogue, part of the public campaign. So I am asking: Where is the mayor in all of this?

**Mrs. Stapleton-Seaforth:** Chair, when we got this invitation we were asked to invite two persons, so I invited a member of the Public Health Department and a member of the Police Department. But I know the mayor is having some mediation and discussions with regard to an assessment centre, and I would like to take the opportunity at this time to inform that with regard to the lack of resources, there has been a significant improvement at the Port of Spain Corporation. We have received finances to assist with the PPE, and with the regard to the vehicles to transport homeless persons, dialogue has been going on with the Port of Spain Corporation and the Ministry of Social Development and Family Services, whereby we are at present providing information with regard to the specifications required for a homeless persons' vehicle.

**Madam Chairman:** Thank you very much. The Chair recognizes member Forde.

**Mr. Forde:** Thank you, Madam Chair. Good to see you Ms. Seaforth.

**Mrs. Stapleton-Seaforth:** Good to see you too.

**Mr. Forde:** I remembered you from my Tunapuna days, 2010 to 2015. Simple question: In terms of your municipal police allocation, in terms of the numbers, having to see about the Port of Spain city – because I know each municipality would have received increases in their manpower resources with regard to the municipal police – and in terms of your manpower allocations as it relates to assisting the scenario we have with the street dwellers at these various sites, you know, the various squares, the various parks, the streets on the whole. Are you comfortable with your allocation with regard to that particular aspect, or do you see – think that you could do with more, or your resources, transportation, vehicles, you know what I mean, office space?

Give us a little picture of what is happening at your corporation with regard to your manpower allocation, as it relates to ensuring that we could go and see about these dwellers. We would hear of complaints. The Minister, the Chairman of the Committee mentioned about this particular individual that she sees regularly, you know. Tell us something. What do you need? What can be improved as we go along? Thank you.

**Mrs. Stapleton-Seaforth:** Chair, there has been a great improvement with regard to allocation for municipal police; I must start off with that. Because since last financial year, there were some additional votes for municipal police station, municipal equipment and vehicles. So apart from utilizing the normal resources of the Port of Spain Corporation, these votes have been added on by the Ministry of Finance. This year we were able to get an additional allocation which was significant. However, the Corporation would require additional funding, but we can work with what we have at this time.

With regard to accommodation, there is some challenge in that area. We have found an allocation for

the city police. However, when an assessment was done, the accommodation was not a suitable building to house the officers and we are still in a position where we do not have a building, although the Ministry is in constant dialogue with us, and we hope very soon that the police would get the required accommodation that they need.

Supt. Charles had informed me that he would require at least 100 additional police officers to be able to provide the required services throughout the city of Port of Spain.

**Mr. Forde:** What is your present allocation of officers, please?

**Mrs. Stapleton-Seaforth:** At present there are 200 officers assigned to the corporation, but Supt. Charles will be able to expand where these officers are. I know some of them are on sick leave, some are on training, so the present cadre is 136 officers, and Supt. Charles will –

**Supt. Charles:** Through the Chair, if I could add to what Ma'am is saying. Presently our sanctioned strength is 200 officers. We do not have 200 officers right now. We had over about 146 officers. Out of the 146 officers, "it had" a situation arise at the Ministry of Rural Development and Local Government, where we had to loan 31 officers to the said Ministry. So that has since impacted on our actual strength. So we have over about maybe close to about 121 – somewhere about 121 – 118 to 121 officers right now is our actual strength, and the boundaries of the city are really wide, because we deal from before the Central Market, "dat is by de tamarind tree", straight down to Westmoorings and certain parts of St. Ann's and Laventille. To really effectively police the city and the demands each day, we will need an additional 100 officers to ensure that we perform in that effectively.

**Mrs. Thompson-Ahye:** If I may, with the closing of the parks and so on, have you found that COVID-19, you know, has resulted in some savings to the corporation? Because with the parks being closed and all of those things, there is less resources to be expended in cleaning them and monitoring the use and that sort of thing. Has there been any savings at all?

**Supt. Charles:** Ma'am, from the police perspective we still have to patrol the parks "and dem" on a daily basis to ensure that the Corporation's assets – some of the parks have assets, some of them have offices – to ensure that they stay intact. We also ensure that – sometimes some of "de" parks open for some events. You have to ensure the social distancing and the public health regulations are adhered to. So from the police perspective, nothing has changed, Ma'am. We still have to perform daily patrols day and night.

**Mrs. Thompson-Ahye:** But other perspective, not police, remember I talked about cleaning and all of that?

**Mrs. Stapleton-Seaforth:** Through the Chair. There has been some minimal savings in some areas, but from time to time the parks are still reopened. Like the Brian Lara Promenade will be open for a certain time,

Woodford Square. According to how the Government “lock down”, we open to suit – open the parks to suit.

**Mrs. Thompson-Ahye:** So you are planning to put up the Christmas tree again this year?

**Mrs. Stapleton-Seaforth:** The Christmas tree is a joint effort this year with the Downtown Business Association.

**Mrs. Thompson-Ahye:** Not as expensive, but a Christmas tree, yes?

**Mrs. Stapleton-Seaforth:** Yes.

**Mrs. Thompson-Ahye:** Thank you very much. I look forward to seeing it.

**Mr. Forde:** Madam Chair, may I? [*Interruption*] Hold a sec. Hold a sec.

**Madam Chairman:** All right, as member Forde –

**Mrs. Thompson-Ahye:** We “cyar” hold a sec. [*Laughter*]

**Mr. Forde:** Madam Chair, just to follow up with my colleague Senator there. With regard to the parks, again, Woodford Square, those persons that basically would utilize there, where have they migrated to? You all have an idea of where they may have migrated to presently, Superintendent, through you, Chair?

**Mrs. Stapleton-Seaforth:** Chair, those persons are still in Port of Spain loitering. They are all over. They have migrated to Frederick Street and other surrounding areas in the city of Port of Spain.

**Mr. Forde:** And I would presume that your Superintendent and the staff would be monitoring and ensuring that no problems arise as a result of, you know what I mean, within the public sphere in terms of social distancing, in terms of interference, in terms of wherever? You all know it better than we do.

**Supt. Charles:** Through the Chair, we are constantly treating with, addressing this problem, this item you spoke about, in our daily patrol. Officers are briefed before they go out there, and when they come back we have a debriefing. So we do monitor the situation in terms of our foot and mobile patrol day and night, to ensure that the safety of “de persons and dem” that visit and use the city and the burgesses, also the business community, is safe from these people and are not affected by these people’s presence. We try to initiate the “move along” policy, and as far as possible get them down to the homeless centre, to see how best we could get them off the street, to create that environment of cleanliness and safety and so on, that reflect – a city is supposed to reflect.

**Mrs. Thompson-Ahye:** Not only the business people, eh, because I know about walking down Frederick Street and getting lashed in my head, you know. So we have to look out for the people too who walk the streets of Port of Spain, to keep us safe. Yes?

**Supt. Charles:** Yes, Ma’am.

**Mrs. Thompson-Ahye:** All right.

**Madam Chairman:** Thank you very much members. Thank you very much to the CEO of the Port of City Corporation, Ms. Stapleton-Seaforth, and thank you very much Snr. Supt. Charles, as well as your Senior Health Officer.

We are moving on to the TTPS. I do want to say one last thing, Madam CEO. Port of Spain is supposed to be the jewel of Trinidad and Tobago, and we really hope that we would have more of a collaborative approach to give you the support that is needed, in order to make sure that the socially displaced are seen about in a humane and compassionate manner. I remember very, very long ago, mayors would pick up the social displaced and send them to other boroughs and cities, and somehow they would also make their way back home. So let us make sure that we work together and achieve some semblance of peace and order in this matter.

So we are moving on to the TTPS. Acting Commissioner Cooper, thank you very much for you and your team this morning. We would like to discuss in particular in your submission, your brief submission:

The officers receive training in customer service and customer service representatives, interacting with persons with mental illnesses, mental health awareness for law enforcement and interacting with special interest groups in society.

Page 8. So we would like to know: Do all officers receive this training?

**Asst. Commissioner Cooper:** Good afternoon again. Through the Chair, yes, this is an ongoing training that we have for customer service. This is something we have as part of our curriculum at the Police Academy. So it is an ongoing training, yes.

**Madam Chairman:** Is this a training that is constantly touched upon? For example, every two years you would have to go back and just refresh yourself? Is that offered as a refresher?

**Asst. Commissioner Cooper:** If need be, because what happens is that officers are constantly being trained and sometimes officers that were already trained may undertake training again, may have to go through training again, as part of a—for instance you may have a programme running and one aspect of the programme may be customer service. So, of course, we have training and retraining, yes.

**Madam Chairman:** With regard to—is any aspect of this particular training teach officers specifically how to interact directly with the socially displaced?

**Asst. Commissioner Cooper:** Yes of course, because I am sure, through the Chair, sorry—I am sure that persons who are here today would have recognized that on television you would have seen officers interacting with socially displaced persons, more so during the COVID time. We were giving out masks to them. We even had projects where we were offering them clothing, food, groceries. Recently there we had one coming out with the



persons just at the Displacement Centre at Riverside Plaza there, where they were assisting persons with food, giving them actual groceries and clothing, and we were assisted by NGOs, and the community police took up that project, and that applies through all our different divisions. Our community police departments, they undertake to deal with these people and those who are homeless.

**Madam Chairman:** Assistant Commissioner, have you ever considered peer-to-peer training, assisting the municipal police officers, seeing that you all seemingly have a very good handle on the socially displaced interactions, the customer service aspects?

**Asst. Commissioner Cooper:** Through the Chair, I am not sure if the municipal police officers are given the particular training with respect to customer service as it relates to dealing with the mental health persons, as was said by one of the persons on the Committee here. We did receive a six-day training, and it is something our academy is working on to allow it to be part of the curriculum, but it has not rolled out as yet, because of the situation, the present climate. So it is something that it is to be worked on, but it is not part of the curriculum as yet in dealing with these mental health persons.

**Madam Chairman:** Assistant Commissioner, I am also asking because in the past we have seen where a mentally ill person would have been killed by a police officer because of violent interaction, and then you would see the family members, of course always after the fact, even though they would be the ones to call the police in the very first instance, saying that, "the police did not have any right, the police were not supposed to shoot him". Could you let the Committee know if training for officers in dealing with volatile situations with the socially displaced, is that taking place currently?

**Asst. Commissioner Cooper:** Through the Chair, of course, we have ongoing training. That is part of our whole programme and not just officers who were just brought into our TTPS family, but there is ongoing training with different departments and sections with respect to dealing with volatile situations. Of course, we would have unfortunate situations which we would not know beforehand, but we try to treat with all situations using our policies which are afforded to us. From time to time you would have situations where it would not be a smooth transition.

**Madam Chairman:** I know that we asked the municipal police with regard to PPE. Could you just give us a feedback from your perspective also, your personal protection equipment?

**Asst. Commissioner Cooper:** Well, what has been happening, we have since acquired Tasers and also pepper sprays. We also use just the communication aspect of it to speak to the person. If at that point in time they are not willing to cooperate with the police officers, then we resort to a different level of dealing with them by using our Tasers or our pepper spray to bring them down.

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Recently there you all would have seen something on television. It occurred in Southern Division

where a mentally ill person had to be subdued by one of the officers to protect him from himself. So we do assist persons, no matter their status in life, no matter their position, so yes.

**Madam Chairman:** Thank you so very much.

Members of the Committee, do you have any further questions for the Assistant Commissioner and her team?

**Mrs. Thompson-Ahye:** If I may.

**Madam Chairman:** Yes, member Thompson-Ahye.

**Mrs. Thompson-Ahye:** I have suggestions, if I may, Madam Chair. First of all, the term “customer service” it does not sit well with me at all. I would prefer – it gives me the idea that you are selling something. I think I prefer, in fact, I am sure I prefer something like “citizen service”, so you know you are serving the citizens of this country, rather than “customer”. It gives a different kind of connotation.

I would also like to suggest that you pull people, through the assistance of the Commissioner or someone, from every single division for training in this particular area of interacting with persons with mental illness. So every division would be able to identify a couple of officers, a few officers, who immediately you train, and when a report comes to the station these are the people who would be immediately deployed to deal with that situation. I am sure that would go a long way in obviating this recurrent situation of people being shot by the police.

It may be unusual, instead of going through like every time you have a cadre of police officers being trained, you train that one. You know you train those set of people, but right now there is an immediate problem. So forget the academy for maybe a little while, and go straight into pulling people from all the divisions and train them immediately in that six-week training. Then you take another cadre and so on, and you probably can do that alongside training your new officers. But we cannot really wait, because there are people in the service now who need the training, in every single division. So that is my humble suggestion for what it is worth, but I am really concerned about too many people are crying out, because their loved ones who were ill are killed because the situation was not handled properly. Thank you.

**Madam Chairman:** Thank you, Mrs. Thompson-Ahye, really very valuable information, and I hope it reaches the right ears. I think I saw member Forde. Do you have a question for the TTPS?

**Mr. Forde:** Again, my main concern is the special training that may be needed in order to deal with these particular individuals, especially remember they are street dwellers, one. Secondly, some of them may be mentally disturbed. So I think there would be some sort of precaution, some sort of – I do not know if “delicate” is probably the correct word, in order to deal with these guys. But then keeping in mind that, again, the officers

need to ensure that they are protected also.

The PPE is also important with regard to these particular officers in dealing with these individuals, and then the PPE, especially in light of we are now in a COVID-19 pandemic. So, again, with that in mind, Assistant Commissioner, through you Chair, could you just shed some light on how they are handling these aspects, especially in light of the COVID-19 pandemic presently?

**Mr. Gaffar:** Yes, sir. Through you Chair, police officers do engage street dwellers and other persons during arrest. We ensure that our police officers do have their appropriate PPE. Sometimes not adequate, but we tend to use it to our maximum use to ensure that the police officers themselves protect themselves, and also to treat the arrested persons humanely. Thank you.

**Madam Chairman:** Thank you very much for clearing up that for me. Member Forde, do you have anything else you would like to add? You are still muted, Member.

**Mr. Forde:** Oh, sorry, yes. I am okay now, Madam Chairman.

**Madam Chairman:** Well, I would like to thank the TTPS. Thank you to the Assistant Commissioner, Ms. Cooper and her team, for their contributions this morning. But I think we can all see, as Member Thompson-Ahye pointed out, we definitely need more of a collaborative effort with regard to the mental health and dealing with the mentally ill in a sensitive manner.

I would like to thank all the officials today for your very valuable contributions, the Committee members who all participated remotely for this virtual hearing, the staff of the Office of the Parliament for the procedural and logistical support, and the viewing and listening audience, especially those of you who sent in questions. Thank you very much, and we may have to reconvene very soon, because this is definitely extremely important for us to move on together for our society.

