

A STUDY OF CHILD VULNERABILITY IN BARBADOS, ST. LUCIA AND ST. VINCENT & THE GRENADINES

**UNICEF Office for Barbados and the Eastern Caribbean, in
association with the Governments of Barbados, St. Lucia
and St. Vincent & the Grenadines**



For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY

unicef 

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INTRODUCTION

The Child Vulnerability Study was conducted during 2005 by the Governments of Barbados, St. Lucia and St. Vincent and the Grenadines¹ with technical and financial assistance from UNICEF. Its aim was to enable the three countries to fulfil their obligations to children in terms of the United Nations General Assembly Special Session on HIV/AIDS, the Millennium Development Goals (MDGs) and other international and regional instruments. The Governments agreed that the study should be carried out concurrently in the three countries to allow valid comparisons.

The study had a number of aims (see Box 1). It is intended to serve as:

- a **planning tool** to reassess national policy and develop national plans of action for vulnerable children;
- a **communications tool** to build awareness, advocate for action and mobilize human and financial resources; and
- a **baseline study** against which the impact of any interventions can be assessed.

The study incorporated:

- a **random survey** of over 2,300 households in the three countries (780 each in St. Lucia and St. Vincent and 784 in Barbados);
- **qualitative research** involving key informant interviews and focus-group discussions with both adults and children; and
- a **review of literature** to describe existing data on child vulnerability, identify knowledge gaps and produce an inventory of institutional role players.

The research tools were developed through consultations with coordinating committees in each country, and were applied by social workers

¹Shortened to St. Vincent in the rest of this summary.

BOX 1: THE AIMS OF THE CHILD VULNERABILITY STUDY

The study was designed to find out:

- what constitutes child vulnerability in the participating countries?
- how many children fit this definition?
- what is their demographic profile?
- what are their physical and psychological needs?
- what are the barriers to satisfying their needs and protecting their rights? and
- what measures are needed to overcome these barriers?

and others under the supervision of the national departments of statistics. Data on the impact of HIV/AIDS on children were supplemented with inputs from a parallel exercise in the region: the Index of Programming Effort.

Key findings from the primary research (see Box 2, page 2) were presented to National Consultations of stakeholders in each country during October and November 2005, so that they could identify priorities and mandate a working group to act on these. Recommendations made by the National Consultations, as well as by focus groups and key informants, are found throughout the report. Important themes that came out of the Consultations and recommendations arising from the study are highlighted on page 22.

The study was divided into three parts: the family, child vulnerability and institutional safety nets. This brief summary follows the same outline.

BOX 2: KEY FINDINGS

The household survey found that:

- More than half of the children in St. Lucia and St. Vincent and fully a third of those in Barbados are 'at risk'.*
- The main risk factors are food insecurity (or poverty) followed by chronic illness of a parent.

The qualitative research, including focus group discussions with children, found that:

- Poverty is the major obstacle to accessing nominally free social services, including education and health care. Sometimes the issue is financial (e.g., having to find money for drugs or specialist services), while significant barriers for others are the stigma attached to using free services, enduring long waiting periods and perceptions that free services are inferior.
- The abuse of children – particularly sexual abuse – is a serious concern to many. The issue is hugely complicated by a lack of data, by inhibitions and denial, and by a lack of capacity to protect victims and those at risk. Physical abuse, including corporal punishment, is also a significant concern – particularly as it still forms part of the 'tradition' of schools, the judicial system and the home.
- Children with disabilities and children infected or affected by HIV/AIDS are seen by many respondents to be especially vulnerable, despite the fact that so little is known about them and not enough is done for them.
- There are concerns that more children are being drawn into crime and the trade in and

use of drugs, particularly in St. Lucia and St. Vincent, due to a combination of poor quality education and lack of career prospects.

Questions in relation to the impact of HIV/AIDS on children revealed:

- Perceptions that those who are living with the virus are judged harshly, and actively discriminated against, by social service providers, religious bodies and society in general.
- Worrying misconceptions and prejudices – e.g., children and adults who seriously suggested that isolating people living with HIV/AIDS was the answer, or that death was the inevitable consequence of infection.
- A lack of national planning and coordination of action for children affected by HIV/AIDS, particularly in terms of evaluating the coverage and impact of existing programmes in adolescent prevention.

The literature reviews confirmed and reinforced the major findings of the primary research. However, two notable areas emerged far more strongly:

- Sexual activity among adolescents is the root of much vulnerability, including to HIV infection and early pregnancy, and the children born to them may be shifted between caregivers and separated from their fathers, mothers and siblings.
- Juvenile justice is a major concern. Inconsistencies in the definition of a child, anachronistic laws and procedures, and a lack of appropriate facilities and training for the police, judiciary and legal profession all appear to be contributory factors.

* These children are not necessarily in distress, but the numbers are useful to focus attention on the causes of their vulnerability and to monitor the impact of any programmes that may protect them from these threats to their human rights.

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The vast majority of primary caregivers are the children's parents, usually the mother. ...Grandparents – almost certainly grandmothers – are the next most important group.

THE FAMILY

For this study, a 'household' was defined as a group of people who lived together and 'ate out of one pot' or from a common stock of groceries. The survey was restricted to households with children and collected information on people who 'usually live' in each household. The person interviewed was the 'primary caregiver' – the person most directly concerned with the day-to-day care and nurture of the children.

The average household with children in Barbados has nearly 25 per cent fewer children than in St. Lucia and St. Vincent, for which the study produced an average household size of 4.9. This may indicate that Barbados has more nuclear families (i.e., a mother and father with their children) while St. Lucia and St. Vincent have a greater number of extended families (e.g., adult brothers and sisters living with their children under one roof). A tiny proportion of children – 0.2 per cent in all three countries – were not related to the head of household.

Only 46.7 per cent of respondents said their household heads were male. While the study did not find any child-headed households, Vincentian officials in the Department of Family Services are apparently aware that some exist. St. Lucia's Core Welfare Indicators Questionnaire (CWIQ) survey found that over 25 per cent of household heads nationally were legally married and 20 per cent were in common-law unions. The 2001 census in St. Vincent also found about 45 per cent of people living in unions. Approximately 8 per cent of Vincentian household heads and 10 per cent of St. Lucian heads were

engaged in visiting relationships. While data are lacking on the prevalence of visiting relationships in Barbados, other research has indicated that most couples there do not marry until late in the relationship.

The vast majority of primary caregivers are the children's parents, usually the mother. Parents perform this role most often in St. Lucia and least often in St. Vincent. Grandparents – almost certainly grandmothers – are the next most important group. They are also the most important group of secondary caregivers (i.e., those who perform the same duties as the primary caregiver when that person is not available). However, the parents of the children are almost as important here. There are several scenarios that could account for this – e.g., when the mother is the primary and the father is the secondary caregiver, or where a grandmother is the primary caregiver and the mother supports her. The latter scenario is quite likely where the mother is very young and is living with her own mother (i.e., the child's grandmother).

A large number of caregivers reported that 'nobody' was the secondary caregiver, most

BASIC DEMOGRAPHIC DATA

	Barbados	St. Lucia	St. Vincent
Population total	270,000	149,000	120,000
Population under age 18	65,000	54,000	45,000
Population under age 5	16,000	14,000	12,000
Under-5 mortality rate*	13	18	27
Infant mortality rate*	11	16	23
Life expectancy at birth	77	73	74
Total fertility rate (per woman)	1.5	2.3	2.2
Urbanized population	52%	30%	58%
Population growth rate**	0.4% pa	1.0% pa	0.7% pa
Urban pop. growth rate**	1.5% pa	2.0% pa	3.4% pa

* per 1,000 live births; ** 1990-2003

Source: UNICEF, *State of the World's Children 2005*. Data for 2003.

