VERBATIM NOTES OF THE ELEVENTH MEETING OF THE JOINT SELECT COMMITTEE APPOINTED TO INQUIRE AND REPORT ON SOCIAL SERVICES AND PUBLIC ADMINISTRATION, HELD (IN PUBLIC) IN THE J. HAMILTON MAURICE ROOM, MEZZANINE FLOOR, OFFICE OF THE PARLIAMENT, TOWER D, THE PORT OF SPAIN INTERNATIONAL WATERFRONT CENTRE, #1A WRIGHTSON ROAD, PORT OF SPAIN, ON WEDNESDAY, FEBRUARY 15, 2017.

PRESENT

Dr. Dhanayshar Mahabir	Chairman
Mr. Esmond Forde	Vice-Chairman
Brig. Gen. (Ret.) Ancil Antoine	Member
Mrs. Christine Newallo-Hosein	Member
Mr. Julien Ogilvie	Secretary
Miss Khisha Peterkin	Assistant Secretary

ABSENT

Mr. Rohan Sinanan	Member [*Excused*]
Miss Khadijah Ameen	Member [*Excused*]
Mrs. Glenda Jennings-Smith	Member

10.27 a.m.: *Meeting resumed*.

MINISTRY OF SOCIAL DEVELOPMENT AND FAMILY SERVICES

Mrs. Jacinta Bailey-Sobers	Permanent Secretary
Mr. Vijay Gangapersad	Chief Technical Officer
Dr. Jennifer Rouse	Director, Division of Ageing

Dr. Barry Ishmael	Legal Officer II

MINISTRY OF HEALTH

Mr. Richard Madray	Permanent Secretary
Dr. Roshan Parasram	Chief Medical Officer
Dr. Abdul Hamid	General Manager, Primary Care, NCRHA
Mr. Beesham Seetaram	Programme Administrator, EPP

Mr. Chairman: Good morning. Welcome to this the 11th Meeting of the Joint Select Committee on Social Services and Public Administration. This is the Committee's second public hearing, pursuant to its enquiry into the existing arrangements and possible options for regulating geriatric care facilities/old aged homes in Trinidad and Tobago.

This meeting this morning is being broadcast live on Parliament Channel 11, Parliament Radio 105.5FM and Parliament's YouTube channel, *ParlView*. I would like to say a special good morning to all of our viewers and our listeners on the Parliament channel and I would like to welcome the officials of the Ministry of Social Development and Family Services and the Ministry of Health. I would ask that they introduce themselves, after which we in the Committee will introduce ourselves. May I ask members to introduce themselves to us and to the audience?

[*Introductions made by Ministries of Social Development and Family Services and Health*]

Mr. Chairman: Thank you very much officials, and may I ask, starting with my left, my colleague to introduce himself?

[*Introductions made by members of the Committee*]

Mr. Chairman: May I remind officials and members of the public on the objectives of our enquiry into geriatric care regulations and geriatric homes. The objectives were as follows:

1. to assess the systems in place, to regulate and monitor geriatric care facilities, old aged homes in Trinidad and Tobago;
2. to determine the prevalence of cases of abuse and negligence of the elderly at geriatric care facilities;
3. to assess the efficacy of existing legislative framework relative to geriatric facilities;
4. to determine whether there is a need for an expansion in the capacity of geriatric care facilities in Trinidad and Tobago.

May I, having outlined and reminded members of the objectives, ask the Permanent Secretary, Mrs. Jacinta Bailey-Sobers, to provide some brief opening remarks to the Committee, followed by Mr. Richard Madray, Permanent Secretary of the Ministry of Health?

Mrs. Bailey-Sobers: Thank you, Chair. Again, Deputy Chair, members, colleagues of the Ministry of Health, listeners, viewers of the Parliament channel, the Ministry of Social Development and Family Services is pleased to have been invited once again to attend and contribute to today's enquiry into the existing arrangements and possible options for regulating geriatric care facilities and old age homes in Trinidad and Tobago.

We are also happy to have our colleagues from the Ministry of Health present to give clarity to some of the issues which arose at the previous hearing.

Since the last meeting, Chair, the Ministry of Social Development and Family Services has been working towards fulfilling the various commitments which we made, in terms of adequately staffing the Division of Ageing, addressing the other

matters related to the proclamation of the Homes for Older Persons Act, 2007, and exploring opportunities for initiatives, which will promote intergenerational partnerships, strengthening the systems and procedures for treating with abuse of older persons and eliminating the life certificate process, as you would recall.

We have conducted some interviews and the Ministry is hopeful to have the requisite staff on board by the beginning of the third quarter, as we had indicated. We have also provided the Committee with additional information, as you would be aware, which we trust would have been useful to the Committee's further understanding of the services that we provide and we have also taken steps to strength our relationship with the Ministry of Health, as it relates to the inspection of the homes and the reporting of the abuse of older persons, and so on.

So we have had some discussion, and as a Ministry we remain committed to the provision of services for this target group for our ageing population, and we truly look forward to another productive and engaging session as we interface with the Committee. Thank you.

Mr. Chairman: Thank you very much, Madam Permanent Secretary. Mr. Permanent Secretary Richard Madray.

Mr. Madray: Once again, good morning. I also would like to thank the Committee for the opportunity to appear before you. My team and I commit to fully responding to your enquiry as fully as possible and we look forward to productive discussions. I will just endorse what my colleague PS from the Ministry of Social Development mentioned. We have begun discussions with that Ministry to enhance the handshake between us and the collaboration to ensure that we improve the culture of the regulation and monitoring of geriatric homes.

Mr. Chairman: Thank you very much, Mr. Permanent Secretary. Members of the Committee, subsequent to the public enquiry that was held on this subject, site visits

were undertaken by members of this Committee to a few geriatric homes selected for their particular specifications. On the basis of our actual visits and what we have seen and our interactions with the elderly individuals who were housed in those facilities, certain matters arose and so we would like to get your views on some of those.

I will then ask MP Christine Newallo-Hosein to start the enquiry, with respect to some of the concerns she would have had, based upon what we saw on the site visits. Thank you very much.

Mrs. Newallo-Hosein: Thank you Chair. Members of the Committee, we all found it very disheartening when we went out on our site visits. The first thing that we observed was that there was inadequate monitoring of the facilities and there were dysfunctional panic buttons, particularly the Couva Home for the Aged.

There was an issue with clear categorization of the geriatric homes. There was not any that you had outlined in your previous meeting with us. And so, we are asking really and we brought both parties together because when we ask for one and the other is absent, the blame is cast on the other person. So we have both Ministries here to clearly identify to us what happens from your Ministry to another. What is the collaboration, and so forth?

In your issue paper you had sent out to us, Ministry of Health, I am addressing the Ministry of Health, in your submission you specified that there are two extended care centres under the South-West Regional Health Authority that provides care to psychiatric patients and those are the Couva Extended Care Centre and the Point Fortin Extended Care Centre. Is there a collaboration between the Ministry of Health and the Ministry of Social Development and Family Services, with respect to the operations of these extended care centres?

Mr. Chairman: So, there was a question with respect to monitoring. We saw that

there were no panic buttons. I actually went into some of the rooms that I saw. If an elderly person had a problem sometime in the night, there was no way for him or her to call for help and the home was, of course, the Couva Home for the Aged. That is the one where we actually tested.

So, with respect to the monitoring, Ministry of Health and Social Services, please provide some feedback on that.

Mrs. Bailey-Sobers: With respect to the monitoring, Dr. Rouse, do you just want to say want we usually do with the homes?

Dr. Rouse: In the Division of Ageing we have at present one Inspector II, which is the senior inspector; and two Inspectors I, which should really have been a complement of 12 Inspectors I and three Inspectors II. So, that was one part of it. Now, we also have to understand that Couva Home for the Aged is one of the 10 that is subvented through the Ministry of Social Development and Family Services and they submit to us quarterly reports, in order to get the tranches paid for the next subvention.

So the inspectorate of the division is charged in going to these homes. That assessment and inspection was done. Individual reports are done for the nine and then one comprehensive report is done, and what we do is we categorize whether they have met the standards because the inspectorate of the division, they deal with what happens inside the homes. So there is a list of what things they need, fire extinguishers, and so—[*Interruption*]

Mrs. Newallo-Hosein: May I interrupt?

Dr. Rouse: Yeah.

Mrs. Newallo-Hosein: We did our own inspection.

Dr. Rouse: Right, and you saw.

Mrs. Newallo-Hosein: And we saw that there was a disparity between what you

are saying and what in fact happened. We are asking what the monitoring system is because, obviously, it has failed.

Dr. Rouse: Well, I would not say it in that way because what we have done is documented in three categories: the items that they did not meet, because the legislation that is to be proclaimed outlines what are the standards to be met and it includes those: alarms, smoke detectors, fire extinguishers that work. So we have categorized what were not met, including that and those that are met and then those that have some systems but that do not work. So that is in a report to then be followed up with the administration of that home.

Mrs. Newallo-Hosein: I beg to differ, Dr. Rouse. When we sat in the meeting with the managers they indicated to us that they must meet these conditions and that these conditions were in fact very operable and we went and we did our site visit. We asked, and as a matter of fact we asked the patients or the residents if they in fact had any situations, if they need anything. They said none. I said is your button working? And they asked: what button? I said the button that you press if there is an emergency. And no one actually knew about the button and then some said: oh, there is one, but it is not working and we decided to test all the buttons. We looked at the smoke detectors and you can tell, from looking at the smoke detectors— [*Interruption*]

Mr. Chairman: Could I intervene here? I just want to get the response now. With respect to solutions, there are problems and given the problems, with respect to the facilities that we expect a geriatric individual should have at his/her disposal, some of them were not met. The question I want to pose to you Dr. Rouse, as the expert on ageing is what must be done differently? Is it a resource problem? Is it that you need more inspectors? Is it that you need to inspect more often? What is a potential solution for not complying with the minimum essentials that the legislation, which

is in the pipelines, says must happen? What must we now do?

Dr. Rouse: Good, and Chair I am glad you mentioned it in that way because that is one part of the solution. But what we do in the interim, because—and that is in reply to member Newallo-Hosein. When we did that report with what things were defective, what things were missing altogether, what things did not even meet the standards? That was done on a matrix and passed on now to the Project Implementation Unit.

First we went even to NSDP to see areas, whether it was plumbing or whatever that did not work in infrastructure but inside the home, in terms of monitoring, we had to document what are the things that are required, servicing, and that is where the depletion of the resources comes in. Because the timely follow-up in real time, that is where lag is. But it is not that we missed seeing what the member indicated.

Mr. Chairman: Follow-up now, and this to the Ministry of Health because the Ministry of Health has the legal responsibility, according to the hospitals Act, to grant the licences. How does the Ministry of Health deal with a situation in granting a licence where the home is not complying with the minimum requirements? Do you shut down the homes? Do you just turn a blind eye? What do you do? Because there is a clear gap here between the functions of the Ministry of Health in granting the licences and the compliance of the homes, with respect to the minimum essential requirements. So, how does the Ministry of Health respond? After that question, I move on to Brigadier Ancil Antoine.

Mr. Madray: I will commence the response and then I will pass over to the members of my team. The Ministry of Health is responsible for licensing private hospitals and the process is firstly that the hospitals would make a payment to the Ministry and then the Ministry would notionally conduct an audit of the hospitals and then issue a licence.

Last year, of those hospitals that did make a payment, we were only able to audit the non-geriatric homes. We were able to audit some of the bigger hospitals, and this was due to the complexity of what is involved in conducting an audit and also the lack of some of the staffing at our head office.

The team that is involved, however, is a multi-disciplinary team that involves, not just staff at our head office, that is our quality personnel, but also members drawn from other areas of the Ministry, including the relevant County Medical Officer of Health, Public Health Inspector and other personnel drawn from the particular RHAs. So with that, may I request our Programme Administrator, External Patient Programme to give you some more details?

Mr. Seetaram: Thank you, PS, Chair and members. First of all, yes we agree that it falls under the Ministry of Health, with respect to issuing of the licence. As my PS would have indicated, it is a multi-disciplinary team that is dispatched. It is quite difficult to pull persons to meet the requirements of the team, because the persons must not be affiliated with any of the centres that are being evaluated and we do have the cross-over of doctors and nurses that operate both in the public and private sector.