Thank you very much, have a good day everyone. Members, please hold on for –

**Mrs. Thompson-Ahye:** Madam Chair –

**Mr. Forde:** Thank you.

**Madam Chairman:** Members, you will please hold on for our in-camera meeting.

**12.37 p.m.:** *Meeting Adjourned.*

**VERBATIM NOTES OF THE SEVENTH VIRTUAL MEETING OF THE JOINT SELECT COMMITTEE ON HUMAN RIGHTS, EQUALITY AND DIVERSITY HELD (IN PUBLIC) ON FRIDAY, JANUARY 14, 2022, AT 10.30 A.M.**

**PRESENT**

Dr. Nyan Gadsby-Dolly	Chairman
Mrs. Lisa Morris-Julian	Vice-Chairman
Mrs. Hazel Thompson-Ahye	Member
Ms. Jearlean John	Member
Mr. Kazim Hosein	Member
Mr. Esmond Forde	Member
Ms. Donna Cox	Member
Ms. Khisha Peterkin	Secretary
Mr. Brian Lucio	Assistant Secretary
Ms. Aaneesa Baksh	Graduate Research Assistant

**ABSENT**

Ms. Anita Haynes	Member
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**MINISTRY OF SOCIAL DEVELOPMENT AND FAMILY SERVICES**

Ms. Jacqueline Johnson	Permanent Secretary
Mrs. Loraine Reyes-Borel	Executive Director, Social Displacement Unit
Ms. Lisa Ifill	Director, Social Planning and Research (Ag.)
Ms. Jennifer Juteram	Senior Legal Officer
Ms. Christine John-Guy	Deputy Director, Social Welfare Division

**MINISTRY OF HEALTH**

Dr. Hazel Othello	Director, Mental Health Services. Ministry of Health
Ms. Keisha Lewis	General Manager, Mental Health Services, NWRHA
Ms. Marsha Connell	State Counsel II (Ag.) Ministry of Health

**PORT OF SPAIN CITY CORPORATION**

Mrs. Esther O'Brien	Acting Chief Executive Officer
Alderman Joel Martinez	Mayor of Port of Spain
Mr. Brian De Leon	Inspector (Ag.)
Ms. Rhonda Laptiste	Public Health Inspector IV (Ag.)

**TRINIDAD AND TOBAGO POLICE SERVICE**

Mr. Daniel Moore	Assistant Commissioner Police North West
Ms. Shireen Pollard	Manager, Gender- Based Violence

	Unit
Sgt. Terrence Dick	Legal Officer
<b>OFFICE OF THE ATTORNEY GENERAL AND MINISTRY OF LEGAL AFFAIRS</b>	
Mr. Sean O'Brien	Permanent Secretary (Ag.)
Ms. Dernisha Duke	Legal Counsel I
Mr. Carl Esdelle	Policy & Research Officer

**Madam Chairman:** Welcome everyone to the Seventh Virtual Meeting of the Joint Select Committee on Human Right, Equality and Diversity. This is the Committee's second public hearing into the human rights of socially displaced persons in Trinidad and Tobago with specific focus of the treatment and relocation from Port of Spain public spaces. This is a virtual meeting and so we have to ensure that our microphones are muted when we are not speaking to ensure that background noise is kept to a minimum and that our faces are clearly visible on the screens.

Members of the listening and viewing audience are invited to post or send their comments via the Parliament's various social media platforms whether that be Facebook, *ParlView*, the Parliament's YouTube's channel and Twitter.

My name is Dr. Nyan Gadsby-Dolly and I am the Chairman of this Committee and I would like at this time to invite the other members of the Committee to introduce themselves starting with our Vice-Chairman.

*[Introductions made]*

**Madam Chairman:** All right. Well, we should have some other members on and they will join us presently as we continue into the public hearing. I will like to facilitate the introduction now of the members of the – representatives of the Ministry of Social Development and Family Services, the Ministry of Health, the Port of Spain City Corporation, the Trinidad and Tobago Police Service and the Office of the Attorney General and Ministry of Legal Affairs. Can I ask first for the representatives of the Ministry of Social Development and Family Services to introduce themselves?

*[Introductions made]*

**Madam Chairman:** I want to thank the Ministry of Social Development and their team for joining us.

Can we have the introduction of the representatives of the Ministry of Health at this time?

*[Introductions made]*

**Madam Chairman:** Is there anyone else from the Ministry of Health with us? If not, thank you very much from the Ministry of Health.

And we have the introductions of the members of the Port of Spain City Corporation who are with us today, please.

*[Introductions made]*

**Madam Chairman:** Is there anyone else from the Port of Spain City Corporation? If not, thank you for that introduction.

Can we have now the introductions now of the persons with us from the Trinidad and Tobago Police Service?

*[Introductions made]*

**Madam Chairman:** Thank you and welcome. *[Pause]* Is there someone else? Thank you and welcome to the members of the Trinidad and Tobago Police Service.

Can we have now the introduction of the persons who are with us from the Office of the Attorney General and Ministry of Legal Affairs?

*[Introductions made]*

**Madam Chairman:** So if that is it, I want to thank all of the representatives who are here with us today. The objective of our enquiry is to examine the treatment of socially displaced persons with respect to their relocation from the public spaces in Port of Spain. I would like to ask now the various representatives to make brief opening remarks and we will start with Ms. Jacqueline Johnson, Permanent Secretary at the Ministry of Social Development and Family Services.

**Ms. Johnson:** Madam Chair, I will be brief. This is our second appearance. We just want to put on the table that we are prepared to elaborate with all of the key stakeholders to ensure the successful rehabilitation of all street dwellers. Thank you.

**Madam Chairman:** Thank you. Can we have brief opening remarks from Dr. Hazel Othello, Director of Mental Health Services, Ministry of Health?

**Dr. Othello:** Good morning, again. From the Ministry of Health we have provided all the additional information that was requested of us to the best of our ability so to do. And we are once again quite happy to answer your questions and to continue our work towards ensuring that the best possible care is provided towards this – provided to this vulnerable group of citizens. Thank you.

**Madam Chairman:** Can we now have brief remarks from the Acting Permanent Secretary of the Office of the Attorney General and Ministry of Legal Affairs, Mr. Sean O'Brien.

**Mr. S. O'Brien:** Good morning again all. Our Ministry would provide advice, legal advice to the conventions, the laws and the regulations that apply to dealing with this vulnerable cohort and I hope we can be successful in that. Thank you.

**Madam Chairman:** Thank you, Mr. O'Brien. And can we have brief opening remarks from Alderman Joel Martinez, the Mayor of Port of Spain, please.

**Mr. Martinez:** Good morning to you. From the first time I became the Mayor of Port of Spain in 2016, myself, the council, members of administration, have been seeking to find the right solution to be able to assist the homeless in a very humane and positive manner. And we have been working with all the various stakeholders for the time being in trying to ensure that we find a solution before I exit from my term of office.

**Madam Chairman:** Thank you, Mayor. And can we have brief opening remarks from the Mr. Daniel Moore, Assistant Commissioner of Police of the Trinidad and Tobago Police Service, please.

**Mr. Moore:** Good morning everyone. We are here to support what is lawful to ensure that the city is safe and ensure that, you know, that the public is free from, you know, all these contaminants that they have been going through based on these homeless people.

**Madam Chairman:** Thank you. As we begin the questioning, and I will lead off, I want to remind both the committee members, as well as the representatives to direct your questions through the Chair and to indicate that when you are speaking you activate the microphone in your device, but when you are acknowledged by the Chair and you finish your contribution, you can turn off your microphones so we do not have too much feedback and we flow very smoothly in this virtual proceeding.

Now, this is our second round of public enquiry and as we were discussing with the Committee the issue of the human rights of the socially displaced. That is where we want to place our sharp focus and I think the Mayor mentioned it when he spoke about, you know, dealing with it in the most humane way and in the way that preserves the rights of the socially displaced. And my first question goes to the Office of the Attorney General and Ministry of Legal Affairs.

In looking at your submission, I noted that there was no actual law in place to allow for the involuntary or voluntary movement of socially displaced persons from the streets. I wanted a little bit of clarity on that and to understand on the basis of anything other than violent behaviour, which was mentioned in submission, is there a legal basis to remove the socially displaced persons from the streets?

**Mr. S. O'Brien:** Thank you for the question, Chair. I think I will let Mr. Esdelle answer that seeing that it is more legal in nature.

**Madam Chairman:** Sure.

**Mr. Esdelle:** Good morning. The question that you posed I think was deemed that it should be should less, that the social – just now. Are you hearing properly?

**Madam Chairman:** No. We are not hearing you well.

**Mr. Esdelle:** Give me one second. I am having a connection issue. *[Pause]*

**Madam Chairman:** Mr. O'Brien, while Mr. Esdelle is sorting out his connection issue, is there any clarity you would want to give on the basis of the opinion provided with respect to the legal provision to allow for voluntary and involuntary removal of socially displaced persons?

**Mr. S. O'Brien:** Well, Chair, that is essentially a legal question, and I am here in an administrative capacity. However, what I can say is that, what legal authority we would have would be based from the conventions found in the UN *Handbook for the Protection of Internally Displaced Persons*. More specifically the Universal Declaration of Human Rights; the International Covenant on Civil and Political Rights; the International Covenant on Economic, Social and Cultural Rights; the International Convention on the Elimination of All Forms of Racial Discrimination; the International Convention and Elimination of All Forms of Discrimination

Against Women; the International Convention on the Rights of the Child; and the International Convention on the Rights of Persons from Disabilities.

Now, these are international conventions that would broadly apply to our scenario here in Trinidad and Tobago. So where our human rights – we have a division called the International Law and Human Rights Division and they would have rendered this opinion that these broad conventions are the ones that would guide us in any effort to deal with, as I mentioned before, a very socially vulnerable cohort. So we do not have specific laws that would govern it but we must be guided by these broader UN conventions.

**Madam Chairman:** I see Mr. Esdelle is back and I am hoping we can hear him better now.

**Mr. Esdelle:** Okay. Further to what Mr. O'Brien said, to deal with this matter we have in place the Socially Displaced Persons Act of 2000 which has never been fully proclaimed. So further than what Mr. O'Brien stated, the international law that was put in place for the general provisions in terms – [*Technical Difficulties*] until the Act of – the Socially Displaced Persons Act was fully proclaimed and fully functional would depend on the international – [*Technical Difficulties*]

**Madam Chairman:** Okay. And the question of the Act which has not been fully proclaimed, what exactly would be preventing the full proclamation of this Act?

**Mr. Esdelle:** I think that question will have to be addressed to the Ministry of Social Development and Family Services because there are several policy issues that were – certain parts of Act be that were still being – It would fall on CPC, were still being sorted out. So I think that question will have to be addressed to the Ministry of Social Development and Family Services.

**Madam Chairman:** Okay. So could I redirect then to the Ministry of Social Development and Family Services as to what are the specific reasons why the Act has not yet been proclaimed, though assented to?

**Ms. Johnson:** Madam Chair, there are several problematic issues related to the Act and I will have our legal, senior legal officer identify several – most of them to you. Ms. Juteram.

**Ms. Juteram:** Madam Chair, the Act as it is has not been put into date. It has been assented to 2000 but there are some issues surrounding the Act itself. As it is, the Act provides for, of course, the interpretation section, the provision for a Social Displacement Unit, the establishment of that, the Social Displacement Board, the assessment and care centre. That is the Act in its current nature. However, some of the problems that in the Ministry after that research, et cetera, and practicable reasons, one would be the whole issue of voluntary to involuntary movement of street dwellers. That issue is paramount in terms of the need for coordination amongst the relevant stakeholders, as well as state entities and bodies. So there is a need for more holistic networking so that there would be proper measures and procedures in place to add quickly and sufficiently address the situation. So that is one of the mammoth tasks that we have to make sure that we, through analysis, get it right. There is the issue of the capacity of the existing Social Displacement Unit.

In terms of the current Act as it is, the burden or responsibilities placed on the unit to basically deal with the involuntary movement of persons. So the unit as it is does not have the sufficient human resources as



well as the Ministry to have these proper infrastructure at the moment to really deal with the issues. So we are definitely working assiduously to address those issues. There is the issue of the lengthy time involved in terms of obtaining court orders to get the involuntary movement of persons. So that court-order process is lengthy, so we are working on these to try to amend, have amendments to the current Act in order to have a smooth transition, a network of a justice system in dealing with the rights of such persons.

There is also the need to have the NGOs, the non-governmental organisations, to have the proper standard of care as with service delivery procedure and care in order so that we could have all measures in place. So basically the Ministry, from our end, we are reviewing the provisions of the Act as it is. We have our draft policy in place. We will be fine-tuning it with an aim to really have a holistic approach to addressing the issues of that.

**Madam Chairman:** Can I ask, this Act is 2000, we are in 2021 at this point in time. How long has this revision of the policy been taking place?

**Ms. Johnson:** Well, Chair, it has been a long time since the Ministry has been engaged in this review of the legislation and policy. But in 2020 it was placed on—2021 rather, sorry, it has been placed on our agenda to treat with it expeditiously.

**Madam Chairman:** And I saw in the submission that there is supposed to be 2022 deadline for that.

**Ms. Johnson:** Yes. We are hoping to complete it in this fiscal.

**Madam Chairman:** So the issue of amending the policy and putting that forward which will form the basis of some legislative change based on the Act that is here now, if that is done and the Act is amended, in terms of being able to carry out the functions described in the policy, where would the Ministry be at that point? Because at this time, what was described in terms of the challenges would be—would cover some of the human resource, would cover some of the particular systems that are to be put in place. So even with the completion of the policy in 2022, where would the Ministry be with respect to really being able to carry out the provisions of the new policy?

**Ms. Johnson:** Madam Chair, the revision of the legislation is really intended to give the Ministry a little bit more teeth in terms of implementing the programme to rehabilitate our street dwellers. It has to be seen within the framework of care and protection for that vulnerable group. So there are a lot of things which you need to put in place in order to effectively implement the legislation. Several of those things have already been done. We have created the Social Displacement Unit. We have identified a current site for those clients and we are engaged in creating and identifying a site for a custom-built facility to manage the assessment and placement of those clients and. And we also established two facilities that would accommodate those clients on a long-term basis while we work with them to find alternative means for their independent living. So it is a continuum of care that we are looking at right now for those clients.

The legislation as it is now does not allow us to force anyone off the streets. We have to depend on the—we are now using a voluntary system where we go out on the streets and we ask people to come with us

to their current facility that we have at Riverside Plaza car park. In order to really implement the legislation and to effectively move people, we need to be able to force people to come off the streets and that is where we do not have the kind of authority to do. The Ministry cannot force anyone. We can invite them and encourage and motivate them to come to the centre but we cannot without the assistance of the other agencies, key stakeholders currently like the police, the City Corporation and Ministry of Health we cannot move the client from off the street. And I think once the legislation is in place and we have that authority, all the things that we are doing currently will gel into a framework that will allow us to care and protect those clients.

**Madam Chairman:** Okay. So may I ask then, the Ministry Health, the City Corporation and police, just very briefly, for their specific roles in this removal of the socially displaced, considering in the context of there being no legislation that allows really or definitely gives legal provisions for the involuntary removal or the relocation of socially displaced persons. If we can start with the Ministry of Health?