Note: These data are often contested and this table is a general indication only.

Caregivers in all three countries were more concerned about education than anything else.

notably in St. Vincent. This may not mean these children are left alone – it could be that the primary caregiver is always at home. Perhaps grannies are stay-at-home primary caregivers while the mothers themselves go out to work. Nevertheless, this finding may be worthy of further research.

The study did not ask the amount of money or non-monetary support received by households. However, caregivers were asked: “What is your household’s most important source of money?” ‘Employment’ came first by a high margin in all the countries, followed by ‘casual labour’. Third was ‘farming’ in St. Lucia and St. Vincent and ‘pension’ in Barbados. ‘Relatives abroad’ also ranked highly. Households with children in St. Vincent and St. Lucia are somewhat more likely to depend on support from family and friends

than their counterparts in Barbados, while St. Lucians are least likely to depend on the state – but the differences are not great. Caregivers were also asked about their household’s most important source of ‘in-kind’ (non-monetary) income. Nearly a quarter of households in Barbados and a third or more in St. Lucia and St. Vincent receive this from friends and relatives. In St. Vincent, significantly more of that support comes from outside the country than in the other two countries.

An important aspect of the household survey was to ask caregivers about their greatest concerns for (a) their own children and (b) other children in the neighbourhood (see Box 3). The latter was intended to bring out concerns that they might not wish to admit to in their own household – such as child abuse, HIV infection or children who are using drugs or alcohol.

BOX 3: CAREGIVERS’ CONCERNS

Primary concern

All three countries: education

Secondary concerns for older children

Barbados: crime and drugs

St. Lucia: drug abuse and lack of jobs

St. Vincent: lack of jobs

Secondary concerns for their own younger children

All three countries: basic needs and health care

Secondary concerns for their neighbours’ younger children

The lack of (good) role models

However, a large proportion of caregivers – particularly in Barbados – said they had “no concerns” either for their own or their neighbours’ children. St. Lucian and Vincentian mothers were more worried about their small children than their teenagers, and more worried about their neighbours’ children than their own children. Only Barbadian caregivers of small children were more concerned about their own children than their neighbours’.

As might be expected, caregivers said they were more concerned about crime and drugs for the neighbours’ children than their own. This is particularly clear among adolescents, and in St. Lucia and Barbados.

Asked what they would do if they caught a neighbour’s child misbehaving, three out of four parents in all countries would either talk to the child or tell their parent. In the case of younger children, a significant proportion in St. Lucia and St. Vincent say they would “stop the child”. A very small proportion would shout, yell or spank. It appears that the quality of concern for other people’s children – and by implication, social cohesion – is alive and well in the Eastern Caribbean. However, many parents seem to feel that the measures that are available to them to discipline other people’s (and their own) children are ineffective.

To highlight levels of dysfunction in the household, caregivers were asked about the incidence of drunkenness or illegal drug use. The response rate for drunkenness was negligible; however, a number of caregivers admitted to illegal drug use (4.1 per cent in Barbados, 6.4 per cent in St. Lucia and 6.8 per cent in St. Vincent).

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CHILD VULNERABILITY

Children's rights

In human rights terminology, parents bear the primary duty to protect children's rights. If they are unable to fulfil this duty, governments have committed themselves – through ratification of the Convention on the Rights of the Child (see Box 4) – to support parents in meeting their responsibility or, in more serious cases, to take over that responsibility.

All three countries have ratified the Convention, and the UN Committee on the Rights of the Child (UNCRC Committee) has expressed concerns in each case regarding conformity.² The Committee has also called for all three countries to more systematically carry out training on and dissemination of the Convention.

The literature review in Barbados produced a list of impediments and constraints to the effective realization of the rights of the child that will almost certainly have resonance in St. Lucia and St. Vincent:

- Lack of data to adequately assess vulnerability and guide policy, particularly in areas such as juvenile justice.
- Inadequate collaboration among state and non-governmental agencies responsible for safeguarding the rights of the child.
- Conflict between traditionally held values (e.g., flogging children as a form of punishment) and international norms such as those expressed in the Convention.
- Public trepidation over the provision of sex education in schools.
- Inconsistencies in the manner in which the 'child' is defined in legislation.
- Inadequate coordination in the reporting of offences (such as sexual abuse) against children.

² The Committee's concerns cited throughout this report were made to Barbados in 1999, to St. Lucia in 2005 and to St. Vincent in 2002.

BOX 4: THE CONVENTION ON THE RIGHTS OF THE CHILD

Since its adoption in 1989, the United Nations Convention on the Rights of the Child has been ratified more quickly and by more governments (all except Somalia and the USA) than any other human rights instrument. Its basic premise is that children (those below the age of 18) are born with fundamental freedoms and the inherent rights of all human beings. Many governments have enacted legislation, created mechanisms and put into place a range of creative measures to ensure the protection and realization of children's rights.

The Convention has two Optional Protocols: one on the sale of children, child prostitution and child pornography; and the other on the involvement of children in armed conflicts.

Implementation by State parties of the Convention and the protocols is monitored by the Committee on the Rights of the Child.

Barbados ratified the Convention on 9 October 1990, St. Lucia on 16 June 1993 and St. Vincent on 26 October 1993. None of these countries entered reservations, meaning that they bound themselves to all the provisions of the Convention. Of the three countries in this study, only St. Vincent has acceded to the Optional Protocol on the sale of children, child prostitution and child pornography (on 15 September 2005).

- Inability of police and the courts to prosecute offenders in sexual abuse cases as a result of parents refusing to testify, or preventing their children from doing so.
- Long delays in bringing such cases to trial, by which time some of the victims are uncomfortable pursuing the case.
- Inadequate mechanisms for children to testify against perpetrators.

...children recognized internationally as being more 'at risk' than others include those who are orphaned or living with chronically ill parents, those who are not in school and those living in poorer households.

- The need for more extensive training of professionals responsible for safeguarding children's rights, including police, judges and social workers.
- The need for more sustained public relations activity to educate the public on the rights of the child.
- Generation-gap issues with respect to communicating with young persons. The view that children should be seen and not heard is still very common.
- Inadequate, or non-existent, measures to assess the cost effectiveness and impact of services being provided by government and non-governmental organizations (NGOs).
- Inadequate, or non-existent, record-keeping and reporting mechanisms on the part of many government bodies and NGOs.
- Inadequate leadership, visioning and organizational capacities in some agencies.
- Confusion on the roles of different agencies in reviewing laws to determine compliance with the Convention.
- Failure or slowness of government in addressing the issues raised by the UNCRC Committee.

Children at risk

The terms 'at risk' and 'vulnerable' can mean the same thing – specifically that a child is at heightened risk that one or more of their human rights may be violated. However, the term 'at risk' is used here for children who are exposed to one or more of the specific risk factors that are used internationally as indicators of risk/vulnerability, while the word 'vulnerable' is used to describe children whose rights are threatened by any of a broad range of factors identified during the study.

Categories of children that are recognized inter-

BOX 5: CHILDREN AT RISK

The main causes of vulnerability found in the study were food insecurity, chronic illness of a parent, being an orphan, abuse, drugs and unstable family structures.

nationally as being more 'at risk' than others include those who are orphaned or living with chronically ill parents, those who are not in school and those living in poorer households.

The proportion of children 'at risk' is highest in St. Lucia and St. Vincent and somewhat lower in Barbados. The main cause is household food insecurity, followed by chronic illness of a parent. Food insecurity is closely linked to poverty. Chronic illness can be a cause and an effect of poverty – e.g., by preventing a parent from earning an income or maintaining a healthy diet. HIV/AIDS is a good example of a chronic illness that often leads to household poverty – even if a person living with AIDS is able to work, s/he may be reluctant to do so for fear of stigma and discrimination. Other causes of vulnerability are abuse, drugs and unstable family structures.