Some of the evaluation criteria that we use when we do our visits would be the evaluation of the documents and records, patient records, facility records. They actually observe what you all would have done as well, in terms of the work activities, the examination of the physical environment, which include the panic buttons, the actual interviews with the physicians, the nurses, the technicians, the patients themselves, housekeeping as well as all biomedical technicians.

Our areas of focus in the Ministry of Health has always been to focus on the governance, the clinical practice, infection prevention and control, the physical facilities, the environmental services, equipment, water treatment supply, consumables, hand hygiene, general practice.

In terms of—

Mr. Chairman: May I interject here? Do you have a close working relationship with the Department of Ageing? The Department of Ageing knows a good bit about geriatric issues, but do you, when you make these inspections, collaborate with them so that you would have some agreement as to what you are looking for, what is acceptable, what is not acceptable and to find some kind of minimum standard, which will act as a criterion for granting the licence?

Mr. Seetaram: That discussion has started and we have received a list of the homes that are under the Ministry of Social Development. I can say that at the Ministry of Health, we only have 33 homes that have paid their fees for 2016. Now, the payment of the fees is annual and we have not received any for this financial year. We have received the list of all of the homes that fall under the Ministry of Social Development and Family Services and we are in the process of calling these homes to actually have them come in and pay the fees under the Act.

We are further in discussion, in terms of setting up a proper team that includes members of social development so that we have a proper assessment tool that we can use to go out and do the assessments themselves before we issue the licence.

Mr. Chairman: Okay, have you ever closed any home that was unsatisfactory on all criteria, with respect to housing and accommodating geriatric inmates?

Mr. Seetaram: To date, no. What we have done though, I can say is that if there is an inspection done of a private facility and they do not meet all the requirements the facility is given a period of five to seven days to bring themselves up to standard and they have always done so.

Mrs. Newallo Hosein: Have you encountered at all any issues of abuse?

Mr. Seetaram: We have not evaluated any geriatric homes so I would not be able to speak to abuse.

Mr. Chairman: I would go to Brigadier Ancil and I would come back to that, to the question of abuse on a second round.

Mr. Antoine: Pleasant morning to the panel. We visited a number of homes that, I am not sure that they are categorized. For instance, the Couva Home for the Aged seems to be a sort of a low-rent housing for people over 60. We visited St. Magdalene's Haven in St. James, which seems to be a sort of decanting centre for mentally ill patients, along with elderly people. So I am not sure if, between the Ministry of Health and the Ministry of Social Development, if there is any sort of categorization of these homes.

And, Health, obviously, is looking for health matters. But is there a collaboration between Health and Social Development, in terms of the patients who need health care and the patients who need social intervention. I am not clear on what it is that your two Ministries are doing, in terms of the ageing population in Trinidad and Tobago.

Mr. Madray: Again, I will pass to the team but I will again reiterate what had been said earlier. For many years no audits have been done on geriatric homes. Last year, we began improving our process of oversight. But the only audits that we were able to conduct were audits on major hospitals. We have begun discussions with the Ministry of Social Development on improved collaboration, with a view to commencing such audits of geriatric homes, with a goal of commencing our first audit in March this year. That will be a test of whether the process is sound and whether there is room for enhancing the collaboration in any way.

Mr. Antoine: My follow-up question, do you have decanting centres for people who are outpatients of the St. Ann's Hospital and the hospital can no longer accommodate them? And are you just placing them in geriatric homes or do you have special decanting centres in east, west, north and south to send them to? I am

not clear on what is transpiring.

Mr. Madray: I would ask the Chief Medical Officer to respond to that.

Dr. Parasram: For St. Ann's in particular, there is no decanting centre, for instance, and that is why Dr. Hamid is here from North-Central Regional Health Authority. In 2009, they started a programme of decanting long-stay patients from Eric Williams Medical Sciences Complex into the community. Prior to decanting, they actually did full assessments of the homes to ensure that it was in a satisfactory state prior to decanting. So Dr. Hamid, if you could just outline for us, basically what the programme entailed.

What we wanted to do is use that model, which occurred quite a while ago and stopped, I believe in 2014 with North-Central, to create a national model.

Right now what we do is licensure under the private homes Act. We want to move away from that passive process and move towards an active process, using the county medical officers of health within our eight counties to be our stewards of public health and care, so that they would be the eyes out on the field. So, rather than waiting for someone to apply for a licence, we are using the CMOHs at all eight counties to go out with a team that has been formulated in North-Central in the past. So we would mirror that in all eight counties and actually do monitoring, as well as site visits, to ensure that both the health and the social state is at a good level in all the homes.

Mr. Chairman: Mr. Parasram, I need to interject here again with respect to solutions because the objective of the Committee is to use whatever powers we have in the Parliament to solve some problems. What MP Brigadier Antoine has alerted us to is the fact that at the St. James facility, we saw a number of individuals who were young but they were also living in a geriatric care facility. I would like to ask, from my own perspective, is there scope for having dedicated facilities, for patients

who have been decanted from St. Ann's and other mental health care facilities? Is there sufficient numbers to ensure that we could decant them to a dedicated facility?

Dr. Parasram: My answer would be yes. The short question is yes and the Ministry is looking towards a decentralized model of psychiatric care and mental health for the country, which actually we should have a draft of that model at the end of March.

Mr. Chairman: Thank you. Dr. Hamid, you can come in here. I am also interested in your estimate of the numbers of these individuals who have been decanted. So I would like to get into my own mind what the feasibility is for having dedicated facilities, so that geriatric homes can be dedicated to geriatric individuals and these decanting homes can be dedicated to those with psychiatric problems.

Dr. Hamid: Good morning, Chairman and members of the Committee. Basically, in the North-Central Regional Health Authority we had a pilot project that was started in 2009, and it selected long-stay patients from public health care institutions to residential homes within our catchment area.

Now, prior to these patients being decanted into homes, a team was formulated, which consisted of representatives of the CMOH , the Ministry of Health, the NCRHA, mental health officers, monitoring and evaluation officer of the NCRHA, as well as social officers. We had gone in and pre-approved homes that would have fulfilled a set of criteria, based on what we would have gotten from the Ministry of Health. These criteria would have been, in terms of patient care, staff levels, bed levels, the suitability of the home to carry out extended care of our patients.

10.55 a.m.

The aim of this programme was not only just to decant the patient from the hospital, but to prevent the patients from coming back to the hospital as a patient, which I think is the model we should be following throughout Trinidad and Tobago.

Mrs. Newallo-Hosein: Can I just ask who paid for the residents who are moved to the residential home?

Dr. Hamid: Right. So some of the residents initially were paid for by their personal payments in terms of their pensions, and some of them were paid actually by the NCRHA as a fee which was congruent to a residential fee for the elderly patients, because they had worked out at that point in time the cost of keeping a patient in the hospital versus the cost of having them in the home was a vast, vast difference. So what we had done was after the initial assessment and approvals, we had decanted patients to the homes in 2009/2010 and the team was formulated then to carry out quarterly inspections on every single patient.

Mr. Chairman: Dr. Hamid, what has arisen is very interesting because we did have an enquiry on socially-displaced persons and I am seeing a logical extension of what you are telling us with respect to how we look after the socially displaced, many of them had experienced some mental health issues prior to being socially displaced. So I think that while the objectives of this enquiry were not about mental health, because many of those formerly mentally ill patients are now in residence in the Home for the Aged, I think we do need to look at that problem separately. We absolutely would like to have you back again, of course, with the leave of the Committee to focus on how we treat with the mentally ill, those who have been discharged from St. Ann's and other mental institutions and the facilities we have for them.

But the question I want to pose for Dr. Rouse is this. Dr. Rouse, the Ministry of Health has the primary responsibility, according to the Private Hospitals Act, to provide the licences. What I would like to get from you is: what do you think should be the role of the Department of Ageing with respect to granting these licences and ensuring that the facilities are up to the level which are consistent with international

standards for suitable accommodations for the elderly?

Dr. Rouse: Thank you Chair. Your question is well timed because, case in point, when I was replying to member Newallo-Hosein who had in her question referred to Couva Home for the Aged, we have Couva Home for the Aged as one of our subvented homes, but for Ministry of Health they do the Couva Extended Care Facility for Mental Patients. So the Couva Home for the Aged did not require panic buttons. So when I was answering her question for those who live independently in the Couva Home for the Aged—because these are more able-bodied, very independent—they are quite different to the type of patient that is in the Couva extended care and the Ministry of Health does not monitor the Couva Home for the Aged, which is one of the nine subvented.

So, in answering the question we needed to clarify that where those with the mental health need special requirements and that extends also to the homes that where we have to place persons with Alzheimer's because as more and more the different types of medical care is needed, it calls for different kinds of amenities in those homes.

So what I recognize in going over the Private Hospitals Act, their fees for licensure right now are categorized $75, and then they go up I think to $100—and that is what is existing. Yes? Right—and it goes commensurate with the amount of residents in the homes. Now, when the Homes for Older Persons is proclaimed, licensure and that inspection is already catered for by the facility review team which is written into the Homes for Older Persons legislation. So what this is really doing is forming a sort of a seamless transition, once we collaborate more closely. In recent discussion with the team from Ministry of Health, we saw the need that members of the inspectorate of the Division of Ageing should be with their team to expand the multi-disciplinary eye of what we are looking for to transition into the homes.

Mr. Chairman: Let me intervene here. Does that require any legislative change or is it just administrative?

Dr. Rouse: In terms of the fee structure, the Homes for Older Persons would increase for licensure, but in terms of administration they more or less owe, except for one other thing, different to their Act, our Act will call that each home must have liability insurance of $100,000. That was never catered for in the Private Hospitals Act. That is the only difference.

Mr. Chairman: Dr. Rouse, you can give the public the assurance now that with respect to the inspection and the licensing of geriatric care facilities, your department is working closely with the Ministry of Health.

Dr. Rouse: Much more closely. Yes.

Mr. Chairman: Because, you see, what was brought home to me in the site visit was that geriatric care is different from health care. Not every older person has a medical problem. He is just restricted with mobility and so on. So that it has to be in my mind that the inspection, the geriatric specialists, would look at the special needs which may transcend health needs. So it is mobility issues and a lot of other things like that. It is welfare, mental well-being and loneliness. I think those are the things we need to be concerned about. Vice-Chair?

Mr. Forde: Good morning. Basically, we have identified there are approximately about four types of homes that we categorized. We have geriatric, the mental part, we have Home for the Disabled which could be separate, and Home for the Aged could be considered a separate one. Now, the Permanent Secretary, Mr. Madray, from the Ministry of Health, spoke about this multi-disciplinary team that comes out of the Ministry of Health, and as the Chairman was just mentioning, somewhere along the line the Ministry of Social Development and Family Services must play a role within that team.

We were just told that there is no change that would need to be placed in the Act in order for you all to work as a team. So, definitely, whether it is from Dr. Rouse's committee or any other committee, needs to be part of this multi-disciplinary committee that comes out of the Ministry of Health when they are going to do their visits, when they are going to do their assessments.

From where I sit, with regard to the Ministry of Health doing their assessment and then passing the information over to the Ministry of Social Development and Family Services, there is definitely going to be a time lapse. There is definitely going to be variation of thoughts because health care is different from social care. Right? So when we go to like, for instance, the home we visited at Couva, again, as my colleague mentioned, they are individuals over 60 and they are in good health. We talk about the panic button—you know, those individuals, any situation, they can freely move out of there—

Mr. Chairman: In the interest of time, I do need to interject. Could we—

Mr. Forde: I just want to get to the point.

Mr. Chairman: Get to the point because we are running out of time.

Mr. Forde:—in terms of their care. So with regard to—the point is when it is that we are setting up these things we need to ensure that we work with haste, because we can sit here, hear all the good views and then after we go back after today, you know, we do not come to the final conclusion as to who are going to benefit at the end of the day. With 177 homes throughout Trinidad, we do not have the figure as to how many persons are in these homes, but I would presume it would be quite a number. So we need to ensure that we come to the conclusion as to how these individuals are going to benefit between the Ministry of Health and the Ministry of Social Development and Family Services.