**Dr. Othello:** Thank you for your, Madam Chairperson. The role of the Ministry of Health is directly involved, is directly relevant when there are persons on the street who have mental health concerns where there are in need of care and treatment in a hospital setting or, even if they are not in need of hospitalization, they have mental health needs.

So with respect to those who do not need hospitalization, again we can only encourage them to access out-patient mental health services which exists across Trinidad and Tobago. For those who require hospitalization we have mental health officers, and we spoke about at the last meeting of this Committee, and they can intervene when there is someone in a public place who needs care and treatment in hospital and assist in getting that person admitted to the nearest psychiatric hospital which would be at this time either the San Fernando General, the St. Ann's Hospital or the Tobago Scarborough Hospital.

**Madam Chairman:** And that can be involuntary.

**Dr. Othello:** That can be involuntary providing that the person is in a public place and that the mental health officer is satisfied that the person is in need of care and treatment in hospital. The person is taken to the hospital. The person is evaluated by a medical doctor in the emergency-room setting and that doctor has to also agree that that person needs hospitalization and do the necessary procedures for that admission, after which that person will continue to get care and treatment in hospital.

**Madam Chairman:** Okay. Thank you. From the City Corporation's side, is there any leeway or anything that allows the City Corporation to remove socially displaced persons on an involuntary basis from the streets?

**Mr. De Leon:** Good morning. Through the, Chair, Acting Inspector De Leon. The role of the city police in the relocation of and removal the socially displaced persons is more of a supportive role, one that works with the Ministry of Social Development and Family Services to assess and assist in whatever initiative that they may use because we are guided by the law and the Act specifically states our limitation and we can do. We could assist and support. That is as far as the police can do relative to the support.

**Madam Chairman:** So there is no role for the Port of Spain City Corporation in removing involuntary removal

of persons— socially displaced persons?

**11.00 a.m.**

**Mr. De Leon:** No, our hands are tied in the removal, because the Act specifically states who are the persons authorized under the Mental Health Act to remove persons off the streets who are mentally ill. We do not have capacity to determine that. We have done some training. We have had some training from the Ministry of Social Development, and it better assists the officers in evaluating but we are not able to involuntarily remove persons off the streets.

**Madam Chairman:** All right, and thank you. From the police service side now, is there any legal way that the police can involuntarily remove persons from the street, those socially displaced persons?

**Mr. Dick:** Thank you, Madam Chair, Sergeant Dick here. In 2016, a gentleman by the name of Hugh Bernard sued the Mayor, the alderman, the councillors, and those issue—his issues were exactly based on this question, whether he can be removed off the street. He wanted to live in the Tamarind Square. In that particular judgment they listed the Police Service Act, the Summary Offences Act and the Mental Health Act to show that there were offences that could be dealt with under that Act, namely sleeping in, namely if you find anyone loitering. However, what came up in that judgment as well, is that homelessness is not a crime.

So to piggyback on the legislation to deal with homelessness, we have tried that already and the court has said we are approaching it in the wrong way. So if we were to apply the crime to homelessness we would have a difficulty in saying that the persons committed a crime in the true sense of what the legislation speaks about. So that particular judgment which was brought, they listed all the human rights issues, what the people are entitled to, what are their rights. Now, though despite Mr. Bernard lost because he brought the wrong type of action before the court, what the court alluded to was that the way in which homelessness should be treated, while there may be legislation—while there may be crimes under the Summary Offences Act, the Mental Health Act and the Police Service Act, it cannot be approached the same way in dealing with homelessness as you would approach a crime.

So our hands are basically tied, if we were to just say let us go and move these people and charge everyone, especially now in the pandemic, we have to carry them to court. The fine for sleeping is \$200. They are going to be out. We cannot house them in a station based on their condition. We will have to medically examine them to say whether or not they either have COVID, they have other sicknesses, or whatever. So to treat them as criminals under the guise that we are treating with homelessness, we the police are going to find ourselves at risk not only in the matters being this, but actions will be brought against the police in punitive damage and that sort of thing. So basically our hands are tied criminally, though those pieces of legislation exist.

**Madam Chairman:** So, understood. So the Ministry of Social Development has a role, the Ministry of Health has a role and the police has a role and there are some circumstances in which action can be taken to move persons, socially displaced persons off the streets but there is no definitive legal provision at this time. So the

question I would like to ask is, in terms of the main role and focus of dealing with the persons who are socially displaced, that falls squarely under the Ministry of Social Development's remit? Regardless of the fact that we have other institutions clearly that do play a part, does it falls squarely under the Ministry of Social Development and Family Services?

**Ms. Johnson:** Care and rehabilitation of the clients, Madam Chair, falls squarely under the Ministry of Social Development and Family Services. The issue for us is how we get the client into the care programme. Thank you.

**Mr. Dick:** Madam Chair, if I may, from the police service.

**Madam Chairman:** Yes, please.

**Mr. Dick:** If you may permit me, Terrence Dick here, 59 of 2000 which is the said piece of legislation raised earlier on socially displaced persons, police powers usually come from legislation. If this piece of legislation is there we can look at, certainly look at if it is being amended or has to be amended, what can we insert in it to give police that authority to assist the Ministry of Social Development in dealing with it in getting the persons to these care centres? Suggestion, Madam Chair.

**Madam Chairman:** And that segues very nicely, thank you, Sergeant Dick, into my next question, which would be, considering that we have recently made moves to deal with that legislation, I would like to know from the Ministry of Social Development, who exactly is making input, seeing that we have the Ministry of Health, the City Corporation, and in this case is Port of Spain, because we are dealing specifically with that. But clearly there would be San Fernando and all of the major cities I would believe would have this issue of the socially displaced and would need to make some input. So we have the Ministry of Health, the city corporations, we have the police and the Ministry of Social Development.

So, the question is, to the Ministry of Social Development, what is level of input or consultation with the other arms of the State that have some level of responsibility to deal with the legislation to ensure that we do not end back up in the same position we are? Because clearly there was something since 2000 which could not be enacted and has not been, and we do not want to end up in a position where there may be something of 2022 or 2023 and in 10 years hence we are in the same position. So, I am basically asking, what is the input of the other entities that have some type of—other stakeholders, major stakeholders in the enactment of the law, what is their input in what is happening there in terms of revision of the policy?

**Ms. Johnson:** Madam Chair, the intention here is to include all stakeholders, and that is being actively pursued. We have already engaged the Ministry of Health, the City Corporation and the police in this process. There are some other agencies that we need to include as well as some NGOs which represent persons within the vulnerable group.

**Madam Chairman:** Okay. But if I am to follow on from Sergeant Dick and his suggestion that they make input, I am not certain at what level the input is coming, because it seems that there may be a disconnect between who is actually representing and making input and those who need to make that input. From the

side of the police, Sergeant Dick, you made the suggestion, and I am hearing from social development that they do have input. Are you aware of such input and who is making it? Is it coming from the right level?

**Mr. Dick:** Madam Chair, I was recently put into this joint select meeting, so I would not be able to tell you off hand. However, I can enquire as to who would have made those input, if they made any input. Since I am here now, if it is left to me, we have no difficulty in getting the requisite input or the senior advisors to say listen, let us sit and have the Act amended and see where the police powers lie, or if it can be placed in it, in what manner and that form. So it is just a matter of working with social development now to see where we can lend our assistance where that power is concerned.

**Madam Chairman:** So, I have found that in some cases the right person from the institution, it is very important to have the right person making that input so that when we finally get to amend this legislation it is something that everybody has the correct type of input into and it can actually work for the benefit. Because if we had the correct thing happening in 2000, in 2021 we would have made some input. Because what I am hearing based on all the submissions is that we are, the State and the legislation does not allow us to do exactly what is needed, which would be to remove persons and put them into the programmes for care that are required. So I am—at least not with allowing their human rights to not be infringed.

**Mrs. Thompson-Ahye:** Madam Chair.

**Madam Chairman:** I would like to open now for some contributions from the other members of the Committee. Sen. Thompson-Ahye.

**Mrs. Thompson-Ahye:** Thank you, Madam Chair, and you have called me at the right point having regard to what you just said. You spoke about the right person and the correct input, and I want to start from that principle. We have here with us a legal opinion posed by the Joint Select Committee on Human Rights, Equality and Diversity, and this has been furnished to us by the Office of the Attorney General and Ministry of Legal Affairs. So they drafted a legal opinion in relation to the current legal provision which can allow for the voluntary or involuntary removal/relocation of socially displaced persons from the streets of Port of Spain without infringing the human rights of these persons. And the first issue that was addressed is: What are the legal provisions which can allow for the voluntary or involuntary removal or relocation of socially displaced persons from the streets of Port of Spain without infringing the human rights of these persons?

Madam Chair, we have in this opinion international law which should guide our deliberations, because we are talking about policy and we are talking about laws, and before we begin to revise any law, we start with a policy. That is actually the framework, the substratum, the foundation for any laws that we put in place. So we have here a table extracted from the United Nations *Handbook for the Protection of Internally Displaced Persons*, provisional release 2007, which identifies relevant international law instruments and their focus. And what the Attorney General's Office reminds us, is that it must be borne in mind that Trinidad and Tobago is only bound by the international instruments to which it is a party. Now, you will see from what is before you that I have changed a bit of the words. And we are told that the only provisions from the following

international law instruments apply to Trinidad and Tobago, and there is a list:

- The Universal Declaration on Human Rights;
- The International Covenant on Civil and Political Rights;
- The International Covenant on Economic, Social and Cultural Rights;
- The International Convention on the Elimination of all Forms of Racial Discrimination;
- The international Convention on the Elimination of all Forms of Discrimination Against Women;
- The international Convention on the Rights of the Child; and
- The international Convention on the Rights of Persons – it should be – With Disabilities.

So here is this opinion telling us, these are the only provisions, international provisions which apply and which therefore that is what should guide our policies, and that should offer the input into our laws. So when we look at the overview of the selected international human rights instruments there is one on the Convention concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour, ILO Convention No. 182 of 1999. And this is where I have a serious problem. Because what we are told is that this is not one of the conventions to which we are a party and therefore we should not be looking at it. But in fact Trinidad and Tobago has ratified this convention on 23<sup>rd</sup> of April, 2003. And when you look at the National Child Policy on page 3 it gives you the international convention and protocols and that is included there.

So, you are talking about the number of Government Ministries that should be involved in this exercise, and I will make a strong recommendation that the OPM, Gender and Child Affairs, the Office of the Prime Minister, that they should come in and be party to the deliberations to inform the legislation. There are children who are homeless we know in Trinidad and Tobago that have to be rescued, so we must look at the provisions which govern them. We must look at bringing, if there are other conventions that we have not yet ratified, we ought to look at bringing those conventions into our law so that, you know, we would know that we are complying with the international law. So therefore, when we look at the optional protocol that we have not yet ratified, that the Office of the Prime Minister, definitely Gender and Child Affairs would have some input into the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography, 2000, which the Ministry in their opinion, they have said this is the international human rights instruments that guides the rest of the world and therefore that also should be guiding us.

So before we go further I think we ought to ask the department to have another look at what we have provided to guide us, because, as you said, we must have the correct input before we go further. Because if we do not do that, it means that we may not be going in the direction that we ought to be going. We will not be having our laws up to date, or correct in terms of our obligations. And I would urge us as we being told as parliamentarians, look at the 2030 agenda for sustainable development so that whatever we do we must always see how does this agenda for sustainable development, how does this affect what we do. What are the

agendas? What are the targets here so that we do something? We have waited so long to get it right, let us not do it in a halfway bake. Let us do it properly so that when we present a law we would not be going and having to amend and amend, because in the first place we are doing it right. We think sometimes we do not have time to do it properly, but we always have time to do it over. That is wasting time and wasting resources.

So I would urge us to do whatever we have to do. Do it properly. Take our time. We have waited long enough, so what is if we take a little longer? The important thing is to get it right. And we have the expertise. Within the various Ministries there are people there, you know, who know better and who ought to do better. It is not a very overworked department, I am told, and I think we have to urge them to do the thing right, so that if they are guiding us and they guide us in the right direction so that we do not fall into error time and time again. Thank you.

**Madam Chairman:** Thank you, Sen. Thompson-Ahye. Do we have other members of the Committee who would wish to – Minister Morris-Julian.

**Mrs. Morris-Julian:** Madam Chair, through you, I would like to ask the PS of Social Development and Family Services, what has been the level of engagement with the other entities so far? Could you give us some information on what has been discussed by your team so far?

**Ms. Johnson:** Madam Chair, since 2017 we have been engaging, based on my recent look at the records, the key stakeholders involved in the care and protection of our street dwellers. There is a long list here of persons and agencies that we have been engaging. The key ones might be the Ministries of National Security, Rural Development and Local Government, and Health. But there are quite a bit of other agencies that we have been engaging, including the Ministry of Housing.

The continuum of care for these people requires that we engage all these stakeholders in providing the care and protection for street dwellers from the time they are assessed or enter one of our facilities. We did have some public consultations in 2017, I believe, as well, on the whole issue of street dwelling. So the engagement of the stakeholders is an ongoing process. Our recent engagement in the training, and this was a collaborative effort between the Ministry of Health, the Ministry of Social Development and the Port of Spain City Corporation is evidence of that kind of collaboration in December of 2021.

**Mrs. Morris-Julian:** Through you, Madam Chair, excuse me Madam PS, you said in December 2021 there was further discussion? I did not quite –

**Ms. Johnson:** Sure, in December of 2021 we engaged in training the officers who are working the streets to get the street dwellers to voluntarily come with us to the care facility that we have provided. That is the training that was undertaken in December of 2021.

**Mrs. Morris-Julian:** Thank you. Madam PS, I am very heartened to hear that. Madam Chairman, through you again, if I may address His Worship The Mayor of Port of Spain? Your Worship, could you just let me know exactly what is the council's policy regarding this situation? As you know, the capital city and you have said and you have stated in the press several times, about dealing with the homeless situation, but I would like to

know, and I am sure the Committee would appreciate, what is the policy of the council?

**Mr. Martinez:** Madam Minister, good morning to you. One of the things that we seek to have done seeing that we have no laws that govern the voluntary or involuntary removal of homeless people was to use the fact that we have a voluntary side – to use the voluntary side of things. And in considering the voluntary side of things we attempted in my last dispensation with the council to seek a piece of land to build what you call a homeless assistance office and to be able to facilitate those homeless people who are on the streets. That would have engaged the Social Development Ministry, and what would have happened then is that the approach was done through I believe Ministry of Housing, however it fell through and we came back to square one a couple of years later.

However, what we engaged the Archbishop of Port of Spain, and that is where the bottom – the ground floor of the current CSDP building, we were able to build a facility underneath there, close off the road, to be able to assist the NGOs in encouraging them to instead of feeding the homeless throughout the City of Port of Spain, to go to one particular location where we can basically offer not just a place to feed them, but if they came there it would be able to accommodate them with a meal, accommodate them with showers, allow a doctor maybe to look after them, see if they have any issues that they needed or any sort of treatment. They have some people who we understand are mentally ill, they may have needed to take their medication, but because they are on the streets they would not have been cared for, and provide temporary shelter at the same time. Those were some of the things that we were doing.