In terms of orphans, far more children have lost a father than a mother, especially in St. Lucia. The literature reviews did not directly explain this phenomenon, but it may be linked to the number of children born to 'visiting relationships' (so that when a man dies, children in several households become paternal orphans). It may also relate to a higher risk of dying among men than among women.

Informal family foster care or 'child shifting' – usually entrusting the raising of a child to a grandmother or aunt – is common. The main cause in all three countries is the instability of parental unions. More than one in every 20 caregivers in Barbados and St. Vincent said someone in their household had been through divorce or separation in the past year. The figure was significantly lower in St. Lucia, but more than half of the St. Lucians who had separated were having difficulty getting support from their former partner. This was also a problem in St. Vincent.

To get some idea of the scale of child-shifting, caregivers were asked about children moving into their household and into the country. The answers imply that more than one in every 20 children in these three countries move house-

holds each year and that nearly half of the children who move into Barbadian households come from another country.

Asked in focus group discussions about the worst things about going to live with another family, all groups of young people raised the possibility of ill treatment and abuse, including sexual abuse. Adult focus groups had some suggestions for improving the situation (Box 6).

Poverty and food insecurity

Between eight and nine out of every 20 children in St. Lucia and St. Vincent, and three out of every 20 children in Barbados, live in households that do not always have enough food and are therefore classified as food-insecure. Respondents in St. Lucia and St. Vincent consistently listed poverty as the most important barrier to accessing social services such as education, health care and legal protection. In Barbados it is clear that these services are more accessible to poor families but, paradoxically, that those who make use of them are more afraid of being stigmatized for doing so.

This data clearly came as a shock to participants in the National Consultations, and all countries resolved to conduct further investigations into household hunger and to ensure that poverty is not a barrier to accessing services.

The literature on poverty in these countries is patchy, and it is not clear exactly how rich or poor they are. Barbados is categorized as a 'high human development' country in UNDP's human development index (HDI) while St. Lucia and St. Vincent are 'medium human development' countries.³ However, up-to-date data on wealth distribution are scarce. UNICEF notes relatively high levels of poverty at 19 per cent in St. Lucia and 33 per cent in St. Vincent. It has been estimated that 8.7 per cent of Barbadian households are living below the

BOX 6: ACTIONS TO HELP WITH CHILD SHIFTING/ CHILD SUPPORT

Adult key informants and focus groups in all three countries identified a number of actions:

(a) to have a positive impact on children and their caregivers:

- Counselling and emotional support for children being separated from their parents;
- Better screening of prospective foster parents and monitoring of foster children by the social welfare department; and
- Developing better parenting skills in the whole community, starting from an early age.

(b) to address lack of child support:

- Educating fathers on their responsibilities, giving them incentives to comply with maintenance orders and helping them find work; and
- Arranging deductions from the wages/ salaries of defaulting parents (a particularly strong call from St. Vincent, with suggestions for an overhaul of the legal process around maintenance claims and seizing of defaulters' assets, among other things).

poverty line.

The Country Poverty Assessments show that poverty is predominantly a rural phenomenon – e.g., in St. Lucia at the time of the study, 16 per cent of the urban population were poor against 30 per cent of the rural population. However, the migration of many people to urban areas in search of a better quality of life places a strain on the availability of housing and social services and is contributing to rising levels of urban poverty and crime.

Child abuse and punishment

Child abuse or maltreatment covers all forms of

³ The HDI is a comparative measure that ranks countries' quality of life based on life expectancy, educational attainment and adjusted real income.

BOX 7: ADDRESSING POVERTY

In **Barbados**, stakeholders prioritized:

- Increased financial assistance to needy families.
- More housing for low-income earners.
- School transport subsidies for poor parents.
- A programme to overcome stigmatization of poverty.
- Linking vocational training to the needs of students and to employment opportunities.

In **St. Lucia**, they called for:

- A greater budgetary allocation to address poverty.
- Increased coverage of the school feeding programme to reach all children.
- Income-generation programmes for parents, and training in vocational skills in schools.

In **St. Vincent**, they wanted to see:

- A review of the school meals programme and introduction of a hot breakfast.
- A household feeding programme for impoverished families (food stamps).
- Skills training in home-food production/ back-yard farming, food cooperatives and better use of household resources.

physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

Measuring abuse of children is not easy. Social welfare and police court records are one source of information, but these data are often inaccessible and/or incomplete. In any event, the majority of cases of abuse are almost certainly not reported to or detected by the authorities.

Among the concerns expressed by the UNCRC Committee in all three countries was that corporal punishment was a lawful way of disciplin-

ing children and was widely practised. The Committee called for training and sensitization on alternative, non-violent forms of discipline. A specific concern in Barbados was that a high proportion of children appeared to be victims of physical abuse, in most instances accompanied by psychological and emotional abuse. In St. Lucia, it was that the scope of sexual abuse of children had not been fully uncovered and there was no effective reporting and referral system for cases of abuse and neglect. In St. Vincent, there were particular concerns that the incidence of child abuse, including sexual abuse, was high and often occurred within the family.

In the household survey, four questions were asked that aimed to provide an indirect indication of abuse. The answers revealed that only a small proportion of caregivers across all three countries were worried about their own or their neighbours' children being sexually abused. The actual proportion of children receiving medical treatment for any kind of physical trauma is also extremely small – except in St. Vincent, where children seem to be more prone to cuts and scratches needing medical attention. There could be many explanations for this, but there may also be grounds for concern, or at least further investigation. Visits by police and social workers were highest in Barbados, but parts of the country have a programme of community policing.

Punishment in the survey was defined as 'a penalty for bad behaviour', while discipline was defined as 'training by instruction and practice'. Many caregivers said they normally applied 'no punishment' to their children. However, it seems unlikely that they ignore offences, which must mean they speak to their children but impose no penalty.

Caregivers were asked how they normally punish boys and girls under 12 and over 12. It is clear from the data that:

- Younger children – both girls and boys – are far more likely to be punished than their

Children living in poverty are thought to be more vulnerable to abuse and maltreatment, and children in overcrowded dwellings at greater risk of incest and sexual abuse.

teenage siblings in all three countries. The number of small children who receive 'no punishment' barely reaches 50 per cent in any country, while the number of adolescents who receive 'no punishment' never falls below 60 per cent.

- Younger children – both girls and boys – are far more likely to be subjected to violent (corporal) punishment, such as spanking, slapping or hitting with the hand or an object.
- The fact that boys and girls receive the same treatment suggests that gender, in this area of child rearing at least, is not a major factor in parents' thinking.

In Barbados, children under the age of 12 are most vulnerable to neglect, while adolescents are most vulnerable to sexual abuse. Far more

cases of sexual abuse of girls are reported than of boys. Physical and emotional abuse are less prevalent, but more evenly spread among the age groups and between the sexes.

Sexual abuse is the most highly reported form of child abuse in St. Lucia. Children living in poverty are thought to be more vulnerable to abuse and maltreatment, and children in overcrowded dwellings at greater risk of incest and sexual abuse. Research suggests some mothers turn a blind eye to the sexual abuse of their children for fear of losing the financial support of their partners. In St. Vincent, the majority of the cases of abuse of children lodged at the Family Court in 2004 were for sexual and physical abuse. There have also reportedly been cases where children are exploited as prostitutes to help their family economically.