Dr. Rouse: Through you, Chair, in the Homes for Older Persons legislation which

is awaiting proclamation, what we did was classify and categorize two types of homes which are correlated to the level of care required. So we have a Type 1 and a Type 2. The Type 1 deals with the more independent, able-bodied, requiring minimal supervision, but just basic assistance with the activities of daily living.

The Type 2 home though is the one where they are more infirmed, where they require a registered nurse, where they require assistance with all the activities of daily living. So we will look again at that because a Type 1 home cannot have a Type 2 person, but a Type 2 can have both, and that now is commensurate with the Ministry of Health levels of care. So you have a type of home with a level of care from one to three, and then health is from four and over.

Mr. Chairman: That underscores the point that really we are dealing with a range of problems within the rubric of geriatric care. I want to pose a question now to the Ministry of Health and that is, we have covered the issue of mental health. This Committee will now have to revisit it because mental health patients are housed with the geriatric patients. This is something we need to be looking at with respect to whether that is the most optimal way of treating with the mentally-ill individuals or those who are recovering from mental health.

But the question I want to pose now to the Ministry of Health is given population trends in Trinidad and Tobago and, in fact, across the developed world that there is an increase in life expectancy. In Trinidad and Tobago, the life expectancy of a woman now is some 74 years. Fifty years ago it was just about 62 years. So that we are seeing an increase in life but not necessarily in the quality of life as we expand the amount of years lived. What I want to find from the Ministry of Health is: do you have any programme in place to train individuals in geriatric care at the rudimentary level to cater to this inexorable, inevitable increase in our elderly population over the next few years and, if so, what is programme for training

geriatric caregivers?

Finally, second, do you have jurisdiction for Tobago? Is that a THA matter with respect to geriatric care facilities for individuals for geriatric care?

Mr. Seetaram: Through you, Chair, just a couple years ago the Ministry of Health embarked on a programme, the Patient Care Assistant Programme where we actually engaged persons at our public hospitals to treat with them and train them in the treatment of patients and in the treatment of elderly. These persons have been absorbed within the system and they have actually gone out and have been employed at many of the private homes as well. So there is a programme in place. The programme is currently—

Mr. Chairman: Who offers the programme? Is it one of the tertiary institutions, the department of nursing? Who offers that?

Mr. Seetaram: It is actually done through the regional health authority. The Patient Care Assistants are employed on a stipend to be trained and then certified. They then could apply and be absorbed by the Ministry of Social Development and Family Services.

Mr. Chairman: Someone wishes to be a geriatric caregiver, what are the qualifications? Do they go on the Ministry of Health website and they look at all the specifications and they apply to the RHA? What is the process?

Mr. Seetaram: The process is there is an annual intake and output. So every year there would be an advertisement at the RHA level. It is on the Ministry of Health website as well. The programme is, however, under review but the process is: apply, you are recruited and you are being trained and then you are actually certified. At that point when you are certified in terms of having the number of hours and supervision then you are actually certified and granted the license or a certificate in which you can then apply to work at one of the social services.

Mr. Chairman: Right. And one final question before I close—because we do have to truncate, but I think we have to continue this conversation—and this is: how many geriatricians, specialist geriatricians do we have operating, working in Trinidad and Tobago at this time?—medical doctors who are trained. I know we have a number of paediatricians, but do we have any geriatrician at all in Trinidad and Tobago in any of the RHAs in the private sector to the best of your knowledge?

Mr. Madray: I am advised that we had one last year, but the person has resigned.

Mr. Chairman: So currently in Trinidad and Tobago there is no qualified geriatrician to provide medical assistance to the Department of Ageing. Is that correct?

Mr. Madray: Yes.

Mr. Chairman: That is correct. And, therefore, that is something I would imagine the Ministry of Health would be looking at, given the increase in the ageing population. And the question on Tobago: do you have jurisdiction over the facilities in Tobago, the health care facilities for geriatricians in geriatric care?

Mr. Madray: The first question, I am advised that that is correct. To the second question, I am advised that the Tobago House of Assembly has jurisdiction over Tobago.

Mr. Chairman: And, therefore, so far in this very short hearing, we have come up with the following positive recommendations that we could put in our report, we do need to look at specialist decanting facilities for those who have been discharged from the mental health facilities in Trinidad. Before, PS, I would like to go through with what we have so far distilled.

We are working on greater collaborations between the Department of Ageing and Ministry of Health with respect to licensures and the quality that we expect in the facilities.

Third, we have ensured that there is a training programme so that at the rudimentary level, at nursing level, basic nursing care, those who wish to be trained in geriatric caregiving would have those facilities available at the RHA level.

A fourth, there is no geriatrician in Trinidad and Tobago. It is a little bit disturbing to know that Dr. Rouse you do not have the facilities of consulting with a specialist to guide the Department of Ageing. I think that is something we would be looking at, maybe providing some kind of—now, to the two medical doctors here: how long does it take to train a geriatrician? Is it that it takes the normal four-year period?

Dr. Parasram: I believe it is a sub-specialty of internal medicine, so it would take approximately, in the foreign system, about two years.

Mr. Chairman: Okay. So basically we could look into a programme where if we start now, in two years we can have a couple of them in Trinidad and Tobago. We do have a last question.

Mrs. Newallo-Hosein: Based on the points you had raised earlier, Chairman, speaking about staff that would be trained to assist and to work in geriatric homes, but when we went on our site visit, there was a mixture of those who are mentally ill with persons in the geriatric homes and, therefore, persons there may be staff who would be equipped to handle the geriatric patients, but they are ill-equipped to handle mental patients and, therefore, it is a very serious matter that we are discussing here, having made the site visit. I mean, I do hope that the both Ministries would be collaborating on a way forward ASAP. I know you said March, but I hope that by March you will have solutions as opposed to now going into discussions.

Dr. Rouse: Chair, and might I add, because the team that is here are new faces in the Ministry of Health to the team that I had met with in the Ministry of Health under then Mr. Bodoe, where we had a multi-sectoral team that looked at the training and

amongst that team we had Red Cross and the National Training Agency (NTA).

At the end of it, the outcome of those meetings, a document was produced by Dr. Meryl Price who is a doctor of nursing. We did a curriculum because the Homes for Older Persons legislation when proclaimed calls for training at accredited institutions. So what Dr. Price and the rest of the team compiled was two sets of curricula; one for basic geriatric training and dealing with equivalencies that NTA was very useful in saying how they could be matched and then we also drafted an intermediate level training. That document came out of a Cabinet Minute that was sent to the Ministry of Health then to restructure the Patient Care Assistant Programme that was just spoken of.

So, there is somewhere lodged in the Ministry of Health that document which was very comprehensive, very well compiled by a huge team, a multi-sectoral team. So if we could revisit that rather than reinvent the wheel, the question now is: which accredited institution would be willing to teach this because it will be now mandatory that all caregivers have to be trained?

Mr. Chairman: And that is a critical point. We have really run out of time. Are there any other urgent questions from members of the Committee? We do have another hearing after this one, but really a number of new material have emerged this morning. What we do know is that there is a need to enforce existing legislation. I do not see any problem with the legislation as such. I do not see any need to change the legislation because if administratively you can arrange closer collaboration, I would imagine there would be a need, but there really are some issues which arose this morning given our site visit that we would like to attend to.

All other questions I think we could pose and you could respond in writing. I know that there are definitely—I am happy to hear from the Department of Ageing and the Ministry of Health that there are facilities, it is just how we are going to use

the facilities, get them accredited, so that the elderly in Trinidad and Tobago, whether they are in an elderly home or are been cared for in their own home, will have access to trained individuals as opposed to—we did not touch the issue of elder abuse, but I suspect the training of individuals will cover that critical area as well.

So that, be on standby for another—this is such a critical subject that we may want another hearing after we have digested the new information that you will present, but we really would want to see that there are specialist decanting facilities for the mentally ill; we want to see the collaboration closer; greater inspections of the homes and what is to be done to assist these homes to comply, because I suspect it is going to be very difficult to close a home. Where are you going to place the residents? So you would want them to comply in a very quick manner. What can be done at both levels to ensure that there is compliance and the continuous monitoring so that the situation does not deteriorate rapidly?

And, of course, we do really need in the health care facilities the people who are now specialized, specialist geriatricians. I think we do need that specialty so that it can overall guide the process with respect to the public policy. Before I ask Mrs. Bailey-Sobers and Mr. Madray to offer closing remarks, do I have a last question from you MP or are you okay?

Mrs. Newallo-Hosein: Chair, I am okay.

Mr. Chairman: The MP is okay. So I will ask Mrs. Bailey-Sobers and Mr. Madray to offer some brief closing remarks on this very brief public enquiry.

Mrs. Bailey-Sobers: Thank you, Chair, and just to say that we are grateful for the opportunity again, and for the Committee facilitating the discourse. I did have one point I wanted to bring to the attention of the Committee which is the fact that Brig. Antoine would have indicated that there were some homes where you all saw some young people and some older persons. We do have a situation where we do not have

facilities for persons who are in the health system under 55 and there is no one to take them back home. There are no facilities in the community for us to decant them. So we do have that situation, but it is not older persons, it is the much younger generation, people who have gunshot wounds and so on and their families have abandoned them.

Mr. Chairman: PS, you are raising another issue. First, we have the mentally ill who have been decanted, we have the geriatric care facilities and now we are talking about people—

Mrs. Bailey-Sobers: Those who do not have a mental issue.

Mr. Chairman:—who do not have a mental issue, but who do not have a home. These are the socially-displaced people. They do not have a family network. How large do you think this group is?

Mrs. Bailey-Sobers: I am not sure but that is why we may find some of them in homes where they are not supposed to be.

Mr. Chairman: Okay, yes. It is getting curiouser and curiouser as Alice said in *Alice in Wonderland*. Mr. Madray, could you give us your closing remarks?

Mr. Madray: Thank you, Chairman and Committee members for the opportunity. We will continue to work at improving the quality of our service, and I will not raise any other issue. [*Laughter*]

Mr. Chairman: Thank you very much. But, Mr. Madray, you all have raised so many issues, we will be posing questions in writing now and we will be making site visits. They are really valuable. Parliamentarians will be making the time to visit actually all the facilities under the care of the administration or administrators of the State, but we want to get solutions. We will be in dialogue continuously so that this vulnerable group, the elderly in Trinidad and Tobago, can be cared for better and better over time.

I thank you all for your participation, for taking the time out of your busy schedules to participate in this hearing and to inform the public. This hearing is officially suspended for five minutes. We will reconvene in five minutes with respect to the second hearing that we have for discussion. Thank you very much and have a productive and good day.

11.18 a.m.: *Meeting suspended*.

VERBATIM NOTES OF THE ELEVENTH MEETING OF THE JOINT SELECT COMMITTEE APPOINTED TO INQUIRE INTO AND REPORT ON SOCIAL SERVICES AND PUBLIC ADMINISTRATION, HELD (IN PUBLIC) IN THE J. HAMILTON MAURICE ROOM, MEZZANINE FLOOR OFFICE OF THE PARLIAMENT, TOWER D, THE PORT OF SPAIN INTERNATIONAL WATERFRONT CENTRE, #1A WRIGHTSON ROAD, PORT OF SPAIN, ON WEDNESDAY, FEBRUARY 15, 2017.