What we tried to do also was to create something called a “move along” policy whereby we know that the pavements are underneath the care of the Port of Spain Corporation, and we have a law in Trinidad that has no loitering, so we encourage the police to encourage the homeless person to, if you want to be fed, to go to the homeless centre, which is the bottom of the TSTT building. In the meantime while we do not have a proper structured building, and operate on a more sort of outside of the context of being able to move them, but to encourage them to be able to come there. And if they could get a night shelter, they could get clean clothes, they could get barbering taking place, they could get a meal, they could get a shower, we will start to see the face of the homeless changing.

The other approach after that was to encourage corporate Trinidad to really pick a night, because we have 365 nights in the year, whereby you can donate towards the meal or the change of clothes, or the barbering, or whatever it is, or even pay a doctor for just one day or one night in your whole corporate life. And you can do that on an annual basis and you can do it through where you can encourage your staff to come and feed, or you can pay for it and have it done. But to get corporate involvement because – and while the Ministry of Social Development would have been trying to arrange a building so that we can get more structure down the road, and if the laws come in after, it would sort of help. Because we know that we cannot pick them up, but if we encourage them to be able to get help and not be under any duress at all, we may be able to get somewhere.



And that was basically what the corporation was looking at, together with the homeless assistance office and the Social Development Ministry, and so on. Corporate really came in and spoiled the progress that were making, however we were starting to get some movement on it, and as a matter of fact during COVID we housed the Social Development Ministry, and we were able to get the army to come and build showers and that sort of thing, and at the same time we were able to house about 64 people. We got a lot of donations in that period of time towards sanitation and food and that sort of thing, because food was never really an issue, and we were able to care for 64 homeless people during that COVID period.

So, at the end of the day, sometimes you wait for the law to happen, and we do not really have to wait for the law to happen if we do things that will encourage people to move in a particular direction, and guide them and help them to understand the benefit of it. We would have been able to make some form of progress. The thing about it is that we sit and wait, and wait, and wait, and wait, and we are always – defects in the law, trying to do something about it paper-wise when we could actually have been on the ground doing something about it, and we would not have a homeless person looking like they are on the street 25 years. Because if a homeless person becomes homeless today they would look just like you and me. What will happen is over time and lack of caring they will look the way they currently look, but you can bring them back to some form of respectability.

The thing is you may not be able to house them permanently. But if you sent them back out on the street – and then eventually you will know the ones who you can maybe give them jobs to pick up plastic on the street or to sweep our squares and pick up leaves and that sort of thing, and give them something meaningful to do in the meantime through, I was going to prepare to do that through the Mayor's Fund, and allow us to be able to employ a couple of them and allow them to do things within the city of a nature that will bring some form of action, and that would have been the process that we were looking to do. It is still out there, because at the end of the day we can do something about it, but we just have to put our heads together. And I am very happy to be here this morning, and I am happy that I am part of the discussion.

We have also at the present time, we are currently in mediation with the Homeless Assistance Office, the Ministry of Social Development and the Port of Spain Corporation to look at a sort of a policy or a guiding document to help us to be able to care for the homeless in a more collective and progressive way. That mediation is done by Justice Kokaram. It was supposed to be an appeal from the last court case that was supposed to have gone to the High Court. Instead of going to the High Court, we felt that we can have a discussion and really get all of us to come together to realize some form of progress and possibility. And that those stakeholders which are the homeless can feel a sense of us taking care of them and not us forcing them to take care of them.

**Madam Chairman:** If I may, to just stick a pin here, seeing that the Mayor raised this and it kinds of harkens back to a question I asked first. If I were to ask, can any one of the agencies, and I am asking Social Development seeing that it falls squarely under Social Development, the care and rehabilitation of socially

displaced persons—if I were to ask, how many socially displaced persons do we have in the City of Port of Spain, and if I were to say, to posit that, you know, who is really paying attention to this, and is there enough emphasis on removing the ones that can be removed? Because there are clearly some categories of persons that can be removed. Could I address that to the Ministry of Social Development? Who is keeping count of what is happening? Who is looking at it? And is there enough emphasis on removing those who can be removed? And is there really attention being paid to this?

**Ms. Johnson:** Madam Chair, the Ministry of Social Development is keeping the count for street dwellers. Last March we did a count. That turned up 219 persons.

**Madam Chairman:** That is last March. March 2021? March 2021, right?

**Ms. Johnson:** COVID. That is when COVID—2021.

**Madam Chairman:** So what unit deals with the actual keeping count, looking at what is happening? What is that unit?

**Ms. Johnson:** That unit, Madam Chair, is the Social Displacement Unit which was established when the Act was assented to.

**Madam Chairman:** So that established in—

**Ms. Johnson:** The Social Displacement Unit has— [*Technical difficulties*]

**11.30 a.m.**

The Social Displacement Unit has—it is not proclaimed but it was assented to 2000. So the social—

**Madam Chairman:** So the unit was established in 2000?

**Ms. Johnson:** Yes. The unit was established in August of 1999 and that is the unit which takes responsibility for homeless persons. That is the Social Displacement Unit. It is headed by an executive director and there are some social workers in there, and there are some officers in there who do the count on the street.

**Madam Chairman:** How many officers are presently employed in that unit?

**Ms. Johnson:** We currently have a total of seven officers in that unit.

**Madam Chairman:** And how much is established to be present in that unit?

**Ms. Johnson:** The Act establishes the need for several officers, Chair, including doctors and nurses at an assessment centre, including the director who would deal with administrative aspect of the operations. What we have done is establish the Social Displacement Unit treating with the administrative and client service at the level of the streets within the division. The division currently has seven members of staff.

**Madam Chairman:** Could you tell me how much the division should have?

**Ms. Johnson:** Well, the division was created with seven members of staff, Chair.

**Madam Chairman:** Okay. There are seven members now but you referenced a certain type of structure that I do not think is present now, so I am asking what should it have? I am trying to determine if the unit is operating efficiently.

**Ms. Johnson:** Madam Chair, the Act requires a particular structure, which we do not have in place, at section

6. We do not have that in place. What we created is a unit in 1999 with seven members of staff. Three of those positions as we indicated in our submission, we are currently shortlisting for those three vacant positions. The other four positions are filled, and those would include the persons who walk the street and do the counts and encourage persons to follow them to the centre.

**Madam Chairman:** So you have four persons doing that currently?

**Ms. Johnson:** Currently, we have two people doing that function and it is –

**Madam Chairman:** Country wide?

**Ms. Johnson:** Country wide.

**Madam Chairman:** And how many does the Act provide for in that particular function?

**Ms. Johnson:** The Act provides for one field officer.

**Madam Chairman:** In the country?

**Ms. Johnson:** That is what the Act provides for and we created fact.

**Madam Chairman:** So a part of the division of the policy then, do you consider these two persons sufficient?

**Ms. Johnson:** Madam Chair, the review of the staffing of that unit is of critical importance. This will not meet the requirements for ensuring that homeless persons are properly cared for. The current staffing as approved will not meet the needs given the strategy that we have outlined to treat with homeless persons. So this must be reviewed when we consider the revisions in the Act, and this is being done simultaneously as we review the Act.

**Madam Chairman:** So the circumstances we find ourselves in currently really speaks to the fact that this unit cannot adequately fulfil its function based on what is provided for in the Act and what currently exists. So really if we were to ask the question, is sufficient attention being paid to the homeless, and the number of them and their circumstances, and is there enough emphasis on removing those can be removed based on the present circumstances, the answer would have to be no. There is not sufficient staffing, there is not the particular structure that will allow for this to take place. The question is – I am hearing the discussion happening from 2017 and the question is: Why is this taking so long? Because I am certain there must be other jurisdictions where there would be legislation and so on. What is the challenge that would allow for this to be taking so long to even come to the place where there is a policy in place to amend the legislation? Because I am asking that in the context of getting to a solution.

Because I am hearing the Mayor speaking about some initiatives that he would like to enact and you know he would like to have Social Development and Family Services on board for that, and I am considering the fact that Social Development and Family Services has the primary responsibility for care and rehabilitation, and I am hearing that you know – I am seeing an Act of 2000, I am hearing consultations and revision of a policy since 2017, we are in 2022, and I am trying to get to the point where we can identify what those challenges are so that we actually get something happening. Because I could posit that if there are persons who can be removed and who require treatment and enough care is not being placed on those persons because of the

structure that exists now, then we may be even infringing their human rights, those who should be removed and should be receiving care and treatment. So what is really happening with these consultations? Why is it taking so long? Do we have other law in other jurisdictions that we are consulting? We do not have to reinvent the wheel in our circumstance. What is really happening and what are the roots of the fact that we cannot seem to get this policy amended?

**Ms. Johnson:** Madam Chair, I do not think the reason is that we cannot do it. We must do it. I cannot give you a reason as to why the delay right now. I may be able to do some research to determine such. What I can say though is that we have a facility that is available, managed on behalf of the Ministry by the St. Vincent de Paul which provides that care for those people who we are able to remove from the streets. We continue to work with that NGO to ensure that they get the care. Those who are within that confine, 112 of them that we have removed, that they get the care and protection that they need and the associated rehabilitation services. The issue for us are those who we cannot remove.

**Madam Chairman:** Okay. So in terms of that consultation, what is in place to ensure that this policy is really revised in 2022, and it actually comes to fruition? Because it has been going on since 2017 and we have been having consultation, and we have been having work being done, but what is in place now? You may not have been there in 2017 and so on. So what is in place now to ensure that this actually comes to fruition and the country can see a policy that deals with this matter?

**Ms. Johnson:** Madam Chair, we have completed the policy document. That is one. We have set up our own internal review committee. We have started, as I indicated, to engage some of the key agencies. So that we are of the view that it can be completed in fiscal 2022. The consultations, there have been several consultations and I do not believe that we ought to reinvent the wheel as you rightly said. There are many countries that we have looked at in terms of the legislation and the fact that we have now set what we call our weekly meetings to treat with this matter to have it expedited as quickly as possible. To me it sends the signal that we are prepared to have this addressed within this fiscal.

**Madam Chairman:** And let the just ask Alderman Martinez, you mentioned quite a few initiatives that you would have liked to have enacted and involving, of course, corporate Trinidad and Tobago and so on, what would have been the input and the role of the Ministry of Social Development and Family Services in the discussion of these particular initiatives?

**Mr. Martinez:** Madam Chair, over the last couple of years the role was almost non-existent. However, there were discussions, upon discussions, upon discussions and no action, and real action came just before COVID occurred in 2020. And from thereon we had the current Minister of Social Development and Family Services very engaged in addressing the problem, and I think the Ministry of Social Development and Family Services then came alive in dealing with the matter under the leadership of the current Minister. I have, and my council has not stopped pursuing or whatever initiatives that we can, and currently we have Mr. Anthony Salloum who is an NGO that has engaged himself in what you call the homeless Assistance Office. He is operating or

beginning to operate at the bottom of CSDP structure. He has had a lot of years of experience in trying to assist this matter. He has approached various Government Ministers of Social Development over the years. He has a clear understanding of what can be done and what should be done, and I am working with him and the Social Development and Family Services Ministry Division is also working to be able to put something in place. I think we are very near to getting it done, and if all goes well and the mediation is completed within the next couple of weeks I think we can make tremendous progress.

I would like to—I am glad that I am here to be able to encourage our TIPS, our municipal police, the Social Development and Family Services Ministry, the Ministry of Health, if we all came together to do something about it. Even though we are working on the policy and we are working on the laws, I think we can make progress. The thing about it is when you are doing it, it sends that sense of urgency and continuous movement of things happening. As I said, we sit too long to try and develop things and we do not manage them well, and when we do not do that they fall apart and we rely on the fall apart organizations to be able to do something about it and they themselves do not respond well. So at this point in time there is a sense of confidence that is growing in me in the fact that we can get something done about it and not too distant future. If I take the words of the Social Development and Family Services Ministry, what they have just said, I feel confident that they can do it. They just need to push a little harder and give it some serious attention.

**Madam Chairman:** Well, we have heard from Social Development and Family Services that there are weekly meetings set and there is a determination to do that. What I feel, though, that as I allow Minister Morris-Julian to come back in, is that there is need for this formal collaborative structure between the stakeholders that also has this formal type of meeting, and it needs to be put on an agenda which is aggressively pursued so that some of the other initiatives that may be possible to alleviate the circumstances can be enacted. And I do believe that it will be a much smoother process if all the stakeholders are involved in the, let us say non-traditional approaches through dealing with the issue. Minister Morris-Julian.

**Mrs. Morris-Julian:** Thank you, Madam Chairman. Madam Chairman, I felt very heartened with the response of the Mayor and Social Development and Family Services. However, I do have a question from the public, two questions actually. Through you, Madam Chairman, to Social Development and Family Services: Are there considerations as to the reasons why persons are not voluntarily entering the care programme; and in particular what are the facilities like, it is an inviting place? Because I listened very carefully to His Worship when he spoke about a place not to deal with the homeless situation, but some place that they could come in for a meal and to be taken care of temporarily. But with regard to the facilities that we have at hand, what are the conditions; are they overcrowded; is it sanitary; is it safe; is it hospitable? Because all that, Madam Chair, I am sure you would appreciate will affect how this would be accessed by persons on the street. Thank you very much. And then I have a follow-up question.

**Madam Chairman:** Ministry of Social Development and Family Services, were you able to hear the question?

**Ms. Johnson:** Yes, Chair.

**Madam Chairman:** Okay.

**Ms. Johnson:** In response to the question, we are aware that the facility was not custom built, custom designed to provide all that we need to provide along that continuum of care for the clients. But we do provide a level of care at the facility that meets the needs of most of the clients. We cannot offer mental health services to our clients at the facility, but we do offer social work support for our clients at the facility including referrals to other agencies for back-up services.

The facility is managed by the St. Vincent de Paul on behalf of the State. It is monitored by our NGO Unit and our Social Displacement Unit officers visit the facility on a regular basis in relation to the admittance of clients, and we also have an M&E Unit monitoring the operations at the facility. We have had no problems with the facility. We were able to encourage the NGO to put in the quarantine area for us. We know that the quarantine facilities does not allow us to admit females at this time. So we have been doing it for the men, but we have continued to provide the services to all those who would go with us for admittance at the facility.

They also have services from NGOs provided with the support of the HAO which is located in the office for the homeless persons. And so, through that arrangement with NGOs like Alcoholic Anonymous, our clients are also provided with additional security.

**Mrs. Morris-Julian:** Thank you very much. But through you, Madam Chairman, I have one more consideration. Now, His Worship the Mayor spoke about the success of the programme and I think with 64 persons I think that is indeed well done, but, Madam Chairman, I am also concerned regarding the loitering issue. What are the legal considerations? I am not sure if the Office of the Attorney General will address this. And also the loitering issue and as you pointed out earlier, Madam Chair, Ministry of Social Development and Family Services, Office of Attorney General and Ministry of Legal Affairs, the City Corporation, all these entities have very distinct roles to play in order to assess and deal with this particular situation, but is the loitering Act implemented; does it contribute to dealing with the particular situation? I am not sure which entity, Madam Chair, will be answering this question.