BOX 8: CONSULTATIONS' RECOMMENDATIONS TO ADDRESS CHILD ABUSE

Barbados:

- Abolish corporal punishment.
- Provide more public education on child abuse, through prime-time media, billboards and parenting programmes.
- Expand the Health and Family Life Education programme to provide more age-specific awareness programmes.
- Ensure therapeutic intervention in cases of abuse, with more aggressive and intensive counselling for victims.
- Enforce the mandatory reporting of abuse.
- Increase institutional capacity to respond to cases of abuse (more trained professionals, more powers for social workers and a special police unit).
- Improve inter-agency and inter-sectoral coordination of the response to provide more holistic interventions.
- Establish a Family Court and child-friendly prosecution of offenders with speedier and more confidential hearings, and sensitivity training for court officials.
- Establish regional and national registers of sexual offenders.

- Strengthen the laws to allow prosecution of parents who allow their children to be exploited.

St. Lucia:

- Make reporting of abuse mandatory.
- Improve policy, protocols and legislation, involving all ministries providing social services, along with training and enforcement of these protocols.
- Introduce parenting programmes.

St. Vincent:

- Ban corporal punishment in schools.
- Provide more public education on non-abusive forms of punishment.
- Improve teacher training and support to identify abused children and use appropriate forms of discipline.
- Introduce registers of child abusers and abused children.
- Strengthen the Family Services Division to better protect children.
- Upgrade and enforce laws protecting children.
- Strengthen counselling and pastoral care.

Drugs and crime

Various studies that have been conducted by local and international agencies on the extent of drug use in Barbados show that marijuana, alcohol and cocaine are the main drugs being used. These have been linked to increased

BOX 9: DEALING WITH DRUGS AND CRIME

The following recommendations were among those made at stakeholder meetings and (in Barbados) the National Consultation:

- Ensure ongoing public education campaigns on parenting skills, dangers of drugs, etc.
- Stop glorifying the drug culture, and teach children the value of hard work and the risks of the drug trade.
- Encourage mentorship, better role models, goal-setting, trusting parent-child relationships and parents spending more time with children.
- Develop more activities for children including sports, teach conflict resolution and income-generating skills and introduce age-appropriate after-school programmes.
- Develop better prevention programmes targeted to reach the 'boys on the block' with life and vocational skills.
- Increase policing through more foot and vehicular patrols.
- Improve detection, reporting and prosecution, and introduce harsher penalties for drug trafficking.
- Enforce laws on appropriate public behaviour, ban sale of cigarettes and alcohol to children.
- Improve the capacity to respond – e.g., better case management, more resources for rehabilitation, more social service interventions, specialized counselling – and strengthen family support systems.
- Conduct research for long-term evidence-based programming and investigate legalizing marijuana.

violence within the society. Also, young men between 14-16 years were most vulnerable to drug use, reflected in the number appearing before the juvenile court on drug-related charges. The Government has developed a national plan of action against drug abuse, focusing on law enforcement, treatment and rehabilitation, prevention through information, education and international cooperation.

Crime, the illegal drug trade and gang violence present a significant risk to children in St. Lucia. Research suggests that poor people use prostitution and drug trafficking as a means of economic survival. Despite the risks involved in the trans-shipment of drugs (mainly marijuana and cocaine), young men see it as a profitable opportunity. In response, the Government has introduced various poverty reduction strategies and self-employment opportunities. A National Crime Commission was also formed in 2003.

Data at the Mental Health Centre in St. Vincent suggest that marijuana is the drug of choice among young people aged 14-19. No data could be found as to the number of children involved. In terms of law enforcement, from 1998-2003, 14 children under 15 years and 265 aged 15-19 were arrested for possession of drugs. Only 20 of them were girls.

Caregivers in all three countries said that they were more concerned about their neighbours' children being drawn into crime or drug abuse than their own. It is possible that some were reluctant to express this concern in relation to their own children for fear that it suggests they are doing a bad parenting job. They are somewhat more concerned about the risks of crime and drugs among teenagers than among smaller children, but also see a significant risk to children younger than 12. Caregivers in St. Lucia and St. Vincent express almost equal concern about drugs and crime, but drugs are a greater concern than crime in Barbados.

Young people in all three countries listed being drawn into crime or drugs as among the worst

When young people in focus groups were asked what were the worst things that could happen to people their age, in all three countries they mentioned contracting HIV/AIDS...

things that could happen to anyone under the age of 18. They believe that drugs and crime represent a real threat to their well being.

HIV/AIDS

Data from an Index of Programming Effort (IPE) established for each country in eight programme areas show that programming for Prevention of Mother-To-Child Transmission (PMTCT) and treatment of paediatric AIDS are the strongest areas, followed by adolescent prevention activities and access to social services. Programming for children made vulnerable by HIV/AIDS is relatively weak – perhaps not surprising given the fairly small number of such children.

The prevalence of HIV/AIDS in the adult population in Barbados is about 2 per cent, with approximately 89 per cent of infections among people aged 15 to 49. A PMTCT programme was implemented in 1996 and has succeeded in reducing vertical transmission from 28.5 per cent to 5 per cent. Free treatment is available to all residents.

There are 41 children living with HIV in St. Lucia, of whom 21 have AIDS. This represents 10 per cent of the total cases of confirmed HIV. Three per cent of cases were vertical transmission (mother-to-child). In St. Vincent, 27 children are known to have contracted HIV/AIDS from their mother. Of these, nine were repeat pregnancies by mothers who had tested positive at the time of their previous delivery. It is not known how many children have been orphaned as a result of HIV/AIDS.

Caregivers were not asked directly whether they (or any members of their families) were living with HIV/AIDS, but were asked a series of questions relating to stigma and discrimination in the context of the virus. Over three quarters said that they would be willing to care for a member of their family with AIDS; however, around a third would want the illness kept a secret. This latter finding contradicts the experience of people working with the epidemic, who

report more desire for secrecy. Moreover, only just over half of respondents in Barbados and a quarter or fewer in St. Lucia and St. Vincent said that they would buy fresh vegetables from a shopkeeper known to have AIDS.

When young people in focus groups were asked what were the worst things that could happen to people their age, in all three countries they mentioned contracting HIV/AIDS (as well as rape and/or early pregnancy).

Adult focus groups and key informants were asked how they saw stigma manifesting itself for people living with HIV/AIDS (PLWA) and their families. Respondents in all the countries referred to depression, rejection, isolation and destruction of self-esteem. Many of them spoke of churches' judgementalism. Another theme common to all countries was the need for more education, outreach and youth-centred activities. Respondents in St. Lucia also spoke about institutionalized discrimination and said that professionals, civil servants, employers and schools should be compelled to treat PLWA equally. Those in St. Vincent said that the public judged PLWA to be promiscuous and their infection as deserved.

As regards children living with HIV, participants in Barbados said they should be treated like any other child. Stakeholders in St. Lucia and St. Vincent said there was a need to know more about such children, and St. Lucians added that it was important that these children and their caregivers accessed services providing care, psychosocial and nutritional support and education. Respondents wanted to establish a culture of regular HIV testing among the general public. Vincentian participants noted that finding foster parents for HIV-positive children was a problem and called for the introduction of a national policy to protect such vulnerable children.

The Walrond Report on legal, ethical and socio-economic issues relevant to HIV/AIDS in Barbados, published in June 2004, singled out the poor quality of education on and the social

BOX 10: TACKLING HIV/AIDS

The Walrond Report (2004) on legal, ethical and socio-economic issues relevant to HIV/AIDS in Barbados made a series of recommendations, including:

- Anti-discrimination legislation covering a wide range of prejudices such as race, sexual orientation, disability, medical condition, religion and political opinion, and the prohibition of testing as a condition of employment.
- Destigmatizing marginalized groups such as homosexuals, prostitutes and sexually active adolescents who are at heightened risk of HIV infection.
- Resolving ambiguities relating to sexual offences with and by children, including the prosecution of those who permit the sexual exploitation of children.
- Enabling children aged 12-16 to access advice and medical care without the consent of parents, under certain circumstances.
- Allowing mandatory testing for HIV infection, and the subpoena of records, in cases of rape or deliberate/ reckless transmission.
- Strengthening measures to prosecute those who divulge confidential medical or other information of an employee or client, including in the insurance industry.
- Providing condoms to prisoners and a needle-exchange programme for intravenous drug users.

taboos that inhibit rational discussion about the issue of teenage sexuality. The report made a series of recommendations (see Box 10).