PRESENT

Dr. Dhanayshar Mahabir	Chairman
Mr. Esmond Forde	Vice-Chairman
Brig. Gen. (Ret.) Ancil Antoine	Member
Mrs. Christine Newallo-Hosein	Member
Mr. Julien Ogilvie	Secretary
Miss Khisha Peterkin	Assistant Secretary

ABSENT

Mr. Rohan Sinanan	Member [*Excused*]
Miss Khadijah Ameen	Member [*Excused*]
Mrs. Glenda Jennings-Smith	Member

11.27 a.m.: *Meeting resumed.*

MINISTRY OF HEALTH OFFICIALS

Mr. Richard Madray	Permanent Secretary
Dr. Roshan Parasram	Chief Medical Officer
Dr. Aruna Divakaruni	Specialist Medical Officer, QPCC
Dr. Ayanna Sebro	Deputy Director, HIV/AIDS Unit
Dr. Jeffery Edwards	Director, Medical Research Foundation of Trinidad and Tobago

MINISTRY OF EDUCATION OFFICIALS

Mrs. Angela Sinaswee-Gervais	Permanent Secretary (Ag.)
Mr. Harrilal Seecharan	Chief Education Officer
Ms. Darlene Smith	Guidance Officer II
Ms. Amanda Pedro	Guidance Officer II
Ms. Kesha Pierre	School Social Worker

Mr. Chairman: Good morning and welcome back to all our viewers and listeners on the various media which carry the proceedings of Parliament. We are ready to resume the second half of our public hearing. We did not anticipate that the first half was going to generate so much interest. We thought the first half on geriatric care facilities and the regulation of those homes was going to be pretty straightforward, but it has turned out to be a little more complex, so it took a bit more time than the Committee had anticipated.

We are going to start very soon with respect to the second half of our enquiry this morning. This enquiry is really our first public hearing pursuant to our enquiry into the prevalence of sexually transmitted diseases, STDs, amongst students and into the general services administered to treat STDs in Trinidad and Tobago. So our first priority really is to look at the incidence of STDs amongst our school-aged population and then, of course, to look at the general services for STDs in general in Trinidad and Tobago.

There are three objectives of this enquiry. The first, as mentioned, to determine the prevalence of STDs, including HIV/AIDS amongst school students and, two, to assess the strategies of the line Ministry in reducing the rate of infection amongst this cohort and, three, to evaluate the quality of health care services and facilities available generally to treat STDs and their associated costs. I would like to express on behalf of the Committee the gratitude of the Committee to the Ministry

of Education and to the Ministry of Health for the submissions that they sent to the Committee.

I would now like to ask from the Ministry of Education and the Ministry of Health the representatives to make their opening remarks. May I ask Mrs. Angela Sinaswee-Gervais to make some opening remarks. We will introduce ourselves subsequently.

Mrs. Sinaswee-Gervais: Good morning Chair, good morning members of the Committee. Representing Ministry of Education in this important issue, I have with us our technical team who would really get into the discussions on this issue.

I would like to start off though by saying that the Ministry of Education has developed policies to treat with these issues. We have collated a School Support Services Division which will ensure that these psychosocial issues impacting children are addressed. We have also social workers, guidance officers, psychologists, et cetera in that division and they are responsible for strengthening the diagnostic and prescriptive services for special students.

Our policies are guided by the Education Act as well as the World Bank Working Paper of 2008, and we are looking at strengthening in the education sector a response to HIV and AIDS in the Caribbean. So because of that bigger, broader issue we have brought it down to what we can do in Trinidad and Tobago to treat with the issue.

In our education sector policy on HIV/AIDS we have stated that the Ministry of Education shall actively use education as a strategy for the prevention and reduction of HIV infection among its population, through peer education and through its Health and Family Life Education national curriculum. We are working on it. As I said, later on we would get into the fact that we have a two-pronged approach to addressing STDs and HIV, where our guidance and counselling officers

would utilize a preventative universal approach, as well as providing customized short-term programmes for students displaying inappropriate sexual conduct, by intensifying awareness of managing their human sexuality and skill building in goal setting, decision-making and managing peer pressure.

Mr. Chairman: Thank you very much. The rest of your submission will come out in the enquiry, but I do wish to allow Mr. Madray to make his opening remarks on this particular subject.

Mr. Madray: Thank you, Chairman and members of the Committee, once again. My team and I commit to responding as fully as possible to your enquiry. My Ministry has an ongoing programme for the management and control of HIV, and this subject area is very critical as we are all aware to the future of our nation. So I look forward to your questions.

Mr. Chairman: Thank you very much, Mr. Madray. The Chair can also ask the first question, and the first question to the Ministry of Education is as follows: Do you have as part of our curriculum, sex education among secondary school students in TrinidadandTobago?

Mrs. Sinaswee-Gervais: I will ask for one of the members of the team who would go into that detail please.

Mr. Seecharan: Good morning, Chair and members of the Committee. There are two approaches that I use within the Ministry. Within the curriculum—and here I am referring to the core curriculum—we have a Health and Family Life Education programme, and one of the modules within that deals with sexuality and sexual health education.

At the secondary level, that is implemented between Forms 1 to 3, so it is a separate stand-alone. At the primary school it is infused and age-appropriate strategies are used. So for example at the primary school we are looking at things

like good touch/bad touch and alerting students to issues that they may report, whereas at the secondary school it may go into more depth. While abstinence is promoted as part of that, other areas in terms of appropriate behaviours and also methods for prevention of sexually transmitted disease are also incorporated.

Mr. Chairman: My second intervention—can you give the Committee and by extension the country, the assurance that by the time a student reaches Form 3 in secondary school, he or she is quite aware of the range of STDs which exists, how they are contracted, how they could be prevented and what really are the major causes of the transmissions of these diseases?

Mr. Seecharan: Just now, I omitted to indicate that in addition to that core curriculum on health and family life, there are also specific interventions done through Student Support Services to address some of these areas. But also, in addition to that, within some of the subject areas, social studies and biology, for example, some of these issues relating to STDs, causes and prevention, are addressed.

I will also indicate that for example with the roll-out of the Health and Family Life Education with which we are revisiting currently and strengthening our implementation, we have had some challenges in terms of persons at the school level feeling that they may not have been equipped to deliver it. In addition to that, we have had discussions with some of the denominational schools and they have indicated that, for example the Roman Catholic schools, they would want to have their approach infused, so that there is some flexibility on the side of the denominational schools in terms of adapting to their approach or what they would like to see being done.

Mr. Chairman: The question I posed was this: by the time a student reaches Form 3, let us say he or she is 14, is this student, based upon how the Ministry conducts

its affairs in conjunction with the Ministry of Health, is this student well aware of how syphilis is transmitted? Could you from the Ministry of Education give me that assurance in all schools? Regardless of denomination or religious beliefs, are they aware of gonorrhoea and syphilis and how it is transmitted?

Mr. Seecharan: You are asking me to go down to the school level, but if the programme is rolled out as intended then those areas should be covered. As to tell you every child, I mean, I would probably be going out on a limb.

Mr. Chairman: Again, I want to pose it to the Ministry of Health, do you collaborate? This is a very sensitive area of education. It is not the typical math, physics and chemistry; it deals with private matters. Do you in the Ministry of Health with respect to the relevant department have a programme where you can train teachers on how to deliver this information in a manner which will be absorbed and internalized by the 14- and 15-year-olds in TrinidadandTobago? The question again, collaboration. Do you have a programme? The people in that department know best how these diseases are transmitted. Do you train teachers or can you train teachers for that problem?

Dr. Parasram: The collaboration is there through the Public Education Committee of the Ministry of Health which was established recently, last year, and it has a subcommittee of the Public Education Committee called the Sexual and Reproductive Health Committee, of which the Director of Health Education, Ministry of Health is the Chair. Members of the Ministry of Education as well as the necessary NGOs are part of that team, and we collaborate in that way in terms of getting the syllabus aligned and structured in a way so it deals with the issues related to health.

Mr. Chairman: But you do not currently have sessions where medical doctors, people specializing in this type of problem would have a couple-hours session with

teachers across the country to say, "We the medical doctors are telling about all these problems and I want you to take the information and transmit it to the students". You currently do not have that programme?

Dr. Parasram: Can I just pass you over to Dr. Aruna.

Dr. Divakaruni: Good morning, Chair. Actually right now we do not have that arrangement; that is the truth. But a few years back we honestly tried. We sent our trained doctors to schools to teach children, even to teach teachers and other staff members about STDs. I myself attended quite a few schools to teach them and to educate them to include an awareness of STDs in children, but we really faced a lot of resistance from the schools and teachers and even from parents of children. So that is the reason it kind of died down.

Mr. Chairman: You faced resistance on the education on STDs? What kind of resistance? Please indicate. This is education! Please indicate, doctor, what resistance you faced, because this is something maybe we could help solve at the Parliament level.

Dr. Divakaruni: Many of the parents of children felt that we are educating them too much, rather than this is giving them good part of this education that is spoiling their children. That is how most of the parents felt. A kind of like, this is too much for them; this is indirectly encouraging them to go and have—

Mr. Chairman: Very interesting and very disturbing. Now to the Ministry of Education. Ministry of Education, what is the current policy of the Ministry of Education with respect to scientific sex education in the school system of TrinidadandTobago?

Mr. Seecharan: Chair, the health and family life education is part of our core curriculum. We have had issues. In fact, when we started rolling out the HFLE programme in earnest, part of that issue raised required us to have discussions with

different groups including denominational boards, NPTA. What I can tell you is that since then we have support. In fact, the NPTA has been a part of the review, and have had input in terms of what the HFLE programme involved. We have had sessions with the denominational boards and in principle they have agreed, of course with the proviso that they would be allowed to adapt it to their own belief system. So I think that some of that resistance has broken down and is being broken down as we go forward.

The challenge that we have right now is in terms of not so much the resistance, but in delivering the curriculum we have subject persons who are qualified and they teach a subject. HFLE is not a subject that we recruit teachers for, so we depend on teachers within the social studies area, deans, and with support from student services to deliver the programme. But the policy of the Ministry is that we—

Mr. Chairman: So do you think coming out of the issue, given the resistance raised by the doctor, that there can be and should be, again, a close collaboration between the teachers of social studies who have a job and responsibility for family life education, to be trained by officials of the Ministry of Health so that the teachers who are then going to transmit the information to students understand what they have to do to transmit the scientific education? Because STDs are scientific; it is virus and it is bacteria. I really am amazed that there is resistance because this is science. This is biology, this is viral infections, bacterial infections, and it is what you would learn in biology in any event, so I am a little bit nonplussed that in the school system in Trinidad and Tobago in 2017 I can hear that there is resistance from parents or church bodies that they do not want young children learning about syphilis. So I think immediately we need to address that issue forthwith.

Mr. Seecharan: Absolutely, Chair. Let me also say that again in the discussions we had in terms of finalizing—in fact we had to change the component from sex

education to sexual health. So that was, I guess, public opinion in terms of what we were doing. So that the Ministry of Health was involved in terms of finalizing the Health and Family Life Education programme, and we have on an ongoing basis where schools would engage MOH personnel in terms of supporting the implementation in the schools. So that is ongoing, but as you suggested the increasing collaboration, we would support that.

But let me also say that we have also looked at what is happening, for example, in Jamaica—we were invited through UNFPA, because their programme is well established and in train. In fact we have trained a number of teachers within the system to act as trainers and who we are using and will use to roll out and strengthen the programme.

Mr. Chairman: I will ask MP Esmond Forde and then, of course, MP Christine Newallo-Hosein and, third, Ancil Antoine MP will come in. The Chair has a lot of questions to pose, but I will have to ask them.

Mr. Forde: Good morning to you all. You mentioned that sex education is taught at Forms 1 to 3 in the secondary schools, and you then mentioned that it comes under social studies.

Mr. Seecharan: We have a separate curriculum at the secondary school, but because there is a component within that and we do not have designated teachers, based on curricula alone at the secondary school, we utilize teachers who may have as part of their mandate those areas. So it could be the social studies teachers, it could be the deans. Some of it would be done by—we have a guidance officer. Some of it would be done by the biology teacher. So we utilize the teachers in the school to deliver the programme.

Mr. Forde: So is it a standard practice in all schools, Forms 1 to Form 3, that they will be getting this sex education programme on a regular basis as part of the school

curriculum?

Mr. Seecharan: Yes. We recommended two periods per week where different components—so each secondary school should have students being exposed to it within one to two periods, or in some cases where we have started looking at doing things a little bit differently. So where there might be schools, based on information available at the school it could be increased or adjusted accordingly.

Mr. Forde: And with this there is a booklet, there is standard information to follow?

Mr. Seecharan: There is a curriculum to follow.