**Mr. Martinez:** While I await someone from the other areas to –

**Mrs. Morris-Julian:** Yes. So if someone from the Assistant Commissioner's office, or the Office of the Attorney General and Ministry of Legal Affairs could address that please? If you could just hold on one minute for the Chairman, the Chairman will be –

**Madam Chairman:** I am right here. Sorry, I am just having a little bit of a distortion at this time. Minister Morris-Julian?

**Mrs. Morris-Julian:** Madam Chair, I asked the question regarding the loitering Act and how does it fit in with this particular situation –

**Madam Chairman:** Right.

**Mrs. Morris-Julian:** – and I am trying to see which entry would answer the question.

**Madam Chairman:** Well, I would expect that we will have some response from the Office of the Attorney

General and Ministry of Legal Affairs.

**Mr. O'Brien:** Thank you for the question, hon. Member, but I think Sergeant Dick was indicating how that loitering law applied on the ground. I think he alluded to it earlier. Perhaps, through you, Chair, we can ask him to repeat?

**Madam Chairman:** If we could have first please a simple explanation of what is provided for in the law, I think that would give us a nice basis and then we can have the operationalization aspect from the police.

**Mr. O'Brien:** Okay. Can I ask Mr. Esdelle please because as it is indicated, that is quite a legal matter.

**Madam Chairman:** Sure. Is Mr. Esdelle with us? If the person on Mr. Esdelle's stream is speaking, we cannot hear you.

**Ms. Duke:** Good morning, I am Dernisha Duke, Legal Counsel I. So I had some technical difficulties. [*Technical difficulty*] So, with regard to loitering in relations –

**Madam Chairman:** There is a serious – sorry – feedback that we are getting. I am not sure there is any device that had audio on in the room?

**Ms. Duke:** Okay. So in relation to loitering laws as it concerns street dwellers, we have section 45(c) of the Summary Offence Act. It says:

“Any person found sleeping or loitering in or under any building, including any open outhouse, verandah, gallery, passage, or gateway, or in any vehicle or vessel, without leave of the owner, occupier or person in charge thereof, or on or under any wharf...jetty, bridge, footway, or in any street or other public place, and not giving a good account of himself;...” –shall be liable to a fine of \$200 or to imprisonment for one month.

So that is only provision of having connection to loitering that can be obtained to street dwellers. The problem is the street dwellers directly will not be able to afford a fine of \$200. So the imprisonment would be the only possible means to deal with the problem of – [*Technical difficulty*] – with the loitering legislation.

**Madam Chairman:** Mrs. Morris-Julian, do you have a follow-up or shall we move to the police in terms of operationalization?

**Mrs. Morris-Julian:** Yes, Madam Chairman, and in particular I would also like the feedback of the Port of Spain City Corporation municipal officers because the last discussion that we had, the “move along” was said not to be successful for various reasons and I would really like to know, through the Assistant Commissioner's office, what can be done and how is it implemented. Thank you.

**Madam Chairman:** Can we speak then first to the police? Can we speak to operationalizing that loitering law and then can we hear from the Port of Spain Corporation with respect to the “move along” campaign, how it was maybe related to that law and the success of that programme?

[*Technical difficulty*]

**Official:** [*Inaudible*]

**Madam Chairman:** I am not sure what is happening at the side of the – I am not sure if it is the police or if it is

the general platform, but I am getting some distortion and we are not hearing the members of the police. I sure they are trying to speak at this time. Okay. There may be some technical issues on the side of the police because we are not hearing them. Maybe we can hear from the City Corporation first and then hopefully we will be able to clear up whatever is happening on the side of the police. So can the Port of Spain Corporation speak to the “move along” campaign, its relationship with the loitering law or how it is contextualize and the success of that please?

**Mr. De Leon:** Through the Chair, Acting Inspector De Leon from the Port of Spain City Police. Since the inception of this “move along” policy as requested by the council and the Mayor, officers have actively engaged members of the public who are on the streets with a view of persuading and encouraging them to visit the set-up of the socially displaced persons at Riverside Plaza. However, in engaging the persons we are being challenged – we are faced with challenges in that the police in uniform are seen as an authoritative figure, and when approaching individuals we are faced with resistance from these persons. However, even trying to enforce the laws as section 45(c) of the Summary Offences Act to deal with the loitering, we are faced with challenges. The Act talks about persons giving justifiable reasons for being there, and when you engage a person and they are homeless or they tell you they are just liming it does not give the police the authority to remove them. That is a challenge.

In the past, we have had persons challenging the decision of the police to remove them from the streets and saying they are liming, and the court has dismissed matters. One recent matter was with Wayne Kirby Henry and PC Ragoobar and others where the court upheld and they say liming was a reasonable excuse for them being out there. So we are faced with a challenge with this “move along” policy and possibly the loitering as it relates to persons giving a reasonable excuse. This law is not sufficient for us to move persons involuntarily as the Sergeant had said. It does not form a criminal act for us to really engage persons in.

#### **12.00 noon**

And then with the new COVID protocols, taking them to court and housing them in the station, it is difficult, it is putting officers’ health at risk. So this policy, yes, we do try to enforce it as much as possible but it has a lot of challenges in doing that.

**Mrs. Morris-Julian:** Thank you very much, Madam Chair. Thank you very much, Inspector De Leon, for your very honest assessment. Madam Chair, is it possible that I direct a question to the Ministry of Health component please? Dr. Othello, we noticed that in what was submitted to us that a cross-mapping exercise would be done in conjunction with the Ministry of Social Development and Family Services with the number of street dwellers who were patients of the St. Ann’s Hospital. Could you let me know how far have you reached with this particular programme and what is the deadline date? – because it is really crucial.

**Dr. Othello:** Could you ask the question again? I am not sure if I understood what you asked. Sorry.

**Mrs. Morris-Julian:** In the submission to the Committee, it was stated:

Cross-mapping exercise would be done in conjunction with the Ministry of Social Development and



Family Services regarding the homeless who may or are currently patients of St Ann's Hospital. —the mental health. And I would just like to know how far, has that programme started, what the deadline dates.

**Dr. Othello:** I am looking at my submission and I am not seeing that. Is that the initial submission?

**Mrs. Morris-Julian:** Page 42b, Ministry of Health document.

**Dr. Othello:** That is the first submission?

**Mrs. Morris-Julian:** But you are familiar with the cross-mapping proposal. Correct?

**Dr. Othello:** Not quite, that is why I am looking for it.

**Mrs. Morris-Julian:** All right. So it was a submission stating that with the Ministry of Social Development and Family Services. I am not sure— Madam PS, are you all familiar with that also?

**Ms. Johnson:** We are not familiar with— [*Inaudible*], Madam Chair.

**Mrs. Morris-Julian:** We moving on, Dr Othello, the point is that many of the issues for the homeless are mental health issues and we have discussed at length the issues by law what we can and cannot do regarding those of sound mind, but with specific regard to the mentally-ill persons who are on streets, there was a need to collect and collate all the data and to make sure there is a cross reference which would help us, I would assume, would help the Ministry of Social Development and Family Services, the Ministry of Health, in ensuring that these persons receive the help that they need and what the Committee wants is an idea of when that will be done and the deadline, so perhaps you can check your records and please send us a written submission regarding that.

**Dr. Othello:** Yes, I would have to review those records because I do not remember to be quite honest. Sorry about that.

**Mrs. Morris-Julian:** Okay. Thank you very much. And just for your records, it was in the additional submission that was submitted by the Ministry of Health. Thank you, Madam Chair.

**Madam Chairman:** Sen. Thompson-Ahye, would you want to come in at this juncture?

**Mrs. Thompson-Ahye:** Yes, I want to go back a bit to the question of the police and the loitering. I want to ask the police service, let us talk straight here, is it that you find in this time that there is a greater sense among the general populace, especially the younger people about rights and there is a greater sense of self and you find that there is more challenge to people being moved along the street because they feel that they are being targeted, because they feel that their rights are not being respected because of how they look, where they live and where they are loitering as against other groups who may be congregating but they look a particular way, they seem to belong to a particular class and therefore they are not interfered or harassed by the police? Do you get a sense that that is what is happening in the society now? That it is people fighting for their rights to exist in this society with more of a sense of equality? What do you think?

**Mr. Dick:** Can you all hear me now? Madam Chair, can you hear me now? Yes, to answer your question, Madam Ahye, yes in one part. In one part, yes, some of them feel that way and we experience that in our

interaction with them verbally. You do hear comments like that, you do hear some of them saying that and some of them feel that they are targeted. However, another part of it is that there are people that we will put before the court and lo and behold someone turns up saying that this is my family and you have no right to do this or do that just because they were homeless. Now, they are not contributing to the welfare or the development of the person but from the time the police engage them in, let us use the same loitering law, where it is interpreted by the court in a particular circumstance to say that the police had or had not a right to act. We have met with the resistance not only from the court but from family members who turn up and indicate that we are infringing on the rights of the persons and we have attorneys addressing the police service now. So, yes, it is in one part to answer your question but there is also that other part of it, and to allude to my colleague at the municipal police, we experience that daily, we have tried it, and the court has said, listen, you do not have that right and then we have persons bringing lawsuits against the police service because they were maliciously prosecuted, they were wrongfully arrested and unlawfully detained. So yes to answer your question in part but yes we also have that other part.

**Mrs. Thompson-Ahye:** I appreciate your response. Thank you very much.

**Mr. Dick:** Thank you, Madam.

**Madam Chairman:** [*Inaudible*]

**Mrs. Morris-Julian:** Madam Chair, you are muted.

**Madam Chairman:** I am sorry, thank you. Do we have any other members of the Committee at this time who would like to pose questions to the entities that are before us?

**Mrs. Morris-Julian:** Madam Chair, I do have one last question and it is from a member of the public and the question is directed to the Ministry of Social Development and Family Services and they asked: What happens when they get them off the street? What programmes are in place to make sure that they do not end up right back on it? And also, another member of the public also stated that they hope that the Mayor of Port of Spain continues to pursue engagement with HDC and the Ministry of Housing because they think that is definitely a very viable solution especially with regard to what is happening worldwide. Thank you, Madam Minister.

**Ms. Johnson:** Madam Chair, as we indicated in our submission, we do have a service agreement with an NGO to provide a continuum of care for our clients at the Riverside Plaza Centre for the Socially-Displaced Persons. I have with me our director of the SDU here who would share a little bit more about the programme in terms of how we try to support our clients.

Before I go to her, I really want to say that the Ministry is actively pursuing the establishment of a custom-built assessment and temporary care facility that would allow us to treat with our clients in urban areas who are displaced and have nowhere to go and this feeds into all the other supporting-type accommodation facilities that we are creating all over the country to address the needs of those persons who have found themselves without any place to live. Ms. Borel.

**Ms. Reyes-Borel:** Thank you, PS. Madam Chair, at the Centre for Socially-Displaced Persons – [*Inaudible*] –

are provided with basic care and supervision on a daily basis by the staff at the centre which includes the meals, support as far as maintaining clinic appointments, either medical or psychiatric clinic appointments. In addition, they do have social work support via a social worker attached to the Social Displacement Unit and case work is done. So what the case work is, in most cases, would involve deferrals for rehabilitation or counselling or assessment or assistance to access other services that they need. So again, all of these services are voluntary so the clients can opt to access in particular the social work service, they can opt to do it or they can opt to stay at the centre and continue with their lives without the intervention services.

**Mrs. Morris-Julian:** Thank you very much. Thank you, Madam Chair.

**Mrs. Thompson-Ahye:** Madam Chairman, through you—

**Madam Chairman:** Yes, please, Senator.

**Mrs. Thompson-Ahye:** Yes. To the Ministry of Social Development and Family Services: Are demographics readily available? The people who were actually dwelling in the centre, can we say exactly who they are in this rainbow country?

**Ms. Johnson:** Yes, we can. Madam Chair, we do have some data on our clients at the facility disaggregated. Yes, we can provide that if it is required.

**Mrs. Thompson-Ahye:** It would be interesting because we have anecdotal evidence you know but sometimes they do not always square with what is the reality on the ground. So from there, we could look to see how we move forward from the problem by knowing what really is happening. It will inform other aspects of how we deal with the Sustainable Development Goals, the prime thing is no one to be left behind so that we want to make sure that the social protection system caters for everybody in the society. Thank you very much, Madam PS. Madam Chair, thank you.

**Madam Chairman:** Do we have any—

**Mr. Moore:** Madam Chair?

**Madam Chairman:** Yes please?

**Mr. Moore:** Gathering in a place where homeless people are does not make them homeless. Sometimes we put all the eggs in one basket. I recall, because I have been in Port of Spain for years, several people gather there. Why do they gather there? Some hustle. But to get a true picture of homelessness, we need to traverse in the night. We will see them in the day, we will see them in the day but they are not homeless, they have a fixed address. The night paints the bigger picture of homelessness and that is the big picture we need to look at because when we make a head count in the day, you get 50, in the night, we get 10. These 10 people have nowhere to live. But 50 people come and gather because number one, they are lazy, they do not want to work, they want to eat so they come and they have tea, breakfast and dinner, right, or they are on “ah hustle”. “They hustle right now.” Because I can tell you most of the young men, they will just hang around there and hope the police comes and do an identification parade but we call them homeless when we see them in the day. All right. So we have to be very careful with our numbers and how we deem people by seeing them in the day. The night

paints the bigger picture. Thank you.

**Madam Chairman:** Thank you for that clarification coming from the TTPS. At this time are there any other members who would like to raise any questions on this matter with any of the entities before us?

**Mrs. Morris-Julian:** Madam Minister, can I just ask one more question for clarification from the Ministry of Health before we end please?

**Madam Chairman:** Yes, please.

**Mrs. Morris-Julian:** Dr. Othello, again I notice in the Ministry of Health submission on page 5, your submission indicated that the Ministry of Health intends to write to the Office of the Attorney General and Ministry of Legal Affairs to have the Act reviewed and/or updated in accordance with the 2019 policy and subsequently placed on the legislative agenda. Was that done?

**Dr. Othello:** What has happened is that the Ministry of Health, Mental Health Unit, has been preoccupied with the implementation plan for that policy. The process of getting that completed was quite time consuming, we are just in the process of actually finishing the implementation plan with cost implications as was requested by the Cabinet and once that is submitted, we would be in a better place in order to write because we cannot be writing, requesting amendments if we are not in a place to where we are ready to actually implement those things when it becomes law.

So the policy is approved by Cabinet. The implementation plan has to be submitted for approval and then we get to the implementation phase where we begin to actually put those things in place so that when the law is assented to and proclaimed, we will not find ourselves facing lawsuits for the inability to provide the things that the law says we must provide.