Adolescent reproductive health

Just over 50 per cent of births to girls under the age of 18 in Barbados are among 17-year-olds, while 30 per cent are among those aged 16. In the 1980s the number of births to under-age girls declined from around 12 per cent to about 7 per cent of all births, and it has

remained at this level since then.

A quarter of girls and nearly half of all boys in St. Lucia have their first sexual experience before the age of sixteen. A 1991 study revealed that 5 per cent of girls aged 16 and 25 per cent aged 18 already had a child, while some 40 per cent of girls aged 20 had at least one child and 17 per cent had two or more children. In 1996, the Minister of Health reported that the high prevalence of teenage pregnancy was one of the leading social and public health problems facing the island.

Data from a 2001 reproductive health survey by the Community Health Unit in St. Vincent of 850 persons aged 10-18 showed that 15 per cent of girls and 37 per cent of boys had engaged in sexual intercourse. Around a third of these boys had their first sexual experience by the age of 10, and another third by the age of 15. Nearly half (48 per cent) of the girls and 20 per cent of boys said they were forced into their first sexual act. At least 12 girls aged 10-14 give birth each year. Girls aged 15-19 account for approximately 20 per cent of all births in the country.

The UNCRC Committee expressed its concerns to all three countries at the high rate of teenage pregnancies and increasing rate of HIV/AIDS and other sexually transmitted diseases among adolescents. It called for reproductive health education to be included in the school curriculum and for adolescents to be fully informed of their reproductive health rights. The Committee was also concerned about high levels of abortion in Barbados and of sexual exploitation in St. Vincent.

Children with disabilities

Barbados' Education Act provides for 'special education', defined as "education suitable to the requirements of persons who are mute, deaf, blind or otherwise physically or psychologically disabled or mentally retarded". There is provision for physically or mentally handicapped

The UNCRC Committee...called for reproductive health education to be included in the school curriculum and for adolescents to be fully informed of their reproductive health rights.

children to be admitted to a special institution if possible. However, the UNCRC Committee expressed its concern that the Government's focus was on providing separate services rather than including children with disabilities in the mainstream.

Data on the prevalence and distribution of disabled children in St. Lucia is not available. Previous research revealed that some parents/caregivers, particularly in the rural areas, keep their children isolated through shame and ignorance. There are five Special Education Centres to meet the needs of children who have learning disabilities. The UNCRC Committee called on the Government to encourage the integration of children with disabilities into the regular educational system and ensure their inclusion in society. It was concerned that there was no national policy or legislation ensuring the right of children with disabilities to enjoy a full and decent life, with dignity and self-reliance.

Similarly in St. Vincent, children with disabilities, including learning disabilities, were not integrated as a matter of policy into regular schools, and an insufficient number of teachers received specialized training in this regard. The UNCRC Committee expressed its concern that the Government's statistics on children with disabilities might be incomplete and not take into consideration children who rarely left their homes.

Asked whether any of the children in the household had a disability and, if so, what kind, an overwhelming percentage of caregivers answered 'none' (97.5 in Barbados, 96.8 in St. Lucia and 97.3 in St. Vincent). This is surprising, since it is generally understood that 4-7 per cent of children in almost all societies have a disability of some kind, and that the prevalence of disabilities tends to increase with poverty. There is no anecdotal evidence from those working with the disabled in the Eastern Caribbean that there are fewer disabilities than elsewhere, and there are consistent calls for better diagnosis and more public awareness. Moreover, the subject of children with

disabilities or special needs came up often in key informant interviews and focus group discussions in all participating countries. This suggests that many cases of disability are not recognized and/or acknowledged.

In relation to education, health care and social welfare services, many respondents pointed to their country's lack of facilities and skills, and called for increased human and financial resources and more training of service providers such as teachers, nurses and social workers. Another popular theme was the need for early detection of special educational needs, including learning disabilities, coupled with appropriate interventions to make sure each child reached her/his full potential.

When asked what actions would make the greatest positive impact on children with

BOX 11: PRIORITIES FOR CHILDREN WITH DISABILITIES

National Consultations identified the following:

- **Barbados:** resources and protocols in schools necessary to identify and respond to individual or special needs; school support services to include guidance counselors, mental health professionals, and social workers based at schools and 'on call' for crisis situations; and education for parents to be able to recognize special needs, care for children with disabilities and access home-based support.
- **St. Lucia:** free and universal health care for all children until they reached adulthood and, in the case of people with disabilities, for life.
- **St. Vincent:** public awareness programmes targeting parents, teachers, caregivers and the general public on stigma and coping with disabilities; improved screening and detection systems, improved training of nurses and keeping of medical records, and better infrastructure and resources, especially in schools.

In focus group discussions young people in all three countries listed drug trafficking and prostitution at the top of their list of 'unacceptable work'.

disabilities and their caregivers, respondents in Barbados overwhelmingly called for more infrastructure and capacity in mainstream schools and among teachers. The emphasis was on building tolerance in society, educating able-bodied children to socialize with their disabled peers and highlighting the achievements of disabled people. The majority of respondents in St. Lucia and St. Vincent called for more and better facilities, programmes and personnel offering specialized services, support, training and recreation for children with disabilities.

Child labour

Child labour only emerged as a significant concern among adult respondents in one country – St. Vincent – where several were concerned that home conditions were a significant barrier to education, such as children being forced to drop out of school to work or baby-sit. The UNCRC Committee was also concerned at the child labour situation in St. Vincent and suggested both a survey to assess the scope and nature of the problem and a review of legislation with regard to working children. As regards St. Lucia, the Committee was concerned about child labour in the informal economy in urban areas, and that the Government had no provision for the classification of hazardous work or regulations guiding conditions of employment.

In the case of Barbados, the UNCRC Committee indicated that the existing legislation was unclear about the type and amount of work that was acceptable at different ages, including children assisting their families with agricultural or domestic tasks. A rapid assessment for the International Labour Organisation in 2002 identified children involved in a wide range of activities that were suggestive of the worst forms of child labour.

Caregivers were asked whether any children had worked for someone outside the household within the past week and, if so, whether they did so for payment or not. As expected, older children are more likely to work for someone outside the household, and more likely to work

for pay. This is particularly the case in St. Lucia. However, it is not clear what kind of work pre- and primary-school children are required to do for someone outside the family. In focus group discussions young people in all three countries listed drug trafficking and prostitution at the top of their list of 'unacceptable work'. In St. Lucia, children were also concerned about 'heavy labour', farming, street vending and working in a bar. References were made in all countries to acceptable work such as summer jobs and household chores, though some children in Barbados listed chores like mopping the floor and cleaning the dog pen as unacceptable, while others said young people should be paid after they reached the age of 15.

Street children

Children living or working on the street were not identified by the Coordinating Committee as a major area of vulnerability and the issue did not emerge as a significant concern among respondents – adults or children – interviewed for this study or during the National Consultations.

There appears to be no data on the issue in the three countries, although information from the Division of Human Services in St. Lucia suggested that some children were without adult supervision. This leaves them vulnerable to sexual and other kinds of abuses. In St. Vincent, the Minister for Social Development, the Family, Gender and Ecclesiastical Affairs has pointed to an increase in the number of street children and proposed that laws be revised to prosecute their parents for child abuse and neglect. His concern echoed that of the UNCRC Committee, which commented on the sexual exploitation of children, including boys and street children, for payment. It recommended that the Government undertake a study on the scope and causes of the phenomenon, create a legislative framework and strengthen efforts to assist street children, including with regard to reintegration into their families.