Mr. Forde: On the enquiry that was completed by our JSC, the last survey was done in 2011, and some of the statistics of sexual behaviours: In one instance, the percentage of students who ever had sexual intercourse, 27 per cent; then, among students whoever had sexual intercourse, the percentage who had sexual intercourse for the first time before age 14 is 62 per cent; and then in the last category, which is 55 per cent, among students who ever had sexual intercourse, the percentage who used a condom the last time they had sexual intercourse. That is 2011. You all have convened a survey in April2016, what is the status of that report? Anyone can shed light on that?

Mr. Seecharan: The line Ministry is the Ministry of Health. The Ministry of Education would facilitate that. I do not know if the Ministry of Health can say when the data would be available.

Mr. Chairman: Ministry of Health, the Committee considers that data to be very critical, because we would like to see what the trend is; is there an increase, is there a decrease? One would assume that with the availability of information on the Net and so on, children perhaps would know about these things a little bit better, but one does not know. You see, if it shows that there is an increase in the incidence of these diseases, then it means that the information out there is not filtering and being

internalized by the students. And you do need the specialists in the field from the Ministry of Health to transmit the following information.

But on that score, just before you answer MP Forde's question, with respect to condom availability, is it easily available to secondary school children or is it that it is difficult to obtain? Information on the purchasing of condoms at all?

Dr. Divakaruni: Difficult to obtain. I do not have any information about purchasing of condoms. Actually a field interviewer, one of the specialty of our QPCC, they wanted to distribute condoms to school students. They tried and again resistance.

Mr. Chairman: So there is a resistance with respect to the distribution of condoms, and you say there is a resistance towards education people on the use of condoms as well?

Dr. Divakaruni: Yes.

Mr. Chairman: So it seems as though there is resistance on measures that will prevent the transmission of these diseases.

Before we go on to MP Forde, we are dealing with sexual activity among our teenaged population. From the Ministry of Health's perspective, I know you perhaps do not have the current data, but in terms of the cohort is it that our young people are as sexually active as their international counterparts? Are they more so, are they less so or are we on par with what is happening in the rest of the world?

Dr. Divakaruni: I have some data to share with you, Sir: 2015, attendance of under19, 15 to 19 is our children, 2,255; whereas 2014, 2,503; 2013, 2,492. It is showing a significant number of them, youngsters, they are school-going children, but I do not have data to say like they are schoolchildren because they hide their IDs, they do not come in school uniform. Understand, that is my assumption, most of them are schoolchildren. We even had repeated meetings with our staff members

before I come to this meeting. They said they are sure they are schoolchildren, but they do not have any evidence to say that.

Mr. Forde: And coming back to that report, any timeline as to when that report could be ready, the report that you all convened in April 2016?

Dr. Parasram: It was approved by PAHO and it is due to start in March of 2017. That is the information that I have. The last one was 2011 and it is due to start in March. It really should be every four years, but it is due to start in March.

Mr. Forde: I heard the Chairman going along the line of the idea of condom availability and so on, but out of this social study syllabus that we have under the sexual education, is abstinence a part of this syllabus?

Mr. Seecharan: One of the options that would be discussed as part of the whole programme.

Mr. Forde: But what level of strength is placed in that idea of abstinence? Now, I know probably through the denominational schools, probably the Catholic board, probably the Presbyterians and so, they may be strongly going out at it, but from the governmental point of view, the ones where the Government of TrinidadandTobago, and the Ministry of Education has the total responsibility, how strong is abstinence put forward with regard to these individuals? Do we bring in Christians, do we bring in believers, pastors and so in order to assist with these things anywhere along the line?—religious individuals.

Ms. Smith: Religious education is taught even in government schools, separate from the denominational schools, so that message would go out at various levels. However, through Student Support Services Division we do incorporate abstinence as part of our discourse and our own curriculum on sexual health and practices that we speak to the students about. Our discussions would span from primary school right up to secondary school, because we recognize it is a social issue that must be

addressed, and we do include it in our curriculum as part of decision making, health care, respect for self, respect for others. So it is a multifaceted approach that we do utilize within our delivery, and abstinence is part of it. We have a crossroads programme that we use with the students, so that it is included in the overall message.

Mrs. Newallo-Hosein: I just want to ask a question based on what my colleague just indicated, and it is addressed to you Mr. Seecharan. A member spoke about sex education being taught in the schools and you indicated that there is a recommendation—a recommendation—to the schools and, therefore I did not get it as though it was mandatory. I did not get it as being forceful. Is it therefore that it may not be enforced—and I term it as you did, sexual health education—is in fact, taught in the schools?

Mr. Seecharan: The HFLE curriculum where sexuality and sexual health education is one component, is part of the core curriculum and therefore it is a requirement. As I said, we have had some resistance in the past in terms of implementing it, and we have taken a decision—in fact, we have done training and all of that—to ensure that it is done in all schools. We are still in the process where there are some schools where it may not have been implemented the way we intend, and therefore we are working towards strengthening that aspect of it.

11.55 a.m.

Mrs. Newallo-Hosein: I know that throughout the discussions and the only time that we heard about the teachers, the counsellors, the board, et cetera, and only when Dr. Aruna had spoken about the resistance from parents: do you think that a parental responsibility Act can, in fact, if implemented, if enforced can alleviate some of the problems that are currently being experienced in the schools?

Mr. Seecharan: Absolutely. I think one of the real challenges that we face within the education system, and in the majority of instances the parents that we need to see

are the ones who are, for many reasons, are the ones who we do not, and that will certainly help.

Chair, if you will permit me just to make a point? It relates to condom use and availability. But I think and if you look that the data that we submitted in terms of number of cases which would have been brought to the Ministry in terms of STDs, you would notice, I think, there was just one. And I do not know if the legislation may be working counter to us in terms of now, because if you go to an officer from the Student Support Services Division, there is a requirement for reporting. There is stigma attached, so the confidentiality issue might be lost, and maybe that is one of the reasons students may not be, particularly in this area, reporting on incidents and who may really need help. So that we may have students who are in need of help where we can provide support, but may not be seeking that help because they are afraid of, they themselves getting into problem, because of the legislation and where there is a mandatory requirement for reporting.

Mrs. Newallo-Hosein: And according to the report that we received from you, according to the sex and age group of students in primary schools who have been infected with HIV/AIDS, you have for 2016, two students, male, eight years and 11 years and three females seven years, nine years and 10 years. But I have not heard of what the implementation and the process is for the primary schools, I have been hearing a lot about the secondary school. What is it you are doing for the primary schools in terms of what is happening?

Mr. Seecharan: The HFLE programme at the primary school is done on an age-appropriate level so that we do not go into condom use and all of that at the primary school. What we do is we look at situations at primary schools may encounter within that programme. So as I said, it might be teaching students from as earlier as in Infant 1 about good touch, bad touch. So it is done and infused within the curriculum

where we saw, within the particular subject areas, some of these concepts could be infused. It is done there.

But let me just add because this is one of the discussions we have been having in the Ministry. We have been having some discussions, we have not made a decision yet whether infusing it within the curriculum, we may be losing some of the things that we want to teach and whether there is the need for pulling it back out and doing it as a separate. But we have not made that decision, but it something that we are looking at.

Mrs. Newallo-Hosein: I thought that good touch, bad touch should be taught at home, honestly speaking.

Mr. Seecharan: Well, Chair, through you, I was telling my colleagues this morning that, given some of the societal issues that we are facing, the school system where our core business is teaching and learning, we end up spending so much energy dealing with other social issues that it is bringing, it is creating a lot of challenges for us, so that we have to deal with, I mean, our Student Support Services Division, on paper, is about 600. How much more do we add when some of those resources might have been challenged (channelled??) in dealing with some of the literacy and numeracy we have to treat with?

Mr. Chairman: Thank you very much. And before the Ministry of Health comes in, again, I feel compelled to intervene. Because my colleague indicated that there, I mean, do you teach abstinence? And I am sure the majority of students in school, and we are not yet dealing with the second part of the enquiry with respect to the facilities available for individuals living with these STDs, but I am sure the majority of students do, in fact, engage in abstaining from intimate activities. However, we do know that students have STDs. So they did not take in, or imbibe the lessons on abstinence. We do know how much we do not know, but we do know that they do.

We do know that the students are sexually active and they do contract a range of diseases. We do know that teenagers get pregnant as a consequence of being sexually active.

The question I want to pose to both the Ministry of Health and to the Ministry of Education is this: a student who is sexually active, despite all the lessons on abstinence and who has contracted a disease, has to be treated. The question is: how is that person treated in the school system so that confidentiality is maintained. Is it that that has to be picked up by a Social Studies teacher who would refer the student to the nearest health centre and the nearest health centre will then be alerted? And this is a student so, please, be sensitive. What is the modality with respect to a student who has contracted any one of the STDs to get treatment confidentially? Any response from the health or education department?

Ms. Smith: Mr. Chairman, I am happy to hear you speak about confidentiality because that is paramount in all our delivery and in the intervention that we will do with a student who is diagnosed will termed to be having an STD.

If it is the Social Studies teacher may be flagging via the HFLE programme and having a discussion with the class, the child may come to the teacher. That teacher will then refer the student to the Student Support Services Division. Right? And we will then utilize our multidisciplinary approach in addressing that child's needs in terms of ensuring that the child is first medically examined and treated, because that is always paramount. The health of the child will always be the paramount focus for us. Right?

Mr. Chairman: So looking for solution now. You see, we did meet with the Ministry of Education with respect to school bullying and violence and it was revealed that not many schools have the guidance officers, those people who are trained to handle students who are having interpersonal issues, bullying issues and

so on.

Do you think that having the guidance officer in the school who is trained in child psychology, who is sensitive, who is understanding, who is approachable is perhaps the best person to whom the teacher could refer the child who perhaps has an STD, and who will then take the child to the necessary medical facilities to ensure that strict confidentiality is maintained from the time the child meets the guidance officer. I am just looking at a process that is easy for the child to follow and for confidentiality to be protected. Do you think that there is merit in that suggestion?

Mr. Seecharan: Chair, actually that system is already in place. I think at the last sitting what we attempted to convey is that increased ratios would assist in terms of us dealing with issues. But currently at the secondary level there is really a ratio of one guidance officer to one school. So there is literally a resident guidance officer at the school. In some schools where we have additional issues there might even be two. Certainly if we can increase numbers, because it is a combination depending on the issue of guidance, social work and special ed. and we also have the team, the multidisciplinary team where issues might be referred to. But certainly having the guidance officer in the school, who is trained, was the first step.

In fact, Ms. Smith did not mention, but part of that process involves creating a case file where confidentiality, so that that information is not shared. And in fact, it has created some problems because of confidentiality, even the data flow coming forward to tell us cases might have been challenged because those are kept with the officer and moves with the child. If there are issues, not necessarily STDs, but it moves with the officers across schools.

So there is that system in place already. Certainly increasing numbers will help. And I think, you are right, the officer and that system is what is currently, yes, we may need to improve and increase the efficiency of what we do. But I agree with

you.

Mr. Chairman: Mrs. Newallo-Hosein. Yes.

Mrs. Newallo-Hosein: Ms. Smith, you spoke about if a child came to the teacher or a guidance counsellor and remember it is a child and therefore, for you to have any child medically examined you must have the parent's approval and guidance. And how do you, or is there something in place to circumvent that if there is resistance from the parent?

Ms. Smith: Okay. Thank you. In my original response I was stopped by Chairman, so I did not get an opportunity to add and continue.

The Education Acts states that the principal of any school acts in loco parentis in the absence of the parent. So that once you recognize that a child is at risk of physical abuse or anything that is untoward that would require medical attention, the principal can seek that medical attention and inform the parent, perhaps meet me at the hospital, meet me at the health centre, and it becomes even more critical if the offending parent is the actual perpetrator of the incest, the abuse or whatever the case may be. So that it is always a two-pronged approach. We inform the police, the parent via phone if necessary and we do the necessary support and intervention that will be required in the best interest of that child.

Mr. Chairman: And that raises another question. In loco parentis, it arose again when we were looking at school violence and bullying and we looked at the Education Act and that came out forcefully, that in a school the principal is in charge of the security of every single individual, not the Ministry of Education, not the police. The Act is very clear. Are we giving principals in this country the resources to act in loco parentis to overcome the kind of resistance that the doctor has raised with respect to treatment, health education, sex education and the transmission of disease? To the Ministry of Education: do principals have the resources to act in

loco parentis?