**Mrs. Morris-Julian:** Thank you, Madam Chair. Thank you, Dr. Othello.

**Dr. Othello:** You are welcome.

**Madam Chairman:** Any other member of the Committee would like to ask a question at this time?

**Mr. Martinez:** Madam Chairman, I would just like to make a quick statement hearing the Social Development Ministry talk about the arrangement they have with the St. Vincent de Paul with regard to the management of the CSDP and it has been— You know it is my understanding that the arrangement there, although there may be a proper system, financial or whatever arrangement there is, I think there are practices that take place there that are less than desirable and you have heard word from the street from people who were at the centre or no longer at the centre or seeking to be in the centre, that it is a sort of a mismanaged arrangement. And I think that social development Ministry really needs to take a look at it and maybe that may also help in how we view the process of that whole living accommodation arrangement with the homeless or those who have had to be accommodated there for some time.

Also, the Homeless Assistance Office has collected data or having been collecting data on the lot of the homeless in the City of Port of Spain over the years and we have also done some physical moving around so I can tell you practically where every homeless person who sleeps in the street in the night or who gathers in “ah” park

or square or on “ah” savannah bench or something like that, I could practically tell where they all are.

The thing about it is that we also have just one particular NGO that provides over 200 meals, between 200 and 300 meals a night in the City of Port of Spain and that is just one. So we know that the numbers, there are a significant amount of homeless on the street and I would really like to see some form of proper location where we can treat and segregate the mentally ill from the people who are generally—the homeless population but that requires proper data collection and an assessment of the homeless population.

If we could treat with those things, as I indicated, we have a practical solution to dealing with it temporally but we need some long-term provisions and as you said, the Act, to be able to encourage people. You will always have stubborn, you will always have people who do not want to do things in a voluntary wise but you know sometimes that might be in the minority if we handle the programme properly and we do it with a genuine effort that we want to assist and help to create a programme to assist the homeless.

**Madam Chairman:** Thank you, Alderman Martinez. I would like to have a response from the Ministry of Social Development and Family Services to the specific issues of the treatment at the centres. Minister Morris-Julian would have alluded to that and it really is a question of is the Ministry of Social Development and Family Services certain that what is happening at those centres do not constitute as well an infringement of rights on human rights of the persons who are encouraged to go there.

**Ms. Johnson:** What we have established at the Social Displacement Centre at the Riverside Carpark is not the ideal and we have mentioned that on numerous occasions but it approximates the best that we can do at this point in time, pending the completion of the establishment of a custom-designed assessment facility.

What we have now at CSDP is an interim assessment type facility together with dormitories to house males and females who are willing participants of the programme. That is what we have there. We have a service level agreement with the St. Vincent de Paul to ensure that these people are fed, medically taken care of and supervised as well as to initiate rehabilitation programmes – [*Inaudible*]

Yes, we have heard some complaints from CSDP from residents. Some of them we have been trying to deal with as best as we can. For example, the Mayor will be aware that we are hammering out right now a proper complaints procedure to be applied at the CSDP. That is currently being negotiated and we have the key stakeholders at the table to address that. There are complaints from residents that their personal items are being stolen and we have been trying to get those complaints in from the City Corporation if they had reported there, from the St. Vincent de Paul and we have been trying to address those issues as well. We have not had any complaints about persons not being fed, persons not being medical assisted, we have not had any complaints of personal abuse of clients there and if the Mayor is aware of those, as we said at the first hearing, we need to know those things. If they are not reported to us, we cannot act.

We go and we visit the facility on a regular basis as I indicated. We have a social welfare officer who operates out of our current interim assessment centre. Those issues must be raised with the officer or raised with the Social Displacement Unit so that we can take appropriate action. These persons are vulnerable and they have

rights and they cannot be abused. It is for this same reason that we cannot facilitate them by using the loitering Act. They are considered homeless and they must be accommodated at a facility where they can be properly cared for.

And it is the reason why the Act is so designed in terms of its thinking at sections 16 and 18 because these persons ought not to come before a judge or magistrate to be charged in any way but we ought to deal with it in a way as dictated in section 16 of the unproclaimed Act in a human manner. We get an order and we get them to be removed from the street and you put them into a system that would allow them to be cared for and rehabilitated.

And, Madam Chair, I also want to put on the table that we have some long-term goals. I am certain that the City Corporation is aware of them to treat with this particular group in a particular way to preserve their rights, their human rights and that includes the creation of the custom-designed centre. I heard the Mayor say that it has fallen through, it has not fallen through and we continue on negotiations with several agencies including the Ministry of Housing to acquire the parcel of land to construct this custom-built facility.

We also have been engaged in the acquisition of long-term care facilities. Two of them are already on stream and they are about to go out with— [*Inaudible*] have them properly managed and one has been promised by Petrotrin which we are going to refurbish and have ready as well. So we have been continuously managing and implementing our strategy to deal with this particular vulnerable group.

**Madam Chairman:** I want to thank all of the officials who have come before us today to deal with this most important issue because as we know, our country is judged by how we deal with our most vulnerable persons and certainly those who are socially displaced fall into that category.

PS Johnson, you made what just could be considered a very stirring closing remark but I would invite you at this time if there is anything that you would like to add in closing to please to do so now.

**Ms. Johnson:** Madam Chair, thank you. I just want to add that we cannot sit and do nothing and say that we do not have an Act and that is why sometimes based on my position here, I feel that we are not getting the support of the other key stakeholders in this process. I think we can do a lot if we come together, get out there on the streets and have the people removed. We continuously hear responses that we cannot do anything from the City Corporation or the police in some instances but I think if we come together and seriously do that campaign which we have been calling for to be out there on the streets to have the people moved to a facility that is underutilized at the car park, we can achieve or start to achieve some of the objectives that we have set out in the legislation. Thank you, Madam Chair.

**Madam Chairman:** Thank you very much. Can I have please closing remarks from Dr. Hazel Othello, Mental Health Services, Ministry of Health?

**Dr. Othello:** At the Ministry of Health, we remain committed to providing the best quality of health care to all of our citizens and with regard to this specific group of individuals where our remit is largely with regard to the those persons who are on the streets, who are homeless and who have mental health problems. We remain

committed to ensuring that we provide the best quality of mental health care to them, both in-patient and outpatient care and we continue to make ourselves available to conduct evaluations when needed and once we have made the correct determination, provide the quality of care that is needed by that individual.

We also remain committed to ensuring that in everything we do, we act in accordance with the guiding principles of the Mental Health Act of Trinidad and Tobago and as other pieces of legislation become available, we will also be guided by them. So thank you.

**Madam Chairman:** Thank you. Mr. Sean O'Brien, Permanent Secretary of the Office of the Attorney General and Ministry of Legal Affairs.

**12.30 p.m.**

**Mr. O'Brien:** Thank you, Chair. Thank you for this opportunity to share with the Committee and the public as a whole. The fact that the Ministry here, we stand ready to lend legal advice on this matter. We recognize the socially displaced as a very vulnerable cohort in society. We understand that they have special needs. We understand that they can be very disruptive to the general public but we also recognize that they have certain rights. And in dealing with these people we must observe the laws that are applicable to Trinidad and Tobago, as well as the conventions that guide the handling of this most vulnerable cohort. And we at the Ministry stand ready and committed to providing such legal advice, and to drafting legislation as it becomes necessary.

**Madam Chairman:** Thank you so much. And can we have comments from Alderman Joel Martinez, the Mayor of Port of Spain.

**Mr. Martinez:** Madam Minister, you indicated that a country is judged by how we treat our citizens that are deprived and homeless, and I want to say that a city, our city which is our capital city is the call card of our country, and we are certainly going to be judged that way. The thing about it is that I am happy to hear that the Ministry of Social Development and Family Services under PS Johnson is continuously working towards the development of the process to ensure that we at some stage get the homeless off the street. And I am also heartened to hear other comments based on it. I am here to support.

I am here as a stakeholder, not just a Mayor of Port of Spain, as the first citizen of city, but as a stakeholder, as a citizen of Trinidad and Tobago to see that we can get to the point where we really have a proper facility in place, and the treatment at the facility encourages people to come to the facility when in need of help. It is like when you are injured you seek the hospital, if the hospital gives you bad treatment you will go somewhere else. The thing about our centre is that we talk about the laws of the land and wanting to have to put laws in place. But you know, sometimes if you encourage people in a particular way you can get most of them at the centre in wanting to get some kind of rehabilitation. Because in any case if we encourage the NGOs to come there and do not feed them all over the City of Port of Spain, but feed them at that facility, and they are treated well, they are given clothing and shower and that sort of thing, and taken care of and show care, we can do it together and we do not have to wait on the laws. But let the laws come, we will do our part for the laws to come but let us start doing it. Not just tomorrow, today.

**Madam Chairman:** Thank you so much, Alderman Martinez. And last but certainly not least, can we have Mr. Daniel Moore of the Trinidad and Tobago Police Service with his closing comments please.

**Mr. Moore:** Thanks, Ma'am. My office is next door to that building. I see them every day. The issue is interacting. I will give you a testimony. I spoke to a guy, he was there and what he told me, he said, "I am on drugs and I am ashamed to go back home". Simple matter. He is not homeless, he just was ashamed because of the village where he lives. So sometimes, we have to look at an individual basis. It is pandemic time; it may be hard to interact one on one, but these are some of the testimonies coming from right there. So we have plenty of work to do and we cannot put all the eggs in one basket. So we need to speak to them one on one and I think you know, Social Development may have some work to do. Some might need some rehabilitation, all of that, but my office, I look at them every day. Thank you.

**Madam Chairman:** Thank you so much to all of the officials who joined us today. And I would like in summary to just give a little summary of what we have discussed. The treatment of the socially displaced persons or SDPs is broadly guided by various international conventions. There are not specific legal provisions to involuntarily remove the SDPs, as the SDP Act of 2000 has not been fully proclaimed. The SDP Act of 2000 has several problematic issues and must be revised. The procedures for collaboration between the relevant Ministries, units, and agencies must be designed and formalized for maximum efficiency. The policy requires review and that is the policy that guides that Act, and is being looked at to be completed in 2022.

Revision of this legislation will give the Ministry of Social Development and Family Services more power to act and will assist in treating with the SDPs and we allow them to have involuntary removal which is necessary in some cases. The Ministry of Health's role is to remove persons with mental health concerns and to treat persons once they are removed from the street and that can be involuntary. The City Corporation has no direct remit in the involuntary removal of persons but they can act to support the Ministry of Social Development and Family Services.

There are some provisions by which SDPs can be removed from the street but homelessness is not a crime, therefore, they cannot be removed simply because they are homeless and in some cases they may not be homeless. However, due care must be taken for the legislation and their human rights.

Care and rehabilitation of the SDPs are the remit of the Ministry of Social Development and Family Services, but there is need for formal partnership with the Ministry of Health, TTPS, City Corporations, the Ministry of the Attorney General and Legal Affairs, and also other NGOs who are involved, and corporate Trinidad and Tobago. And this amendment of the policy that guides the legislation must have the correct input from all of the stakeholders including Ministry of Health, TTPS, City Corporation, and Attorney General to be able to have the correct input into that policy.

Some of the other international conventions that deal with children should be included in the considerations that guide the policy and so the Ministry of Gender and Child Affairs should be involved in this discussion. And before us we should always keep the 2030 agenda for sustainable development so that when the law is



being amended, all of these considerations are taken into account so that there is no need for constant revision. The Social Displacement Unit established in August 1999 is responsible for the socially displaced persons. Currently, the number of persons that are available and are on the books to do the actual work of interacting with the socially displaced persons is two, and that is therefore inadequate. So the current staffing as approved will not meet the needs of our current situation. And therefore, emphasis that is required is not being placed on removing the SDPs or interacting with them on the street.

However, the information that would guide policy development in terms of who is actually socially displaced, that information, some of it is available based of the clientele at the centre for the SDPs. And that should be used in looking at the broader question of sustainable development and how we treat with persons who are – or various vulnerable groups who may be at risk for being socially displaced.

The Ministry of Social Development and Family Services has completed the draft policy and is now inviting review from the different stakeholders, and weekly meetings are set to ensure that this policy is completed in 2022, as it is seen as critical for dealing with this situation.

Non-traditional initiatives may be possible to assist in our current situation with SDPs, however, again it requires that partnership and direct collaboration between the City Corporation, the Ministry of Social Development and Family Services, and the TTPS, as well as business and the corporate sector.

The Centres for Socially Displaced Persons do not provide at this time all that is necessary for the continuum of care that needs to be provided for the SDPs. However, attempts are made to provide the necessary rehabilitation, the fundamentals, and the acceptance of such services at this time based on the legislation is voluntary.

The “move along” policy is that the City Corporation has tried to enact with a little bit of challenges, as it is not necessarily adequately catered to or catered for in the law. And the cross-mapping exercise of the Ministry of Health to determine the number of homeless who are outpatients of the mental health system, and therefore require careful monitoring is important and this must be urgently pursued. The involuntary movement of the SDPs via the loitering legislation is sometimes challenged by family members in the courts, and this frustrates the system and it limits the ability of the police to use this to remove persons from the streets.

The custom built assessment and treatment facility being pursued by the Ministry of Social Development and Family Services as one of their long-term goals to humanely deal with our SDPs. There have been reports of less than desirable practices at the centres for SDPs and that may in fact contribute to infringement of human rights of the socially displaced persons. This warrants further investigation by the Ministry of Social Development and Family Services and attention is being paid to institute a complaints system which can address these matters. And the Ministry holds out to all stakeholders that if there is information that they have or complaints that can be addressed, please forward it to the Ministry so that they can be adequately dealt with at this point in time, even as that system of receiving complaints is being developed.

So this just constitutes some of the things that we would have discussed as we looked at the human rights

involved in the treatment and the removal of or relocation of socially displaced persons with specific reference to Port of Spain and environs.

I would like to thank all of our officials who came to contribute to today's proceeding, our committee members who would have participated remotely for this virtual hearing ensuring that the business of the country goes ahead in these challenging times. I would like to thank the staff of the Parliament for your procedural and logistical support always, and of course, our viewing and listening audience. So, I would like to thank you at this time and declare this meeting now adjourned. Do enjoy the rest of your day everyone, and above all, please stay safe.