4

INSTITUTIONAL SAFETY NETS

Education

Barbados has attained universal coverage in primary and secondary education. The current Education Act, amended in 1992, provides for compulsory education for every child. Education is free for all those who attend government educational institutions at primary, secondary and tertiary levels. Vocational education is offered at all secondary schools to certificate level. However, the thrust of the programme is to provide a sound general education rather than training in specific job skills.

The St. Lucia Education Act (1999) identifies compulsory school age as 5-15 years. However, over the five-year period to 2002/2003 average student attendance at public primary schools was less than 90 per cent. Average attendance of girls was slightly higher than that of boys. The proportion of students who are successfully assigned to secondary schools after sitting the Common Entrance Examination increased to 60 per cent in 2003 from 28 per cent in 1987.

Concerns have been expressed about the capacity of St. Lucia's education system to encourage individuality and creativity, and help children develop practical skills for the job market. Boys, in particular, are said to find television and computers more stimulating than the classroom, and to feel that the drug trade offers better career opportunities than schooling. However, there are a number of schemes to provide skills to young people who are outside the formal education system. The Ministry of Education is currently providing meals, school-books, uniforms, tuition fees as well as transportation costs to disadvantaged students.

The Ministry of Education in St. Vincent is seeking to improve both the access and quality of early childhood education and has established an Early Childhood Education Unit that monitors and supports pre-schools. The net

primary enrolment rate for 2001 was approximately 92 per cent. The Education Sector Development Plan has set out measures to improve the quality of primary education, including teacher training, training of school heads in management, provision of literacy support materials and parenting programmes. There has been a gradual decline in the primary school population due to a decline in the fertility rate and the move toward universal secondary access, which should result in a significant jump in the secondary enrolment rate (58 per cent in 2002).

There are also five Multipurpose Centres, operated by the Ministry of Education, offering full-time technical/ vocational education to 15-17-year-olds who either have not advanced to secondary school or have dropped out in the early stages. A School Feeding Programme had approximately 10,000 beneficiaries in 2004, and subsidized transportation is provided to children who attend secondary schools outside their immediate district.

There appears to be an extraordinary level of concern among parents about the quality of education in St. Vincent, overshadowing all other concerns. This is true of both primary and secondary levels. Vincentians and St. Lucians are also concerned about access to education, particularly for their younger children.

Focus groups and key informants were asked what actions would make the greatest positive impact on children and their caregivers in respect to the quality of education. Those in St. Vincent stressed the need for more parental involvement in schooling, more public awareness of the importance of education and the need to make education more affordable for those with limited means. Several respondents also called for better training of teachers, particularly those working in early childhood education.

When respondents were asked about the major barriers – real or perceived – to education (as opposed to its quality), there was an... emphasis on costs.

This was the most popular theme in Barbados as well, where respondents also wanted to see more attention given to students with disabilities and other special needs, including more emphasis on fulfilling the individual potential of each child. The same issues emerged in St. Lucia. In addition, respondents there called for education that is appropriate to the individual needs of children (e.g., through assessments at an early age to identify special learning needs). There was also repeated mention of improving the quality of teaching and school facilities and increasing the number of secondary school places so that more children could attend high schools.

When respondents were asked about the major barriers – real or perceived – to education (as opposed to its quality), there was an even greater emphasis on costs. Clearly the issue is driven partly by poverty and partly by pride, with some parents refusing to take advantage of book-loan schemes or buy second-hand uniforms. In St. Lucia, a significant minority of respondents mentioned abuse and neglect at home as a barrier to education – e.g., parents who are alcoholics or substance abusers, belong to gangs or leave their children on their own for much of the time.

The Consultation in Barbados focused on ensuring equality between schools, recommending they should all have equal physical, human and technical resources, and that the school zoning system should be enforced to address elitism. The Consultation in St. Lucia called for more use of government subsidies – using a means test – to ensure all children had access to quality education, while participants in St. Vincent recommended that pre-schooling should be compulsory.

Health care

Barbados provides free health care for children, primarily those under 16 years and in some instances up to 18. In addition there is free prescription medication for children under 16.

Free dental care is provided for children up to the age of 18 and eye care up to the completion of secondary school.

The Ministry of Health encourages all pregnant women to attend free antenatal health clinics before the 12th week of gestation for routine care, counselling and medical investigations, family planning services and child health services. All deliveries take place in a hospital setting. In 1993, Barbados accepted the UNICEF challenge to make hospitals 'baby friendly'. The main thrust of this initiative was to increase breastfeeding, which had been on the decline in Barbados for some time.

Child health clinics in polyclinics located in various districts throughout the island are the primary mechanism for monitoring the growth and development of children aged six weeks and older. Diseases of the respiratory system are among the leading causes of hospitalization in children under five years of age, and a project to provide children with asthma with skills to manage it on their own has been launched.

In St. Lucia, child health clinics are located at all health centres and district hospitals, providing assessments, immunization, counselling and health promotion activities, and referrals to other levels of service. However, due to unknown causes the number of children registered at these clinics declined by 33 per cent between 1998 and 2002. It has been speculated that a greater proportion of children visit private health clinics or do not visit health clinics at all.

Infant mortality is below the target of 30 per 1,000 set by the World Health Organization for the Caribbean. Trained personnel have attended 95 per cent of all births for the past decade and there have been no recorded deaths due to abortion. Low birth weight babies have ranged between 9 and 12 per cent of total births every year since 1991. The percentage of low birth weight babies among teenage mothers was consistently higher than average.

Acute respiratory infections have the highest incidence among children less than five years old. Deaths from accidents accounted for 34 per cent of all deaths in children under 5 years old in 2001, and 19 per cent in 2002. Exposure to smoke, fire and flames accounted for 23 per cent of deaths between 1998 and 2002. HIV-related infections were the second highest cause of death at 11.4 per cent. The UNCRC Committee expressed concern to St. Lucia at the increase in the number of children born with low birth-weight; the state of prenatal and postnatal health care; increasing levels of obesity in young children and associated short and long-term diseases; and the lack of educational programmes on basic child health.

In St. Vincent, free medical care is provided by the health service for children 16 years and under. A School Health Programme covers all pre- and primary schools and includes identification and treatment of common health problems, immunization and counselling. The country has achieved virtually 100 per cent immunization of children.

The community health service, through health clinics, provides ante- and postnatal care covering all aspects of maternal and child health. Infant and under-five mortality are both around 20 per 1,000 live births. Since 2000 the health service has succeeded in having skilled personnel at every birth. Data from 2002 show the main cause of illness for children five years and under, as in the other two countries, is acute respiratory infection. Incidents of burns and similar types of accidents are rare, but accidental poisoning in the 1-4 age group is not uncommon (with 37 cases in 2002). The UNCRC Committee has indicated its concern at the lack of rural health care facilities and basic medicines for sick children; infant mortality rates; levels of under-nutrition; the gradual rise in obesity; and the lack of an adequate number of dentists available to children.

It appears caregivers are nowhere near as concerned about health care as they are about education, although their views in St. Lucia and

St. Vincent on the quality of care available for younger children are concerning. All the countries called for more public information on health care and health-care services.

When asked to select from a list the types of illnesses that children in the household were treated for in the past year, the majority of respondents indicated 'respiratory infection /cough /flu' (Barbados: 48.3 per cent; St. Lucia: 52.6 per cent; St. Vincent: 47.4 per cent). The next highest category (about a fifth of cases) was 'other (specified)' in Barbados and St. Vincent and 'other illness/ fever/ infection' in St. Lucia. A large number of children had received medical attention more than once (Barbados: 23.8 per cent; St. Lucia: 26.3 per cent; St. Vincent 17.9 per cent).