Mr. Seecharan: Chair, I want to be a little bit careful in terms of how I respond to this. If we are looking at physical resources, there is always going to be resource challenges which, of course, the Ministry is working towards. We depend on releases to—if disclosed, and I am sure if you ask principals they will always tell you, "I can do with more". But in terms of equipping principals to deal with this and many other issues, we have in the Ministry have been working and looking at some at some of the—at schools and performance of other issues and we have identified leadership and management as a core concern of ours. We recognize in many instances when things fall through, often it originates because of leadership and management in the school. And I am not just talking about the principal, because each school is required to have a management team.

We have in the Ministry embarked on, we have done the research, we have looked at effective schools and we have identified a number of dimensions that effective schools look at, they focus on. And we are currently in the process of rolling that out. We have started that some time, but is really supporting that to ensure that systems and processes that are required to ensure schools operate in the most efficient way, are in place.

We are continuing to work with the Teaching Service Commission because some of these issues arise out of staffing issues. So, we continue to work with the Teaching Service Commission in terms of, for example, complement of deans and heads of departments. So that, in addition to that, as I said, we continue to work with curriculum and Student Support Services.

In fact, one of the things we have been doing within the Ministry is changing the mode or the model in which we operation where, for example, a student whether it is STDs or some other issue, often that person might have interfaced with the

guidance officer. We recognize that that presenting case might be accompanied by special ed. or the need for the social worker to be involved. There may be curriculum issues that need to be addressed.

So that in terms of our support to schools we are, in fact, trying to get all the units and divisions within the Ministry to work together. So, we are looking at teams. So that Student Support Services' curriculum supervision working together to support that school-based management process. So, are we in an ideal place? No. But I think we are trying to address some of these issues in very systematic way.

Mr. Chairman: Can you give the Committee the assurance that a child in our school system who thinks he or she has contracted an STD can in fact make an overture to the guidance counsellor and indicate to the guidance counsellor, "I am afraid to tell my parents. There will be mayhem if that happens." Can it be confidential? And that the principal of the school hearing the plight of the child, can see to it together with the guidance officer that the child gets the necessary medical treatment so that the child is attended to and the transmission of this disease is controlled. Is that process in effect currently in the school system?

Mr. Seecharan: Yes Chair, I am assured by my colleagues from the Student Support Services Division. In fact, the programme rolled out by Student Support Services, the PS spoke about a two-pronged, really. It is a proactive and a responsive approach. And what I can assure you is that, on the responsive side, once an incident or a matter is brought to Student Support Services Division, we respond immediately. That response sometimes may, in fact, mitigate—so, we may have something planned on the preventative side, a programme that we are doing in schools. An incident happens and the priority is, in fact, given to responding to these cases.

Mr. Chairman: Very well thank you. Okay. Yes. You have been silent. You can

speak.

Dr. Edwards: Generally an STI usually presents as something acute. So usually it is a discharge, an ulcer or a lump or a bump. And in the clinics we do not see people coming through the school guidance system. Usually they come with an elder person or a relative or a friend. All right? And they usually come to the clinic, they usually come, according to Dr. Aruna, not in school clothes. Very rarely I think we see them coming through the school system. So they use an alternative system to come to us to treat STIs. And in terms of—sometimes they come alone.

Mr. Chairman: Right. I need clarification. Is it that they rely on an older person who is aware of the facilities which are available? Because when you are in school, you are not really aware of all the health facilities out there. It has to be that someone knows where to take them and the trust that person.

Dr. Edwards: Right. So they will talk to a friend or a relative of somebody and they will bring them to the clinic.

Mr. Chairman: Okay.

Dr. Edwards: Sometimes they come alone, eh. We cannot turn them away. So a 16-year-old with an STI, remember doctors, we cannot do harm. So there is something called an emancipated minor. There is something called the Gillick Competency. This was a case in the UK where a parent took the local health authority to court because the doctors wanted to give treatment and contraceptives to under 16-year-olds, and she lost the case. So the competency case is that, if a student is mature enough and understands the circumstances, you can go ahead and treat them.

Mr. Chairman: Yeah. Okay. But one follow-up question: is it that these facilities are dedicated or is it that the detection of STDs can be done at any health centre in Trinidad and Tobago?

Dr. Edwards: No. These facilities are dedicated to treat STIs. The Queen's Park Counselling Centre and Clinic is dedicated. So there is one in north and one in south and a number of peripheral clinics throughout the country.

Mr. Chairman: So someone in Toco will have to make a trek to Port of Spain. He cannot—

Dr. Edwards: Or San Fernando.

Mr. Chairman: But he or she cannot go to the Sangre Grande Health Centre and expect to get that sort of treatment?

Dr. Edwards: They can go, but they may not get the best treatment and they will actually be referred to the QPCC.

Mr. Chairman: Very well. Yes. So, I was just looking at the widespread availability, given the fact that the population is dispersed and these centres are centralized. Okay.

Dr. Edwards: But QPCC has peripheral clinics. So in Rio Claro, you know, Point Fortin, there are a number of clinics where the staff goes around to.

Mr. Chairman: Okay. And they roving. We got the submission that they are roving. So that someone goes to, say, a health centre in his vicinity, can he or she get the information that he should come back on this day, there will be a specialist, not necessarily an STD specialist, but "nudge nudge, wink wink" we know there is a specialist who will look at you and that information is available to the attendees.

Dr. Divakaruni: Yes. It is.

Mr. Chairman: Very well. Thank you very much.

Mr. Forde: Ministry of Education. Again, amidst all the challenges, right, that the Ministry may be facing, sex education tutor, could there be a justification to have one in every school, in order to be looking at it from a protective point of view as we look into the future, based on some of the statistics even though it may be from

2011? Could there be a justification in order to be proactive in our approach with regard to sexual education having a greater emphasis in the schools as we continue along?

Mr. Seecharan: Chair, from where I sit I do not know that having one person to deal with sex education by itself would be the most efficient way to utilize that resource. I think if we were to get, let us say, one additional person, that person being a part of the student support, because we deal with a whole—sex education is one aspect of what we do in the schools. I think, maybe through Student Support Services or alternatively if we are looking at creating a position for health and family life education which deals with sex education, but also deals with a number of other areas, healthy lifestyles, physical fitness, dieting, et cetera, that might be the more appropriate approach to use.

Mr. Forde: Now I understand you clearly, but, you know, the more I go into the documentation that, you know, that you all would have presented in both education and health and the information provided by our parliamentary staff. Again, I am just looking from the point of view of looking into the future, in that, you know, we do not then wait when we reach the wall and then deciding, well look, "ay", we need to get over the wall. Right? You know what I mean? But it is something that I think, again, as you say in terms of when you all are having your brainstorming, it is something that you can probably look at. But again, it is all about justification and as I said, a sex education tutor alone may not be justifiable, but when you look at it in the context of and, again, the emphasis in the syllabus is that is must be emphasized.

You know, it is not that, you know, you go to school today and you say look, "steups", you know, I "aint going to the class today". It is an important class to come to because again, the doctor, you know, from Ministry of Health will not have

to come in now with all the instances of, you know, the scenarios, the teachers, the parents do not want the students to be educated along those lines. And you know, it is difficult to understand that a parent not wanting their child to be part of an educational process to—we are not saying they are getting the whole gamut of it, but they are getting the information which will assist them as they get older, you know. So it is from that point of view I am looking at the whole process.

Dr. Divakaruni: I would like to say something about this. You see, sex education is a sensitive matter. STDs are attached to stigma and discrimination. So there should be some limit and they have to draw a line up to what extent they can teach sex education. In this issue I feel the Ministry of Health, doctors from STD clinics and nurses and health workers of STD clinics collaborate with the Ministry of Health education. They can come with better curriculum, so that they know where to draw a line, because it can go up to any extent. And like this is a very tender age of children. They can take it in a negative way. They, like their parents, may have fear of this, their fears might be sometimes correct. If you go too extensive into sex education sometimes it might have a negative effect on their tender minds. So where to draw a line, up to what to teach and emphasis on STDs so that that promotes abstinence in people, because it will create a kind of caring nature for children. I mean, they care for themselves who are not supposed to do this. If I do this I might end up with some disease.

Mr. Forde: And last point, Mr. Chairman. And this is where the professional approach will become important rather than an individual just taking up the syllabus.

Dr. Divakaruni: Yeah. Yeah.

Mr. Forde: Like I am a teacher and I am taking up the syllabus and I am just going in to teach sexual education. The professional approach with someone who is qualified along those lines will take into consideration what the doctor has just said.

Mr. Chairman: And before you go, this is becoming a little more interesting than I thought it was going to be to me. Because we are dealing, as the doctor said, with children who are tender, but they are becoming adults. They are in that very critical stage. Do we have in the school system within the programme of education a module which will teach girls before the menstrual cycle starts, do we have a programme in the primary school to teach the 10-, 11- and 12-year-old girls everything about the menstrual cycle? Do we have a programme to teach boys before they reach puberty, everything about puberty in a scientific, structured manner so that we are transmitting information, biological information, or scientific information?

Because if we have such a programme, it appears to me a logical extension to speak about the menstrual cycle, then sexuality, then pregnancy, ovulation and then STDs. So I see and a range, very clinical, very scientific and something in which you can write an essay on to let me know that you understand. Is such a programme in existence in the school? And then out of that we get our medical doctors being trained from the school system and our people who are producing medicines and so on. I would imagine that that is a wonderful start to a medical career; understanding puberty. So do we have it?

Mr. Madray: If I may?

Mr. Chairman: The PS.

Mr. Madray: I know the Ministry of Education will respond, but we just wanted to mention that we do have a programme of health education and one of the components of this is sexuality which covers topics like managing sexuality, HIV/AIDS and safe-sex practices. So to talk a little bit more on that subject and very briefly, I will just ask our director of our HIV/AIDS unit in the absence of our director of health education who is in the observer section to just give a few details of it.

Mr. Chairman: Please. Yes. The floor is yours. Yes.

Dr. Sebro: Okay. Good morning, Chair, and members. We have a programme in the Ministry of Health called RapPort which is designed as a peer-based activity that is based on the HLFE curriculum that was developed from members from health promotions, the HIV/AIDS clinic, the Queen's Park Counselling Clinic and also members from the Ministry of Education.

So while the Ministry of Education does one part, the Ministry of Health also does a peer-to-peer activity that looks at gender roles, role modelling, self-esteem, the issue of puberty, the issue of sexual transmitted diseases, recognizing that sexual reproductive health is a very comprehensive activity where you have to empower the child around who they are as a person, their own gender, their own responsibilities as a person and the issues of self-esteem and abstinence is also a part of that curriculum.

Mr. Chairman: And how many students in Trinidad and Tobago actually benefit from this programme?

Dr. Sebro: So, between 2015 and 2016, we have data from the north-west RapPort programme. We have RapPort in north-west, in the North Central Regional Health Authority and also in south-west. So, I would say we have different components of the programme. We had a 1,527 people benefiting from the healthy lifestyle component which was from the Civilian Conservation Corp, CCC. There is also something called a "like yourself" campaign. We had about 2,440 students in the north-west region. We also had a 1,039 students that were part of a different campaign and around the World TV Day activity, and another 600 for World AIDS Day last year.

Mr. Chairman: Okay. Thank you very much. Brigadier, did you want to ask? Yes. Thank you very much.

Ms. Smith: Okay. Education we wanted to answer in terms of our teaching of the curriculum.

Mr. Chairman: Very well.

Ms. Smith: As our CEO indicated, under the HFLE we do also address changes associated with puberty, understanding sexuality and managing sexual relations. Under the guidance curriculum, because we have a national guidance curriculum, which I indicated earlier, which spans from primary school through secondary school. We also include those areas and in terms of changes associated with puberty, risks associated with inappropriate use of social media, inappropriate sexual behaviours and forging healthy friendships and peer relationships which all help to address that critical issue that you asked about.

Mr. Chairman: All right. And a practical question: can I get the assurance that given the education, the curriculum on say puberty that a Form 1 girl who is perhaps aged 13 will be able to explain cogently and clearly everything—

Ms. Smith: Yes. We can.