**12.41 p.m.:** *Meeting adjourned.*

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APPENDIX IV  
**MSDFS Continuum of Care**

Continuum of Care for Street Dwellers Framework

STAKEHOLDERS	CONTINUUM					
	Research	Engagement	Temporary Care	Primary Care	Advanced Care	Monitoring and Evaluation
	Understanding the phenomenon and the needs.	Voluntary or Involuntary Engagement, Access to Services/Programmes	Stabilisation, Assessment, Counselling, Care Plan	Specialised Treatment and rehabilitation via Care Centres (Rehab, Hostel, Halfway Houses, Hospitals etc.)	Supported Long Term / Permanent Care or access to Independent living	Tracking, surveillance, compliance and evaluation.
Ministry of Social Development and Family Services	<p><b>Short Term:</b> -Commission research to ensure currency of data, establish baseline, and conduct comprehensive needs assessment. Work to be done in collaboration with UWI.</p> <p>-Institutionalize research on street dwelling within the Ministry and across the sector</p> <p>-Develop a multi-year research agenda on street dwelling.</p>	<p><b>Short Term:</b> - Review and make the necessary changes to the Social Displacement Act #59 of 2000 in collaboration with key stakeholders including the private sector.</p> <p>- Take immediate steps to implement a public education campaign regarding the issue of street dwelling.</p> <p>-Conduct Sensitization &amp; training of TTPS and Municipal Police in appropriate engagement of street dwellers in collaboration with MOH. Such sensitization must be gender sensitive.</p>	<p><b>Medium:</b> -Establish Street Dwellers Assessment Centre/s with infrastructural and human resource capacities, and incorporate gender-specific spaces &amp; programmes.</p> <p>- Contract appropriate NGO to manage Assessment Centre/s and Shelters.</p> <p>- Identify/enforce appropriate Standards of Care for service delivery.</p> <p>- Support NGO providers in capacity building, inclusive of audit training, to deliver in accordance with established standards</p> <p><b>Long Term:</b> -Cease operations at CSDP, Port of Spain and relocate to a more suitable location in the Port of Spain area.</p>	<p><b>Short Term:</b> -Maximise the use of the PEC</p> <p>-Engage NGOs for care, treatment, rehabilitation and reintegration of street dwellers. Service provision to include employment placement &amp; skills training etc.). Such engagement must also be gender responsive.</p> <p>-Ensure contracting with NGOs are outcome based.</p> <p>-Initiate discussions with the private sector to secure/create employment opportunities for street dwellers and former street dwellers.</p> <p><b>Medium Term</b> -Ensure relevant training programmes are offered in collaboration with tertiary level institutes. Scholarship Division to facilitate such</p>	<p><b>Medium Term:</b> -Ensure adequate Transitional Housing/ hostel accommodation with services via the NGO sector in accordance with established procurement procedures. Such engagement must also be gender responsive.</p> <p>-Take steps to develop and implement an overall Social Housing Policy.</p> <p>-Expand the Community Care Programme to establish/identify suitable accommodation options for persons 18 – 54 years of age who are unable to maintain themselves or has no means of subsistence or place of residence.</p>	<p><b>Short Term:</b> -The MSDFS take immediate steps to design a comprehensive evidence based continuum of care as a government policy document.</p> <p>-Design a result based monitoring and evaluation framework for the Comprehensive Continuum of Care with supporting IT platform for client management.</p> <p>-Monitoring and Evaluation and compliance.</p> <p>- Framework must be able to incorporate gender sensitive approaches.</p>

STAKEHOLDERS	CONTINUUM					
	Research	Engagement	Temporary Care	Primary Care	Advanced Care	Monitoring and Evaluation
	Understanding the phenomenon and the needs.	Voluntary or Involuntary Engagement, Access to Services/Programmes	Stabilisation, Assessment, Counselling, Care Plan	Specialised Treatment and rehabilitation via Care Centres (Rehab, Hostel, Halfway Houses, and Hospitals etc.)	Supported Long Term / Permanent Care or access to Independent living	Tracking, surveillance, compliance and evaluation.
<b>Ministry of Social Development and Family Services</b>	-Research must include gender sensitive methods.		-The MSDFS to pursue lands located at the corner of South Quay and Piccadilly Street as a site for the establishment of an assessment centre.	training. Areas of training to include but not limited to psychosocial rehabilitations, occupational therapy, physiotherapy, life coaching.		
<b>Ministry of Health</b>		<p><b>Short Term:</b></p> <p>-Review Mental Health Act Chapter 28:02 (If deemed necessary) with a view to amend and allow for effective involuntary relocation from the streets, in collaboration with key stakeholders.</p> <p>-Collaborate with Municipal bodies to engage and remove persons from the streets. Such engagement must also be gender responsive.</p> <p>Conduct Sensitization &amp; training of TTPS, Municipal Police and MSDFS in relevant mental health issues.</p>		<p><b>Short Term:</b></p> <p>-Declare New Horizons a Ward in accordance with the Mental Health Act and assume responsibility for care, treatment and rehabilitation at this Centre.</p> <p>-Priority given to the completion of refurbishment works at Arima Rehabilitation Centre and expansion of Centres into South and Central Trinidad.</p> <p>-Provide medical services to street dwellers via mobile units in major cities and towns. This should also extend to shelters and other places of care.</p>		



STAKEHOLDERS	CONTINUUM					
	Research	Engagement	Temporary Care	Primary Care	Advanced Care	Monitoring and Evaluation
	Understanding the phenomenon and the needs.	Voluntary or Involuntary Engagement, Access to Services/Programmes	Stabilisation, Assessment, Counselling, Care Plan	Specialised Treatment and rehabilitation via Care Centres (Rehab, Hostel, Halfway Houses, and Hospitals etc.)	Supported Long Term / Permanent Care or access to Independent living	Tracking, surveillance, compliance and evaluation.
			<p><b>Medium Term:</b></p> <ul style="list-style-type: none"> <li>-Expand the programme offering at the Substance Abuse Prevention and Treatment Centre at Caura Hospital to respond to persons with dual diagnosis. Such services must also be gender responsive.</li> <li>-Develop viable response to current need for appropriate care/long term living accommodation for persons who are mentally ill and homeless especially persons warded at St. Ann's and persons with chronic mental health and long histories of street dwelling. Such services must also be gender responsive.</li> </ul>			
<b>Ministry of National Security</b>		<p><b>Short Term:</b></p> <ul style="list-style-type: none"> <li>-Review Summary Offences Act Chapter 11:02 and the</li> </ul>				

STAKEHOLDERS	CONTINUUM					
	Research	Engagement	Temporary Care	Primary Care	Advanced Care	Monitoring and Evaluation
	Understanding the phenomenon and the needs.	Voluntary or Involuntary Engagement, Access to Services/Programmes	Stabilisation, Assessment, Counselling, Care Plan	Specialised Treatment and rehabilitation via Care Centres (Rehab, Hostel, Halfway Houses, and Hospitals etc.)	Supported Long Term / Permanent Care or access to Independent living	Tracking, surveillance, compliance and evaluation.
Ministry of National Security		<p>Summary Courts Act Chapter 4:20 in collaboration with key stakeholders, with a view to amend and allow for effective relocation from the streets.</p> <p>- Collaboration with MOH and the Municipal Corporations to engage and remove persons from the street as a supportive role.</p> <p>-Increase the number of Police to support Mental Health Officers on the street.</p> <p>-Training and resource the relevant Officers within the TTPS to engage appropriately with street dwellers.</p>				
Ministry of Local Government and Rural Development – Borough and City Corporations		<p><b>Short Term:</b> Develop a framework for voluntary and involuntary removal in collaboration with MOH and the TTPS. Same to include emergency response.</p>	<p><b>Short Term:</b> -Provision of Shelters in major cities and towns to incorporate gender-specific spaces in accordance with the determined need.</p>			

STAKEHOLDERS	CONTINUUM					
	Research	Engagement	Temporary Care	Primary Care	Advanced Care	Monitoring and Evaluation
	Understanding the phenomenon and the needs.	Voluntary or Involuntary Engagement, Access to Services/Programmes	Stabilisation, Assessment, Counselling, Care Plan	Specialised Treatment and rehabilitation via Care Centres (Rehab, Hostel, Halfway Houses, and Hospitals etc.)	Supported Long Term / Permanent Care or access to Independent living	Tracking, surveillance, compliance and evaluation.
<b>Ministry of Local Government and Rural Development – Borough and City Corporations</b>		<ul style="list-style-type: none"> <li>-Sensitization &amp; training of Municipal Police in social work and mental health. Such training must be gender sensitive.</li> <li>-Increase the number of Municipal Police to effectively engage street dwellers in collaboration with Mental Health Officers.</li> <li>-Outfit the relevant Officers within the Municipal Police with appropriate safety and protective gears.</li> </ul>	- Inspection, maintenance and upgrade of all such facilities in accordance with established policies.			
<b>Private Sector/ Agencies/Tertiary Institutions</b>	<p><b>Short Term:</b> Collaborate with UWI to conduct studies on the national phenomenon of street dwelling and related issues.</p>			<p><b>Short Term:</b> Creation of employment opportunities for street/former street dwellers.</p> <p><b>Medium Term</b> -Ensure relevant training programmes are offered in collaboration with tertiary level institutes. Scholarship</p>		



STAKEHOLDERS	CONTINUUM					
	Research	Engagement	Temporary Care	Primary Care	Advanced Care	Monitoring and Evaluation
	Understanding the phenomenon and the needs.	Voluntary or Involuntary Engagement, Access to Services/Programmes	Stabilisation, Assessment, Counselling, Care Plan	Specialised Treatment and rehabilitation via Care Centres (Rehab, Hostel, Halfway Houses, Hospitals etc.)	Supported Long Term / Permanent Care or access to Independent living	Tracking, surveillance, compliance and evaluation.
Private Sector/ Agencies/Tertiary Institutions			Division to facilitate such training. Areas of training to include but not limited to psychosocial rehabilitations, occupational therapy, physiotherapy, life coaching.  -Include street dwelling as an area of study in the Social Sciences Programme.			
Non-Governmental Organisations			-Provision of care, treatment, rehabilitation via outcome based contracting.	-Provision of care, treatment, rehabilitation via outcome based contracting.	-Provision of care, treatment, rehabilitation via outcome based contracting.	

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APPENDIX V  
**MSDFS Report on the CSDP**



Ministry of Social Development and Family  
Services

**Joint Select Committee Inquiry  
into the Human Rights of  
Socially Displaced Persons in  
Trinidad and Tobago with  
specific focus on their  
Treatment and Relocation from  
Port of Spain Public Spaces**

**REPORT ON THE CENTRE FOR SOCIALLY  
DISPLACED PERSONS (CSDP)**

January, 2022

## Table of Contents

<b>1.0</b>	<b>OVERVIEW .....</b>	<b>3</b>
1.1	Brief Description of the Centre for Socially Displaced Persons (CSDP).....	3
1.2	Roles and Functions of the CSDP.....	3
1.3	Service Agreement and Reporting Mechanism .....	4
1.4	Physical Structure .....	5
1.4.1	<u>Refurbishment Works .....</u>	<u>5</u>
1.5	Security .....	5
<b>2.0</b>	<b>PROGRAMME.....</b>	<b>6</b>
2.1	Programme Function.....	6
2.2	Staffing and Resources .....	7
2.3	Governance at the Centre.....	7
2.4	Client Data .....	7
<b>3.0</b>	<b>FINANCIAL SNAPSHOT .....</b>	<b>8</b>
3.1	Expenditure on the Programme .....	8
<b>4.0</b>	<b>ISSUES.....</b>	<b>10</b>
4.1	Physical Structure .....	10
4.2	Systemic limitations.....	10
4.3	Operational/Management limitations.....	10
<b>5.0</b>	<b>MEASURES TO BE TAKEN .....</b>	<b>10</b>
5.1	Programme Relevance .....	11
5.2	Programme Effectiveness .....	12
5.3	Accountability.....	12
5.4	The Way Forward- An Alternative to the CSDP located at #1 Town Council Street, Riverside Plaza, Port of Spain.....	12
<b>6.0</b>	<b>CONCLUSION.....</b>	<b>13</b>

## 1.0 OVERVIEW

### 1.1 Brief Description of the Centre for Socially Displaced Persons (CSDP)

As part of the Government of the Republic of Trinidad and Tobago's efforts to mitigate its impact and address the critical aspects of social displacement, the Riverside Plaza Walk-In Assessment Centre for Socially Displaced Persons, commonly referred to as the Centre for Socially Displaced Persons (CSDP), was established in accordance with *Cabinet Minute No 1586 of September 6, 1991*. This Centre targets street dwellers within Port of Spain (POS) where street dwelling was found to be at its highest compared to other areas.

The CSDP is currently located at #1 Town Council Street, Riverside Plaza, Port of Spain. The property is owned by the National Insurance Property Development Company Limited (NIPDEC) and is shared with the NIPDEC Car Park. Cabinet Minute No. 3139 of November 26, 1998 is relevant. The intention was that this location would serve as a temporary placement for the facilities until a more permanent and conducive site could be identified to properly facilitate the effective functioning of such a Centre. Although alternative sites were identified, the CSDP continues to function out of the original facilities.

In 1991, the Government of the Republic of Trinidad and Tobago ("GoRTT") entered into a contractual arrangement with the Society of St. Vincent De Paul (the Society), a reputable charitable organisation, to manage the operations of the CSDP. (*Cabinet by Minute No. 180 of January 24<sup>th</sup> 1991 refers*). Through this arrangement, the Ministry of Social Development and Family Services (the Ministry) would grant a subvention to the Society to facilitate the day to day operational expenses of the CSDP and the Ministry would maintain responsibility for the direct oversight of the facility. This collaboration represents one of the most longstanding arrangements that exists between the State and a major civil society organisation.

### 1.2 Roles and Functions of the CSDP

The main roles and functions of the CSDP are:

- Provision of a viable alternative to street dwelling – temporary accommodation with access to toilets, bathing and washing facilities
- Provision of meals to residents three (3) times per day Monitor residents, ensure adherence to prescribed medication regimes and attendance at clinic/hospital



- Provision of referrals to treatment, rehabilitation and transition accommodation
- Provision of rehabilitative sessions such as Narcotics Anonymous and Alcoholics Anonymous meetings, Life Skills programming, Harm Reduction programmes and Sunday spiritual services
- Provision of recreational activities such as yoga, bingo, library and crafts.

The Society also maintains responsibility for the day to day operations of the CSDP, inclusive of employment and management of staff, whereas, the Ministry has the overarching responsibility for policies and procedures to guide the operations of the CSDP.

### **1.3 Service Agreement and Reporting Mechanism**

At the commencement of this arrangement, Cabinet by *Minute No. 180 of January 24<sup>th</sup> 1991* agreed to a monthly subvention of **\$74,800.00**. In 1999 the amount was increased to **\$132,508.33** per month. In 2015, a review of the subvention and operations of the CSDP was undertaken by the Society and Cabinet vide *Cabinet Minute No. 212 of 2015* agreed to a further increase to **\$241,400.00** per month, for a period of two (2) years effective October 1, 2014. Since that time, the Ministry has sought the continued approval of Cabinet to extend the period of funding for the CSDP, with the most recent being in *Cabinet Minute No. 469 of March 11, 2021*. This approval covers the period January, 2021 to December, 2021 in the existing amount to the Society for the management and administration of the CSDP. The Ministry is currently seeking the approval of Cabinet for another extension (for a period of six (6) months) of the service agreement with the Society for funding for the continued management of the CSDP to facilitate the implementation of strategic initiatives required to address the issue of street dwelling.