BOX 12: IMPROVING HEALTH SERVICES

Key informants and focus groups were asked what actions would make the greatest positive impact on children and their caregivers in respect to the quality of health services.

Barbados: respondents focused on the provision of child/ youth-friendly services, in part by upgrading the skills of service providers. A common concern was the long waiting times at polyclinics and hospitals, and several said children should be given priority.

St. Lucia: much of the discussion focused on cost, with suggestions to introduce free health care and community health services, especially for children under 15. Better facilities and training of health-care providers were also emphasized, with calls for more staff and more monitoring and evaluation of services.

St. Vincent: better management was stressed, in particular to make health services more 'user friendly' – especially for children. Several respondents pointed to the need for a specialized children's hospital and/or a children's day for paediatric services at local clinics.

Caregivers were also asked whether there was anything preventing members of the household from getting medical advice or treatment whenever they wished.

Poverty was a concern in Barbados, especially among those who could not wait for free services or travel to the main hospital for specialist services, or feared being stigmatized if they used free services. However, the principle barrier there was unquestionably waiting periods, followed by poor attitudes among public health-care workers.

BOX 13: ACTIONS TO IMPROVE SOCIAL SUPPORT SERVICES

Asked what actions would make the greatest positive impact on children and their caregivers in respect of the quality of social support services, all the countries called for more parenting and family-life programmes and more public awareness of children's rights, parental responsibilities and government services. In addition,

- **Barbados** focused on social work processes – streamlining procedures, minimizing red tape, involving social workers more in policy development and giving them more powers to deal with child abuse.
- **St. Lucia** called for more social work personnel, counsellors, training and programmes to make services more readily available and community based, both to identify children at risk before crises developed and to coordinate action between agencies better.
- **St. Vincent** wanted more resources allocated to underprivileged children and families for nutritional support programmes, free early education and free legal aid, among other things. There were calls for the Government be more creative in getting people out of dependency through skills training, employment creation and community service.

Respondents in both St. Vincent and St. Lucia emphasized the cost and the quality of health-care services – particularly specialized care. However, they were equally concerned about parents who were not adopting a preventive approach to children's health (e.g., using home remedies until their illness was so advanced that it required urgent medical care).

Social welfare services

The Ministry of Social Transformation in Barbados acts as a coordinating and regulatory body to agencies including the Welfare Department, National Assistance Board and Child Care Board. There is believed to be some overlap and duplication between the first two. The Child Care Board is empowered to provide child-care centres for children in need of care and protection; register, license and regulate private day-care services; provide counselling and other services for children in need of care and protection, and their parents and guardians; and supervise foster children and foster parents. Its Annual Report for 1999-2000 expressed a number of concerns with respect to custody and access cases, including the failure of parents to abide by the ruling of the Court and police reluctance to intervene in such situations.

There is no specific legislation in St. Lucia to regulate the care of orphans, children in foster care and children who have been neglected and abandoned, nor is there a place of safety where children can stay until family reconstruction can take place or alternative family care can be arranged. The country's social protection system is poorly developed and lacks coordination. The foster-care programme run by the Division of Human Services in the Ministry of Health has failed to attract a significant number of foster parents, as many people do not have the required resources. The Division is also seriously understaffed.

The Ministry of Social Development, Cooperatives, the Family, Gender and Ecclesiastical Affairs in St. Vincent offers various types of

Participants in the National Consultations in all three countries called for more training programmes for parents and prospective parents, including as part of school curricula.

assistance to families and individuals, although it has no stated policy to guide its programmes. There is no legal framework or policy on foster care, and the Department of Family Services tries to recruit foster parents on an 'as needs' basis. Along with the National Committee on the Rights of the Child, it has proposed an overhaul and updating of all laws relating to children, including drafting and enacting laws regulating foster care. There is no designated place of refuge for children, particularly girls, though three institutions provide a home for specific groups of children. In general, services for children suffer from a scarcity of resources and lack of institutional capacity, and there is an obvious need for greater coordination and collaboration among service providers.

According to the household survey, the proportion of children who are fostered or adopted in the three countries is relatively small. The survey found 19 adopted children and eight foster children in St. Lucia, 11 and four in St. Vincent, and one and zero in Barbados respectively. It would be risky to draw any conclusions from such small numbers. However, it is interesting that there are consistently more adopted children than fostered children. Obviously caregivers do not consider grandchildren or nieces and nephews in their care to be 'fostered'.

Asked whether their household had been visited by a social worker in the past year, caregivers' responses are consistent across the three countries (Barbados: 3.7 per cent; St. Lucia: 3.8 per cent; St. Vincent: 3.8 per cent). When it came to barriers to accessing social welfare services, Barbadians overwhelmingly pointed to the stigma that apparently attaches to those who use government services targeting needy people. Both St. Lucians and Vincentians also mentioned stigma, but the former felt the major barrier was a lack of public knowledge of the types of services available.

Participants in the National Consultations in all three countries called for more training programmes for parents and prospective parents,

including as part of school curricula. Suggested topics for inclusion were discipline, child abuse, children's rights, parents' and children's responsibilities, disabilities, substance abuse, moral/ethical values, nutrition and financial management.

Juvenile justice

In Barbados, the Juvenile Offenders Act fixes the age of criminal responsibility at 11 years. Where children are found guilty of an offence for which the punishment is imprisonment, they can be sent to the Industrial School for up to five years or until their 19th birthday. Young people over the age of 16 whose behaviour constitutes a serious and wilful breach of the rules of the Industrial School may be transferred to an adult prison. People under the age of 18 are not subject to the death penalty.

Children may be deprived of their liberty by Juvenile Court proceedings initiated not only by probation and social welfare officers but also by parents who lodge official complaints about a child's inappropriate and uncontrollable behaviour. The Juvenile Court is situated in a separate building to other magistrates' courts, and cases are heard at different times to reduce contact with adult offenders and the trauma associated with criminal hearings. However, juveniles charged jointly with an adult may appear in the (adult) magistrates' court. If they are found guilty, they are transferred to the Juvenile Court for sentencing.

The St. Lucia Family Court is part of the District Courts system but is the only court that has a social support section. It deals with domestic violence, maintenance, custody, visitation rights, care and protection and juvenile offences. Boys aged 12 and over can be admitted to the Boys' Training Centre, which was established to provide care, protection and rehabilitation services. However, it lacks adequately trained staff and conditions have been described as deplorable. No facility exists for rehabilitating female juvenile offenders. The

BOX 14: ADDRESSING BARRIERS TO ACCESSING LEGAL PROCESSES

Respondents made the following recommendations:

- **Poverty** should not be a barrier: quality legal aid services should be accessible to all children and their caregivers.
- **Fear** should not be a barrier: all legal processes should be child-friendly, all personnel should receive sensitivity training, cases involving minors should be expedited and more lenience should be allowed for young offenders – e.g., community service instead of imprisonment.
- **Ignorance** should not be a barrier: there should be promotion of parenting skills, public information on laws and children's rights; entitlements, responsibilities and respect for others (e.g., in the school syllabus); and legal services should be available.

non-residential Upton Gardens Girls Centre provides skills training for girls aged 12-16 involved in substance abuse, domestic violence, child labour, home eviction and juvenile delinquency, but its capacity is limited.

St. Vincent sets the age of criminal responsibility at eight years and says that children under the age of 16 should be charged and tried as juveniles unless they are accused of committing a crime with an adult. Juveniles are normally tried in the Family Court, which is headed by a President. Common forms of sentencing include probation, community services (if the offender is an older juvenile), being placed on a bond and the charging of a fine. Many juvenile offenders are also recommended for counselling. The Family Court may also order corporal punishment for a child, but this has not occurred during the tenure of the current President. There appears to be no organized supervision when juveniles are carrying out community service activities and no programmes – other than counselling – to rehabilitate young offenders.