Mr. Chairman:—with respect to the menstrual cycle.

Ms. Smith: I can give that assurance simply because it is mandatory and it exists in all Form 1 schools throughout the country that that awareness and puberty awareness lecture is given in Form 1 in all schools.

Mr. Chairman: And that a girl knows exactly how she can get pregnant.

Ms. Smith: Yes.

Mr. Chairman: She knows about ovulation and she knows about unprotected sex and everything in Form 1.

Ms. Smith: Yes.

Mr. Chairman: Thank you very much.

12.25 p.m.

Mrs. Newallo-Hosein: To the Ministry of Health, you spoke about RapPort and I just want to know—I know you indicated how many students in fact attended, but really, how do you measure the success of these interventions? And while you are thinking about that answer, I want to ask Dr. Aruna and Dr. Edwards, you indicated that a number of persons would come to the health centres or to the facilities to be tested, and you spoke about the difficulty in gathering data because they come in plain clothes and not in uniform. But surely, can the data not be collected or collated on the mere fact that when you come into the facility, you must give your date of birth or is it that you do not have to give your date of birth? So it is just two questions I would like answered.

Dr. Edwards: When they come into the clinic, we usually ask them to give the date of birth so, I mean, we know that they are school-aged children but in terms of what school they go, they might not disclose that to us.

Mrs. Newallo-Hosein: No, we may not need the name of the school obviously, but the data being collected in terms of how many young persons, the students, may in fact have contracted STDs.

Dr. Edwards: Yeah and we have that data. Dr. Aruna has some of that data.

Dr. Divakaruni: I have data: 15 to 19 years age group, they are like totally 199 people contracted gonorrhoea.

Mrs. Newallo-Hosein: What year?

Dr. Divakaruni: For the period 2012 to 2015. This is not one year. Okay, right, and 38 people got HIV positive results, 15 to 19 age group. Again, that is 2012, 2013, 2014 and 2015. Total number of syphilis, 85 people got syphilis in that age group, 15 to 19.

Mr. Chairman: With respect to the treatment of syphilis, I was of the view that that was a disease of the past but now I am hearing that gonorrhoea and syphilis are

still with us. Is this that penicillin is still the basic treatment and that will solve the problem?

Dr. Divakaruni: Yes.

Mr. Chairman: Do you collect information on the partners of these individuals as well? So you ask questions on who are the partners. And are you finding that the partners are older partners than to the teenage children in general or are they the same age? What is the trend?

Dr. Divakaruni: I do not have like concrete information in my hand to prove but still I have an idea because I am there since past 20 years. These children, most of the times, adult partners.

Mr. Chairman: Older partners.

Dr. Divakaruni: Sorry, older partners.

Mr. Chairman: Yes, okay.

Dr. Divakaruni: And most of the times, they are abused by a stepfather or somebody like brother or cousin or something like that which they consent, not that all the time is rape.

Brig. Gen. Antoine: Good day to the panel. In going through the statistics sent forth by Ministry of Health and I am now getting new statistics from you, the data seems to be 2009 and they gave the figure of 4,004 people with HIV. I am dealing with HIV now. But does the Ministry of Education, Ministry of Health, have the number of school students who have been tested positive or HIV positive within Trinidad and Tobago and what kind of follow-up is done in terms of treatment, but also in terms of ascertaining who they contracted it from in terms of whether it is an adult again. Do we have the statistics in terms of the number of school students with HIV and how they are being treated or being dealt with?

Mr. Madray: I will ask Dr. Sebro to respond to that question if she can.

Dr. Sebro: Okay. I would say that the Ministry of Health collects surveillance data from everyone who tests positive for HIV. The data comes to us. It does not have any information to say if somebody is in school or not, it will just indicate the age of the person that is infected. We would collect information on the mode of transition for anybody who is less than—well, for everyone really.

For the underage population, we would look to see if they are coming through from a prevention to a mother-to-child transmission, as well as we will look to see if it is their own unique infection. But for me to break that out for you right now, I do not have data in my hand. But we do not have it specifically to say this is a school, this is a patient who has been diagnosed in school. Any child who tests positive and presents at a prevention site will then be referred to a treatment site and started an antiretroviral therapy.

Brig. Gen. Antoine: Does the Ministry of Education have any data on the school population with HIV?

Mr. Seecharan: For 2016, we have five cases which were brought to us which the Student Support Services Division, they are treating with using their protocols but outside of that, we do not know.

Mrs. Newallo-Hosein: Just to ask a couple of questions. Do these students have access to proper medication, health care and are the drugs available for their care?

Mr. Chairman: And who would pay for it? That is the point. They are children.

Mrs. Newallo-Hosein: Right. And are the partners treated and of course, who pays for it?

Ms. Smith: The five that we monitor and work with, we know that they are supported by us. Our social workers work along with the student and the families to ensure that the proper care is given and to this date, I can say that all systems seem in place for those five students that we monitor at this time.

Mrs. Newallo-Hosein: Ministry of Health, do you have the allocations in your Draft Estimates of Expenditure, Development Programme for the current fiscal year to attend to any of these shortcomings that we are discussing here?

Mr. Madray: I will ask Dr. Sebro to discuss how it is managed.

Dr. Sebro: All clients who test HIV positive and present to the Ministry of Health, care is provided free of charge. If there are any shortcomings that are determined by a social worker or the doctor, the patient is then referred to the social services for additional assistance, but there is no fee that the Ministry of Health will charge and drugs are available for the paediatric population.

Mr. Chairman: Okay, and with respect to the availability of these antiretroviral drugs, are they available at the drugstores, do they have to go to the health centres? Where do they get them? And do you have a continuous supply of that?

Dr. Sebro: We have a continuous supply of antiretroviral medication and the medication is available at the Ministry of—at specific sites within the Ministry of Health, the treatment sites. The medication is accessible at all our HIV treatment sites in addition to at Cyril Ross nursery.

Mr. Chairman: And is it dispensed in a discreet manner? Because there is still stigma on HIV, unfortunately it still persists. So is it that someone who is HIV positive can go and request his medication and there is strict privacy involved, that there is no embarrassment or any loss of status as a consequence?

Dr. Sebro: The medication is distributed—there are some sites that have their own pharmacy within the site so that the patients do not have to go to another pharmacy, but where that is not done, the Ministry of Health, we provide a confidential service so that patients can get access to their antiretroviral medication.

Mr. Forde: In terms of the five students for 2016 that were diagnosed within the school system, would they continue to be in the normal school system or then would

we move them out to, like, based on their age to like Cyril Ross or any other facility as the case may be?

Ms. Smith: No, they will remain in the system unless their health factors should warrant that they need to be removed but we believe in a philosophy of inclusive education and they are treated similar to every other child.

Mr. Forde: And again, the confidentiality will still remain so that students would not know as the case may be.

Ms. Smith: Correct.

Mr. Chairman: And a follow-up, very interesting. Have you had in the Ministry of Education any student for whom HIV mutated into full-blown AIDS?

Ms. Smith: Yes, we have. I have actually worked with one. She is now an adult and she would have contracted it via incest and she was nine years old, but yes.

Mr. Chairman: And she is still surviving—

Ms. Smith: She is still alive.

Mr. Forde: To the Ministry of Health, what is the projected time frame for the full implementation of the quality management process for HIV rapid testing based on the document that you all would have submitted to us on page 2? Right, which was basically the topic: to evaluate the quality and standard of health care services and facilities provided to treat STDs and their associated costs.

Dr. Sebro: I would start by saying that the Ministry of Health has an existing quality assurance process for rapid testing whereby we have standardized training for everyone who is testing for HIV, we use kits that we have tested in the laboratory sector and we have implemented an external quality monitoring system whereby all testing sites are sent samples that we know the answers to, and they will perform tests on it and they return those tests to the lab and the lab will then score those sites.

That system was started in 2012 and we had two rounds of testing and we

stopped for one year but we have implemented that again. At this point in time, CDC is supporting the strengthening of that system within the 2016 to 2017 period, so the rapid testing quality assurance programme, the strengthening of it, should be completed by the end of 2017.

Mr. Forde: Okay, 2017. And then with regard to the Ministry of Health, does the Ministry of Health publish information on standards to be observed by the private/public hospitals, clinics, offering testing facilities for HIV/AIDS and other STDs?

Dr. Sebro: If we publish—can you repeat the question?

Mr. Forde: Publish information on standards to be observed. Right, as you do your testing within the private and public, you know, certain standards that have to be adhered to as you do your testing and so on.

Dr. Sebro: The Ministry of Health has an HIV testing and counselling policy which is available to anyone who is—once somebody is trained by the Ministry of Health, we would share that policy with them. There are private sites that we have engaged in terms of this policy of the Ministry of Health but there is a policy that we have to implement to be able to extend this oversight in some of the private institutions. But the Ministry of Health has engaged the private sector in orientation to the standards of the Ministry of Health in terms of our quality assured rapid testing algorithm for the field. Some of the stronger private laboratories, when they test somebody HIV positive would normally send a sample to the lab as well for additional testing.

Mr. Forde: Right, and in terms of compliance officers or health inspectors, they would be able to verify that the private hospitals and other institutions are operating above board and maintaining the standards?

Dr. Sebro: So that part of the monitoring has not yet been implemented in terms of the rapid testing, in terms of the site visits, that part is the part that we need to

strengthen and implement.

Mr. Forde: Right, and what is the probability? Based on your answer, is there a probability of an individual now going to be tested and negative—the person going in negative and probably coming out with a positive response that could have probably happened at the institution. That is possible?

Dr. Sebro: If somebody goes in to—?

Mr. Forde: Goes in to do a test and the person is negative and they come out with a positive result of being tested at the facility, what is the probability of that happening?

Dr. Sebro: So a false positive then?

Mr. Forde: Yes.

Dr. Sebro: The person is actually negative and they are false positive. You can get false positive tests in particular conditions which is why there is that follow-up. So, for example, there are certain conditions where people might be pregnant where you might get that. So once somebody tests positive, there is a policy of the Ministry of Health for retesting at all our treatment sites before anybody is engaged in treatment. So there is that second level of verification in terms of what happens with the rapid test.

But the rapid test algorithm that we have is very, very sensitive, it is about 95 per cent, and because of the quality system that we have, there is that follow-up. Once the testing is done in a Ministry of Health quality assured site, there is that follow-up of the client to ensure that the client is actually positive and confirm the diagnosis before treatment is initiated.

Mr. Forde: Thank you.

Mr. Chairman: I will ask MP Newallo-Hosein to come in.

Mrs. Newallo-Hosein: You had indicated earlier, Dr. Sebro, that the drugs were

free, I just wanted to confirm. Is it also free to foreign nationals?

Dr. Sebro: That is an interesting question. The issue with some of the—we have had instances where we have had to provide care to foreign nationals who have presented on our shores with full-blown AIDS because they presented extensively ill. It is a very, very small proportion of the patients who currently access treatment.

12.40p.m.

And we make attempts to try and find out what the next steps are, because there are some clients who have really presented in hospital with—where we have no choice. We cannot do any harm. There is also the issue where we have concerns about the spread of the disease in our own population and so we have had to treat, for example, if a foreign national is in a relationship with a national, we would have to provide treatment.

Mrs. Newallo-Hosein: You had indicated, Ministry of Health, that you had identified in your submission to us, major infrastructural and equipment needs of each health care facility. I believe one of the machines that you had indicated would have been the polymerase chain reaction machine? Can you explain to the Committee how important this piece of equipment is in operating in a facility such as QPCCNC?

Dr. Sebro: Can you repeat the last part of the question?

Mrs. Newallo-Hosein: Can you explain to the Committee how important this piece of equipment is?

Dr. Sebro: That particular machine has the ability to diagnose or to provide clinical monitoring for HIV. It gives a different level of monitoring for the management of HPV infections for people who have abnormal pap smears and it is the gold standard for the diagnosis of gonorrhoea and chlamydia.