The Ministry and the Society entered into an Agreement dated 22<sup>nd</sup> July 1999 to formalise the arrangement between the parties for the management of the CSDP. As a consequence, the Society is required to submit the following documentation to account for the use of the subvention:

- Projected Quarterly and Expenditure Statements
- Actual Monthly Income and Expenditure Statements
- Source documentation to support expenditure
- Quarterly Programme Status Reports
- Monthly Residential Status Reports

- Audited Financial Statements multifaceted

Based on the review of the submissions provided by the Society for the CSDP, the funding is released accordingly.

#### 1.4 Physical Structure

The Centre is housed in a multi-storey concrete structure that occupies a portion of the Riverside Plaza Car Park, which accommodates dormitories for a maximum of 200 clients, its main Administrative Office, common rooms, and washrooms. Meals are prepared off-site at the Society's kitchen facility located on Duncan Street, Port of Spain.

In tandem, the CSDP utilises national emergency services (Fire, Ambulance and Police Services) to deal with all medical and/or other types of emergencies.

##### 1.4.1 Refurbishment Works

Over the years, refurbishment works were undertaken at the Centre for the fiscal periods 2019/2020 and 2020/2021 respectively at a cost of **\$575,269.41** under the Public Sector Investment Programme. A breakdown of these works is presented in **Table I** below.

**Table I: Refurbishment Works undertaken during Fiscal Years 2019/2020 and 2021/2021**

Project Number	Fiscal Period	Allocation	Work Conducted	Cost
C112: Street Dwellers Rehabilitation and Reintegration Project	2019/2020	\$770,000.00	Painting and Decorating - external painting of building	\$511,875.00
C044 Establishment of Social Displacement Centres	2020/2021	\$1,000,000.00	Fencing of staircase and installation of sheeting	\$35,644.41
			Medical Room	\$22,250.00
			Emergency Work to secure ground floor	\$5,500.00

It is instructive to note that the current structure was not designed and constructed to deliver the services intended by the CSDP. Notwithstanding this, the Ministry continues in its efforts to identify and establish appropriate accommodation that is fit for purpose.

#### 1.5 Security

The Ministry previously contracted a security firm to secure the entire CSDP facility up to September, 2020 on a 24-hour basis. However, subsequent to the termination of the contract with the service provider, the Society now has the responsibility for security arrangements at the CSDP. To this end, the Ministry, in

Page 5 of 14



collaboration with the Society, is in the process of determining new security requirements/arrangements for the CSDP.

## **2.0 PROGRAMME**

### **2.1 Programme Function**

The CSDP was envisioned to provide temporary care for street dwellers which is a key component in a Continuum of Care (CoC) approach to address street dwelling through coordination and collaboration among key State and non-governmental organisations (NGO) for the empowerment and rehabilitation of street dwellers. The CoC for street dwellers would usually respond to four (4) basic areas of need of treatment, rehabilitation, employment and housing as follows:

1. Engagement: Activities aimed at reaching out to street dwellers and providing them with information on rehabilitation services and programmes available, as well as facilitating their access to these programmes/services
2. Temporary Care: Provision of shelter (an immediate alternative to sleeping on the streets), stabilisation, assessment, counselling and the development of a care plan for each client
3. Primary Care: Specialised treatment and rehabilitation delivered via various rehabilitation centres, hospitals, hostels, halfway houses etc
4. Advanced Care: Supported long term/permanent care or assistance to access permanent long-term independent living accommodation

In a 2017 Report of the Joint Select Committee (JSC) of Parliament concerning the CoC mode, the JSC cited, *"we endorse the implementation of the continuum of care which we believe will contribute to more sustainable and meaningful results following social interventions."*<sup>1</sup>

However, today, the effective functioning of the CSDP has been hindered by systemic deficiencies in areas such as mental health rehabilitation, substance abuse rehabilitation and affordable housing.

At present, the occupancy at the CSDP is 114 and admission to the facility is on a voluntary basis. While the CSDP is meant to provide temporary accommodation, there are instances where some clients are in long-term residence at the facility. This is due in part to the systemic deficiencies identified above as well as their unwillingness to engage in other opportunities for alternative accommodation.

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<sup>1</sup>2<sup>nd</sup> Report of the Joint Select Committee 2017 on Social Services and Public Administration (Pg. 18)

## 2.2 Staffing and Resources

The CSDP currently operates with the following staff complement:

- House Manager (2)
- Supervisors (2)
- Care Attendant (12)
- Internal Security (2)

At the Society's kitchen on Duncan Street, Port of Spain:

- Kitchen staff (7)

The Centre runs an 8-hour shift system. However, the Society also reports the use of one (1) to (3) persons on an ad hoc basis to support other operational activities such as bulk purchases for food items. Volunteers supplement the staff occasionally in terms of the provision of recreational and life skill activities and care.

Overall, the staff salary structure has also been found to be inadequate to attract the requisite skills necessary to provide the services expected at the CSDP. To this end, the support of social work intervention is provided to CSDP by the Social Work staff of the Social Displacement Unit (SDU) of the Ministry.

## 2.3 Governance at the Centre

Upon entry at the facility, clients are required to sign a Client Agreement Form that outlines conditions and rules applicable to their stay at the Centre. The CSDP staff would conduct the necessary monitoring to ensure these rules are adhered to, and in the event of a breach of rules, appropriate recourse actions are initiated. However, while the CSDP clients are guided by rules and standards of conduct, an approved Standards of Care for service delivery should be enforced for the CSDP. The intention is that this may be formalised as part of the amended Socially Displaced Persons Act, No. 59 of 2000 ("the SDP Act").

## 2.4 Client Data

The intake statistics for fiscal years 2017 to 2021 for persons accessing and benefitting from programmes offered by the CSDP, as submitted by the Society, are shown in **Tables 2 and 3 below**. From the data presented, client intake would have fluctuated over the reporting period. Notwithstanding, a steady number of persons benefitted from the programme in some substantial way over the years.

**Table 2: Intake Statistics for CSDP**

NO. OF PERSONS	FISCAL YEAR				
	2017	2018	2019	2020	2021
No. of persons accessed programme (new entrants)	98	104	111	143	135
No. of persons benefitted (the persons in the Programme at beginning of FY plus new entrants)	213	204	216	112	135

**Table 3: Exits from the CSDP and Reasons for Leaving**

NO. OF PERSONS	FISCAL YEAR				
	2017	2018	2019	2020	2021 as at Dec21
No. of Persons sent to rehabilitation	4	5	3	3	4
No. of persons sent to homes for the aged or hospital (no return)	7	11	12	12	12
No. of persons who died whilst in the programme	7	4	4	3	1
No. of persons returned to relatives	19	14	16	31	28
No. of persons who obtained alternative accommodation independently	51	38	45	46	49
No. of persons leaving without informing	12	18	12	19	17
No. of persons sent to Prison	2	0	2	4	-
No. of persons who were expelled or suspended (no return)	10	9	12	4	1

### 3.0 FINANCIAL SNAPSHOT

#### 3.1 Expenditure on the Programme

Over the last five (5) years, the Society has received funding in the total amount of **\$14,484,000.00** to meet the operational and administrative expenses of the CSDP, where the sum of **\$2,896,800.00** each has been disbursed for fiscal years 2017 to 2020. In 2021, there was a reduction in the disbursement of the funding to the Society. The Society also received donations in kind which are utilized for various programmes under its remit, inclusive of the CSDP. The funding from the Government is the main source of financing for the CSDP.

A breakdown of the operational costs for the CSDP as reported by the Society in a Monitoring and Evaluation Assessment of the CSDP in 2019 is provided for the fiscal years 2017 to 2019 in **Table 4** below:

**Table 4: Operational Costs of the CSDP for Fiscal Years 2017 -2019**

ITEMS	FY 2017	FY 2018	FY 2019
Allocation	\$2,896,800.00	\$2,896,800.00	\$2,896,800.00
Salaries & Wages	\$960,000.00	\$960,000.00	\$960,000.00
Payroll NIS	\$104,400.00	\$104,400.00	\$104,400.00
Telephone & Internet	\$ 6,000.00	\$ 6,000.00	\$ 6,000.00
Cleaning Detergents	\$ 24,000.00	\$ 24,000.00	\$ 24,000.00
Office Supplies	\$ 6,000.00	\$ 6,000.00	\$ 6,000.00
Meals	\$1,785,600.00	\$1,785,600.00	\$1,785,600.00
Service Charge	\$ 10,800.00	\$ 10,800.00	\$ 10,800.00
<b>Total</b>	<b>2,896,800.00</b>	<b>2,896,800.00</b>	<b>2,896,800.00</b>

In 2020, due to the Society's reported challenges concerning resourcing and information management, the Society has not been compliant with the provision of accurate and timely reports to the Ministry. There have also been inadequacies in the submission of source documentation to account for the use of the subventions. As a result, based on the contractual agreement with the Society, the Ministry has paid the Society based **only** on supported and verified information. Consequently, this is reflected in the decrease in expenditure for FY 2021, based on records provided to the Ministry, provided in **Table 5** below.

**Table 5: Operational Costs of the CSDP 2020-2021**

ITEMS	FY 2020	FY 2021
Allocation	\$2,896,800.00	\$2,896,800.00
Salaries & Wages	\$1,160,400.00	\$1,160,400.00
Meals	\$1,380,900.00	\$1,057,585.01
Toiletries/Cleaning Detergents	\$42,000.00	\$42,781.33
Office Supplies	\$7,500.00	-
Telephone & Internet	\$6,000.00	-
<b>Subtotal</b>	<b>\$2,596,800.00</b>	<b>\$2,260,766.34</b>
Managerial Fees	\$300,000.00	\$300,000.00
<b>Total</b>	<b>\$2,896,800.00</b>	<b>\$2,560,766.34</b>

Based on the above details, funding is being utilized primarily for the provision of meals for the residents of the CSDP and salaries for staff at the facility. However, despite the challenges, the Ministry remains committed to working with the Society to ensure compliance with timely and accurate reporting to account for the subvention expenditure as well as providing the relevant guidance in utilizing the Ministry's reporting tools.

#### **4.0 ISSUES**

The issues affecting the CSDP are manifold in scope and involve the following:

##### **4.1 Physical Structure**

The physical structure of the CSDP is inappropriate and inadequate.

##### **4.2 Systemic limitations**

- Voluntary engagement only
- Continuum of Care is not fully developed

##### **4.3 Operational/Management limitations**

- Staffing

The staffing at the CSDP is not equipped to conduct the intended services as required. Additionally, the salary structure for the staff needs to be revisited based on the type of services required.

- Reporting

There are challenges by the Society concerning the submission of the relevant reporting information in the required format and within stipulated deadlines, which have affected the Ministry's data collection on clients. The reporting by the Society to the Ministry also lacks aspects of data to inform a proper analysis of the compliance, outcomes and outputs of the programme as the submission of programmatic reports are deficient in data. In addition, the retrieval of data at the CSDP is done manually, which is time consuming and could lead to inconsistencies in the data presented.

#### **5.0 MEASURES TO BE TAKEN**

In view of the foregoing issues, the Ministry has identified a number of measures to improve the delivery of services and administrative operations at the CSDP namely:

1. Encourage more cohesive stakeholder participation to generate the proper functioning of the COC model. The Ministry will work on developing and implementing a comprehensive formal monitoring and evaluation system on client intake and progress, inclusive of the requisite training to the relevant parties to update and manage the system and the information technology platforms to facilitate the proper storage, retrieval and utilisation of the information;
2. The Ministry will continue to conduct ongoing research on socially displaced persons to determine an accurate impact assessment of programmes and interventions;
3. The Ministry will develop a robust Service Level Agreement for the CSDP; and
4. The Ministry will review the recommended CSDP Organisation structure in alignment with best practice and make provisions for the recruitment of the necessary trained staff as per the agreed staffing complement to facilitate the array of services that was intended for the CSDP.

#### **5.1 Programme Relevance**

- The Ministry will encourage stakeholder participation to mitigate the effects of social displacement. Stakeholders need to be cognizant of their shared responsibility and commitment to achieving best outcomes for the client population.
- The Ministry, in collaboration with the relevant stakeholders, will review and amend the SDP Act and effect the necessary administrative arrangements to facilitate its proclamation. Generally, this cohort of persons is considered to be "care avoiders" and therefore an appropriate legal framework to facilitate involuntary treatment and rehabilitation may be a useful intervention. The proposed amendments to the SDP Act should make provisions for this. At present, the Ministry's internal Legislative Review Committee is in the process of reviewing the draft Policy for the proposed amendments to the said piece of legislation. In the interim, as recommended by the Street Dwellers Working Committee Report, the Ministry should encourage/liaise with families of socially displaced persons, where possible, by providing them with the necessary guidance and counselling, to encourage their relatives to use the CSDP. However, these moral suasion tactics including public awareness campaigns would better yield success if the CSDP offers an attractive option and in its present state, this is not the case.

## **5.2 Programme Effectiveness**

- The Ministry will create a viable environment for the delivery of services including enhanced and customized training plans at the CSDP to restore the dignity of these individuals to become productive members of society once more. The Ministry will implement the recommendations of the Report of the Street Dwellers Committee 2017 with respect to the establishment of a Street Dwellers Assessment Centre with infrastructural and human resource capacities to appropriately respond to the need for specialised and in-depth assessment of street dwellers nationally and ensure that such facilities incorporate appropriate gender-specific spaces and programmes.
- Formalise the Departments within the MSDFS in relation to the effectiveness of the CSDP.
- Develop a Client Service Charter for residents at the CSDP.
- Formalise the Grievance Policy and Procedure which will be applicable to the CSDP. *(The Ministry is in the process of finalising a formal grievance complaints Policy for the CSDP)*

## **5.3 Accountability**

- Pursue/build partnerships with the corporate sector, regional and international donors to support the effective delivery of services at the CSDP.

## **5.4 The Way Forward- An Alternative to the CSDP located at #1 Town Council Street, Riverside Plaza, Port of Spain**

In fiscal 2022, the Ministry has commenced the process for acquiring property known as the Old East End Foundary, for the construction of an Assessment Centre and Transitional facility to accommodate socially displaced persons including street dwellers. As an interim measure, the Transitional Facility will first be established to accommodate persons currently housed at the CSDP, while the more permanent Assessment and Socially Displaced Centre will be constructed at the same location, which is expected to be completed within 18-24 months. This property is bounded on the West by the St. Ann's Dry River, East by the Retention pond, North by the Eastern Main Road, and South by the Priority Bus Route. Consequently, the Ministry is

currently collaborating with the Ministry of Housing and Urban Development for the preparation of Cabinet Note for the transfer of this property from the Housing Development Corporation, to the Ministry of Social Development and Family Services.

## **6.0 CONCLUSION**

The Ministry, having cognisance of the sundry issues affecting the efficient administrative operations of the CSDP, remains committed to addressing those factors head on. To this end, the Ministry will continue to deploy its resources to improve the delivery of services including improved accommodation for the most vulnerable cohorts in the nation, while ensuring accountability and transparency. Moreover, the timely construction of the prospective Assessment Centre/Transitional facility for street dwellers is also of paramount importance in keeping with the Ministry's goals to reduce street dwelling in public spaces, and to restore the dignity of street dwellers so that *no one is left behind*.