When caregivers were asked about their primary concerns for their children, those in all three countries expressed the fear that their children might be drawn into crime. Respondents in general answered that there were no significant barriers to getting police support and protection. However, fear of and lack of trust in the police also emerged. There were also references to lack of police urgency in dealing with cases involving children, inadequate training and lack of a community policing ethos.

In St. Lucia some respondents said the police had a reputation for incompetence or abuse of authority, though others mentioned a lack of public understanding of the role of the police. The latter came up in Barbados too, but some there also perceived the police as lacking sensitivity and public relations skills, and not taking domestic violence seriously.

Suggestions for improving the accessibility of the police to children and caregivers in the three countries centred on police training and re-orientation, inter-agency collaboration, building public awareness of the role of the police and helping to build a relationship of trust. Respondents in St. Lucia and St. Vincent proposed a special children's unit within the police force.

Asked what actions would make the greatest positive impact on children drawn into crime, substance abuse or violence, some respondents mentioned deterrence, while others talked about how society should respond.

Respondents were also asked about the most important barriers – real or perceived – for children and their caregivers to access legal and judicial services. Cost headed the list in St. Lucia and St. Vincent, while bureaucracy (long process, delays, overload, poor response time) was most important in Barbados. In addition, a lack of information about available services and the law featured highly as a barrier in all three countries, as well as lack of facilities in St. Lucia and lack of trust in the legal system in St.

...fear and lack of trust in the police emerged. There were also references to lack of police urgency in dealing with cases involving children, inadequate training and lack of a community policing ethos.

Vincent. Fear was also seen to be a factor everywhere, with the courts not seen as 'child friendly'. A number of recommendations were made to address these issues (see box 11).

Some stakeholders in Barbados and St. Vincent called for legal reform, while several in St. Lucia wanted stricter enforcement of the laws and less leniency for those guilty of crimes against children. In St. Vincent and St. Lucia, the need for transparency in the application of justice was flagged.

In two countries – Barbados and St. Lucia – crime and juvenile justice were identified as priority areas for action by the National Consultations. In Barbados, participants called for a

reform of the juvenile justice system and the establishment of a family court. They also wanted to see a code of discipline being implemented in schools and the creation of a dedicated school bus system. This was based on the belief that route taxis and buses are fertile opportunities for initiation into crime and sex. Finally, there was a call to censor public media to protect children from deviant influences.

In St. Lucia, participants called for the police to adopt a more community-oriented approach to policing. They also appealed for child-friendly courts, with faster hearings, and for rehabilitative services for girls.

BOX 15: THE UNCRC COMMITTEE'S CONCERNS RELATED TO JUVENILE JUSTICE

Barbados:

- Flogging of children in prisons and as a judicial sentence was allowed.
- 17-year-old offenders could appear in adult courts.
- Children could receive a criminal sentence for behavioural problems.
- Giving due weight to the views of a child was open to subjective interpretation.
- A child's right to legal assistance could be waived by a parent/ guardian.
- Education and rehabilitation services for children deprived of their liberty were insufficient.

St. Lucia:

- Life imprisonment was not excluded for 16- and 17-year-old offenders.
- Behavioural problems such as truancy and vagrancy were criminalized.
- No separate facility existed for custodial care of female juvenile offenders.
- Conditions and quality of care and education at the Boy's Training Centre were poor.
- Rehabilitation and social reintegration for juvenile offenders was not emphasized and did not exist for females.
- Alternative sentences such as community

service should be available.

- Professionals dealing with juveniles in conflict with the law should be trained.

St. Vincent:

- The age of criminal responsibility was eight years and juvenile justice protections were not afforded to all under the age of 18.
- The Government provided very limited legal assistance to children, leaving those from disadvantaged backgrounds without support.
- Children were sometimes subject to ill treatment by the police and forced to confess to criminal offences.
- Juveniles were sometimes sent to prison when a lesser punishment could have been applied.
- Children charged with offences were detained with adults in police stations.
- Children who were charged jointly with adults were tried in regular courts.
- The 'Approved Schools' provided for in the Juvenile Act did not exist and, as a result, convicted children over 16 were sent to adult prison
- Juveniles who were found guilty of a crime could be subjected to corporal punishment.

5

RECOMMENDATIONS

The National Consultations recommended in particular further investigation into the prominence of food security and the inexplicably small number of children reported to be disabled. Other recommendations and 'priorities for action' that emerged from the meetings have been mentioned in the different sections.

Two other themes to emerge from the Consultations were:

- The need for a major upgrading of the national capacity to care for children – particularly in St. Lucia and St. Vincent – including more social workers and child-friendly facilities, better coordination between departments, strengthening of laws and protocols, and providing facilities such as hotlines, shelters and access to legal aid for all children.
- The need to impart better parenting skills and knowledge – e.g., on social entitlements, parental responsibilities, child-rearing practices, child nutrition and income-generating skills.

In general it is recommended by this study:

- That further analysis of the primary data, particularly the household data, be undertaken in the light of the priorities and

recommendations of the National Consultations.

- That further targeted research be undertaken to guide policy and to form a baseline for designing and measuring the impact of programmes in the areas of child abuse (including corporal punishment); household poverty and food insecurity; and family dynamics and parental practices.
- That urgent attention be given to evaluating the coverage and impact of existing programmes, particularly those relating to HIV/AIDS; protecting children's rights; and poor-relief (including school feeding and income generation programmes).
- That key data from this study be periodically updated, in order to monitor trends, by incorporating some questions into other research tools – e.g., the Demographic and Health Survey (DHS), the Living Conditions Monitoring Survey (LCMS), censuses and the CWIQ – and by conducting focused studies to gather data in other areas.
- That a permanent monitoring and evaluation body for children's programming be established, or a mandate and resources be provided to an existing institution, to coordinate, supervise and interpret the above research activities.

BOX 16: IF CHILDREN RULED THE WORLD...

Children were asked: "If you were put in charge of everything, how would you make life better for young people in this country?"

In **Barbados**, youngsters want to see a world where no children are hungry, the homeless have homes, and taxes and housing costs are reduced.

In **St. Lucia**, primary school children want to overcome joblessness, fix roads and "clean up the country". They also want better access to schooling, health care, recreation and services

for orphans and the aged. Adolescents want more jobs, poor-relief programmes, schools and recreational opportunities.

In **St. Vincent**, children want more homes for the poor and food for the elderly, lower prices for poor people, jobs for the unemployed and help for people who can't help themselves. They want to build concrete houses for those who live in wooden houses, fix the roads, build an international airport and have enough jobs. They are also concerned about schooling.

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While it is impractical to list the many people involved in the field work – whether asking the questions or answering them – they are the people who are primarily responsible for the data on these pages, to which we hope we have done justice. Sincere thanks are also due to the national coordinating committee in each country.

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- Trevor David, Senior Statistician, Statistical Service Department
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The Child Vulnerability Study was conducted during 2005 by the Governments of Barbados, St. Lucia and St. Vincent and the Grenadines with technical and financial assistance from UNICEF. Its aim was to enable the three countries to fulfil their obligations to children in terms of the United Nations General Assembly Special Session on HIV/AIDS, the Millennium Development Goals (MDGs) and other international and regional instruments.

The study was designed to find out:

- what constitutes child vulnerability in the participating countries?
- how many children fit this definition?
- what is their demographic profile?
- what are their physical and psychological needs?
- what are the barriers to satisfying their needs and protecting their rights? and
- what measures are needed to overcome these barriers?

It is intended to serve as a planning tool to reassess national policy and develop national plans of action for vulnerable children; as a communications tool to build awareness, advocate for action and mobilize human and financial resources; and as a baseline study against which the impact of any interventions can be assessed.