The country, currently does not have that capacity. And so there are certain

illnesses that we cannot detect. So, for example, our chlamydia detection rate would be negligible because we do not have access to that. It is a screening test. We would be able to provide screening to pregnant women. We would be able to provide a second level of management to people who present with abnormal pap smears, in terms of the typing of the HPV that people present with. It is critical to the strengthening of the STI and HIV programmes for us nationally.

Brig. Gen. Antoine: To the Ministry of Education, in your response to the Committee dealing with the National School Code on the conduct of students, in terms of sexual misconduct, in your response I have seen you speak about complaints to the police, complaints to the principal and complaints to the teacher. But I have been privy to a number of explicit videos on social media, involving school children and sexual misconduct. Have you been addressing these issues, because social media is now a part of life? What is the procedure, in terms of dealing with explicit videos that come across social media that is open to the entire population?

Mr. Seecharan: With respect to students involved with events that would have been seen on social media, once one of those come to our attention we make every effort to identify, first of all the school because in most cases there might be a uniform or something involved. Once we identify the school, we go in and the same process that we follow for students who may not be on social media is then implemented. In fact, every instance that would have been brought to our attention, we have dealt with in the same procedure.

Mr. Chairman: Okay. Could you just hold that? Is there, from the angle of the Ministry, and I want to relate this to the doctors in the Ministry of Health, for the positive use of social media? We have seen the negative use of social media where social media highlights the real negative aspects in behaviour. But have you considered using social media positively, and if so how?

Mr. Seecharan: Currently we have a draft ICT policy and some of those things are being addressed. But let me just go beyond that. I indicated earlier we have gotten some assistance through UNFPA, in terms of dealing with the health and family life education. One of the things, there is an app right now, they have been asking us to launch in schools, which provides information on sex and sexual health education, and a team from the Ministry is actually working along with them, in terms of—because the population the app caters for went out for 13 to 24. So there may be the need for some adjustments to fit within the school population.

Mr. Chairman: Okay. So you are going to be using it. And now specifically to the medical doctors from the Ministry of Health. Earlier on in the proceeding Dr. Edwards, you indicated that the patients you see school age have come into the clinic when they are at an advanced stage of infection. In the field of medicine, I know that early detection is like 99 per cent of the cure. Do you all think that there is value in using social media, to actually have YouTube clips on what is syphilis, the early symptoms of gonorrhoea, syphilis, chlamydia and those things to look for, which can then be used in the schools? Does such information currently exist? Are you thinking about using that to reach to the students to explain to them what the early symptoms are for some of these diseases?

Dr. Edwards: Those are available on YouTube. In the US and UK, they tend to use social media for partner notification. So somebody has an STI, gonorrhoea or something, they could inform their partner by a social media oops, I think I came in contact with gonorrhoea, so you should probably go and get tested. It is used quite a bit in the US and UK for partner notification. But those things are available on YouTube.

Mr. Chairman: Are teachers in the Social Studies curriculum aware of these online resources which they use to assist them in training students on STDs, exposing them,

and so on. Are they aware, to the best of your knowledge?

Dr. Edwards: I am not too sure the teachers would know about it. It is available and the students know about it.

Mr. Chairman: But certainly if it is known by the Ministry of Health, I would imagine that programmes like the RapPort programme, will then disseminate that information. Does the RapPort programme actually visit schools?

Dr. Sebro: So, RapPort is part of the, what Ministry of Education was referring to, RapPort actively visits schools around the country and they do have evaluation forms they use after they do their programmes with the youth, as well as Ministry of Health, within the ambit of the section of reproductive health sub-committee of the Public Education Committee that Dr. Parasram spoke of before would use a Facebook page. A Facebook page is being developed and that Facebook page, I am advised, has been vetted and there has been input from the youth for use, so that we can use social media then, to help educate the youth.

Mr. Chairman: Basically, you have assured the Committee that the information is available on sites such as YouTube on some of these STDs, and that teachers will be able to access them and the Ministry of Education simply has to notify the teachers as to these particular online resources, which I would imagine would have had to be screened by the Ministry for use in the teaching of the STDs. Is that now used in the school system to the Ministry of Education, social media positively?

Ms. Smith: Yes, Mr. Chairman, we do utilize.

Mr. Chairman: Okay, very well. Thank you very much, Brigadier Ancil Antoine again and then we come back.

Brig. Gen. Antoine: Just a follow-up. These videos on social media, there are third and fourth parties involved. Does the Ministry of Education just deal with the perpetrators, those involved in the sexual misconduct, but also go after the third and

fourth parties who are obviously videotaping these activities and putting it on social media?

Mr. Seecharan: Yes. Whenever there is a video on social media we look, we identify everybody who is involved, those who are doing the filming, those who are bystanders, and we follow our guidelines, in terms of school code of conduct and we treat with them. So everybody involved. It is not just—I mean, the guideline applies to all incidents of indiscipline, including sexual misconduct. It is the same process used.

Mr. Chairman: Okay, thank you.

Mr. Forde: Ministry of Education, you all talk about the National School Code of Conduct with specific relation to sexual offences, are these offences the offences identified within the school population that students are aware of what are the penalties or what are the disciplinary consequences as a result of a particular misconduct? Are these identified to students prior or they are only known when a student is involved in a misconduct?

12.55 p.m.

Mr. Seecharan: Let me just back up and give a little history. Prior to the School Code of Conduct, individual schools would have developed what we call a discipline matrix which would have identified specific offences and the penalty for those. The School Code of Conduct was developed and what has happened is that schools have the option of actually using the School Code of Conduct as is, or they may adapt the guidelines provided there and develop their own discipline matrix. So the discipline matrix that schools may have or the School Code of Conduct which follows the same guidelines are utilized.

In terms of specificity, offences and depending on the nature, for sexual misconduct students may get the maximum penalty which may be suspension,

referral to Learning Enhancement Centres but, generally, the School Code of Conduct proposes a sliding scale. So that for minor offences it may be caution, calling in the parents. So it is a sliding scale and it is not okay. If you disrespect someone, automatically you will be sent to the Learning Enhancement Centre which is out of school suspension for an extended period where you get a programme of intervention.

Mr. Forde: A follow-up question. Could the prior publicity promotion of these penalties for misconduct be used as a deterrent in schools for students to not be involved?

Mr. Seecharan: The Ministry of Education has what we call discipline or promoting discipline plan in place where sexual misconduct is one facet of it. Schools, as part of that, are required to develop their discipline matrix and share that with, in fact, guidelines for behaviour, the discipline matrix and the penalty. I will be honest with you Chair, that is part of what we are actually—I have met with Principals just as recent as last week, because what happens is that as the Ministry highlights it—from time to time, we would send circulars reminding Principals to do it, and then a school goes into a mode where they do not have incidents happening and there is a gap and something comes up. So that we have these incidents sometimes highlighted in social media now where the impression is created, but there is the need for us to continue in the Ministry to enforce that process. And I agree with you, once students are aware of the consequences for different offences, it is re-enforced and supported by everyone within the school. It is less likely that, you know, some of these incidents will take place.

Mr. Forde: And I appreciate that, you know, you are thinking along the same lines. You know, the idea of a deterrent. So once they know the consequences, we anticipate that, you know, we would have less of it. Thanks.

Mr. Chairman: Thank you very much. Christine Newallo, last question from you, MP.

Mrs. Newallo-Hosein: Thank you. Ministry of Health, noting that there is a high level of teenage pregnancies, do you have any data on say within the last three years on the mother-to-child transmission of STDs among teenagers? And also for both Ministry of Education and the Ministry of Health, do you see a correlation between the increased violence in sexual activities in schools and STDs and, perhaps, a deliberate attempt to spread the disease?

Dr. Sebro: Morning again. The Ministry of Health's mother-to-child transmission rate for HIV is less than 2 per cent, which is in keeping with the WHO standard that is to be achieved by the Americas.

For specific information for teenage pregnancy, for the 15 to 19 population, we note that we have had 13. This is between 2011 and 2013, we had 13 cases of HIV-positive pregnant women between the ages of 15 and 19; in 2012, we had 12 and in 2013 we had eight. That is the most up-to-date information that I have at this time, but in terms of if those children transmitted to their infants, I do not have the specific information to say that they have transmitted or not.

Mr. Chairman: Thank you very much. We are close to one o'clock which is our termination point. I would like before I invite closely remarks to raise two issues which are related to the topic under enquiry and, that is, we know that despite programmes of abstinence, there is a level of sexual activity amongst our school-age population and that sexual activity can result in the transmission of STDs, but sexual activity can also result in pregnancy. What I would like to enquire of the medical doctors and of the Ministry of Education—to the medical doctors: since abortion is illegal in Trinidad and Tobago, have you seen cases where there were attempted abortions, what we call backstreet abortions with real negative effects in your

practise?

To the Ministry of Education, when a student becomes pregnant and she is still in school: are there any programmes in place to provide assistance to the girl so she could continue her education and, at the same time, there is care for the child? First to the Ministry of Health: have you seen instances where there were illegal abortions and you had to then remedy the situation? Then to the Ministry of Education, a pregnancy went to term but the girl is still in school.

Dr. Divakaruni: I saw a few cases like that, went for the illegal abortion. They landed up with intrauterine infections and we referred them to gynaecology clinics, I mean obstetrics and gynaecology. I saw a few cases, they came after a few years after the abortion and they landed up infertile because of the tubal closure. These two things I have observed.

Mr. Chairman: So there is this instance from your medical practise where there are illegal abortions being practised in Trinidad and Tobago? Very well.

And now to the Ministry of Education with respect to a baby that has come to term and the girl now has to continue her education. What do you do?

Ms. Smith: Okay. The Ministry of Education has a policy whereby all teenage mothers or even fathers are allowed to continue with their formal education. We support the students right through to ensure that they are able to return to school and give support around the social work areas in terms of ensuring the infant is okay, that the financial needs are met for the baby and to ensure that the baby is even supported in terms of care while the mother returns to school, but at the end of the day that child is tracked and worked with right through until upon graduation.

Mr. Chairman: Okay. And it may be that the girl may just have to stay to repeat a year that she has lost.

Ms. Smith: Correct.

Mr. Chairman: Very well. That is certainly heartening to hear and it is disheartening to hear that there are still illegal abortions in Trinidad and Tobago that has to be remedied by the health professionals.

We are very close to our cut-off time and so this has been a very, very fruitful, productive and informative session. We have not touched on the second half of our enquiry, which is really with respect to the Ministry of Health, the facilities which are available to the general population for the treatment of all STDs. We will have to look into another enquiry, of course, with the leave of the Committee, on that critically important subject, but we did cover the very important one of the school-age population where we would like to minimize the risk so that they could continue their education.

At this point, I would like to invite closing comments from the two Permanent Secretaries: Mrs. Angela Sinaswee-Gervais and Mr. Richard Madray. I would ask Mrs. Angela Sinaswee-Gervais to offer her brief closing remarks on behalf of the Ministry of Education.

Mrs. Sinaswee-Gervais: Thank you, Chair. On behalf of the Ministry of Education, I would like to say thank you for giving us the opportunity to share what we have been doing in the Ministry of Education with our students in this particular area. We will continue to work with the Ministry of Health to improve on the systems so that we will be able to do a better job with our students who may be in this situation. Thank you very much again.

Mr. Chairman: Thank you very much, Mrs. Sinaswee-Gervais. Mr. Richard Madray, for the second time, we would ask you to offer some closing remarks to the Committee.

Mr. Madray: On behalf of the Ministry of Health and my team here, thank you for the opportunity today to respond to your questions and we continue to work to

improve the quality of our service.

Mr. Chairman: Thank you very much and on behalf of Committee members, I must say this has been a very informative session. The report would, of course, include recommendations and conclusions which we would forward both to the Ministry of Education and to the Ministry of Health so that the problems under review could become lessened over time. I thank you for taking the time off from your schedules to be here to educate us and the general public and to influence public policy. I wish to thank members of the team, the Committee, for taking the time to investigate the issues so that our scrutiny could really be a productive one.

I wish to thank the media as usual for being here covering the proceedings and to all the faithful viewers on the most popular channel on the media, the Parliament Channel, I would like to say thank you and look forward again to another hearing from the Joint Select Committee on Social Services. Thank you. Have a very good afternoon and productive day.

1.02 p.m.: *Meeting adjourned*.