Institutionalised Children: Seminar on Standards of Care and Mental Health

March 14 – 15, 2014 New Delhi, India

A Report

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INSTITUTIONALISED CHILDREN

SEMINAR ON STANDARDS OF CARE AND MENTAL HEALTH

MARCH 14 – 15, 2014
NEW DELHI, INDIA

A REPORT

Institutionalised Children: A Seminar on Standards of Care and Mental Health
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ACKNOWLEDGMENTS

Every idea begins with a seed of thought. In due course of time, with the support of a great team, with constant ideations and hard work, the idea germinates into a full-fledged reality. The idea for *Institutionalised Children: A Seminar on Standards of Care and Mental Health* is one such example which sprouted over a period of one year in 2013. Spread over several countries, after weekly meetings on Skype and constant researching, we developed this much-needed platform for all South Asian countries. We aimed to discuss and create knowledge capital which can bridge the existing gap between problems and practices, regarding law and its implementation, and standards of care. Especially, those related to mental health and those dealing with children who are out of family net, and are under institutional protection or other forms of alternative care.

First and foremost, my heartfelt gratitude goes to **Dr. Monisha-Nayar Akhtar, Dr. Deepak Gupta** and **Mr. Luis Aguilar Esponda** for their deep involvement and commitment to the seminar. I would also like to thank **Mr. Vikram Dutt** for his initial inputs. Together, we formed a very committed group.

We, at Udayan Care, express our profound gratitude and thank everyone who has supported us throughout this journey of launching this platform. In this platform, we considered the common problems and best practices of the region. Also, we exchanged opinions to face challenges in improving the quality of standards of care and mental health in institutions for children.

I would like to express our deep gratitude to **Amity University**, its visionary leader **Dr. Ashok Chauhan**, and his wonderful team, for agreeing to collaborate with Udayan Care in this venture, by providing much-needed technical support and huge hospitality support. This encouraged us to go ahead with our mission of making this seminar a reality.

We are grateful to the **National Commission for Protection of Child Rights (NCPCR)** for supporting us and helping us in every way possible, to promote this seminar. It was a privilege to have **Ms. Kushal Singh**, Chairperson of NCPCR as Guest of Honour during our inaugural ceremony. The presence of **Mr. Vivek Joshi**, Joint Secretary of the Ministry of Women and Child Development (MWCD), and his availability in actively engaging in the debate during our Valedictory Session, was truly an honour.

We also thank **Vatika Group** and **VCARE**, who are our long trusted partners. As always, they came on board unquestioningly and wholeheartedly supported our cause. **GAIL's** contribution too is unmatched. We would also like to extend our warm gratitude to **Child Rights and You (CRY)**, the **Embassy of France** in New Delhi, **Save the Children, Terre Des Hommes, SOS Children's Villages and Paradip Port Trust** for supporting us in this event. Their support was invaluable to us and for the success of this event. We extend our gratitude to **Air India** and **Make Mytrip.com** for their unyielding support and cooperation in organising the logistics for our delegates.

A big thanks to **Mohammed Aftab, Bharti Ali, Enakshi Ganguly, Mamta Sahai, Nina Nayak, Sumitra Mishra, Razia Ismail, Tushar Anchal, Vikram Shrivastava,** and **Vijaylakshmi Arora**, members of the technical committee set up for the occasion, and all leading child rights activists and experts. They undoubtedly enriched the vision of the seminar with their knowledge, expertise, and experiences.

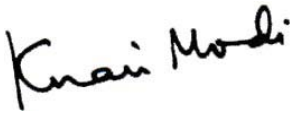
We are especially thankful to **Dr. Rinchen Chophel**, Director General of the SAIEVAC Secretariat, whose support encouraged our faith in our venture. Our deep gratitude also goes to all the **speakers and delegates** from India and abroad, who spent their precious time in making the seminar valuable and informative. A special word of thanks is due for the **World Health Organization (WHO) – Regional Office for South-East Asia (SEARO)**, which supported us all the way, and brought many participants through the collaboration of its country offices.

We are very grateful to **Haq – Centre for Child Rights**, who readily came on board and conducted a wonderful day of fun filled exercises on the 22nd February 2014, as a precursor to the seminar. With about 18 young adults, who were raised in 6 different Delhi-based institutions, Haq helped us in organising a fruitful youth consultation. The consultation culminated in two wonderful canvasses, which were displayed during the seminar, to bring the colour, beauty, and voice of Child Participation to experts' debate.

Words cannot express our gratitude for the **trustees, staff** and **volunteers of Udayan Care**. Their faith in the project and their untiring effort made this event a success. Special thanks go to **Ms. Aneesha Wadhwa**, trustee and mentor, who was an impeccable master of ceremonies.

Last but not the least, we would like to thank **Ms. Maria Rosaria Centrone** who took copious notes of the deliberations and wrote this entire report. This seminar was merely the germination stage of a much larger project. To flower, the ideas expressed during the discussion will take much more perseverance and hard work. This would require more involvement and support from those mentioned above and many more… We hope to readily garner strong support, as we did this time.

Thank you once again!



Dr. Kiran Modi
Founder Managing Trustee
Udayan Care

CONTENTS

ACRONYMS

AIHRC	Afghanistan Independent Human Rights Commission
ARC	Advocating for Children's Rights
CARA	Central Adoption Resource Authority
CAT	Convention Against Torture
CICL	Children in Conflict with the Law
CIF	Childline India Foundation
CNCP	Children in Need of Care and Protection
CPCR Act	Commissions for Protection of Child Rights Act
CRC	Convention on the Rights of the Child
CWC	Child Welfare Committee
DCPCR	Delhi Commission for the Protection of Child Rights
GWA	Guardians and Wards Act
ICEB	Institutionalised Children: Explorations and Beyond
ICPS	Integrated Child Protection Scheme
INGOs	International Non-Governmental Organisations
ISO	International Organisation for Standardisation
JJA	Juvenile Justice Act
JJBs	Juvenile Justice Boards
MGNREGA	Mahatma Gandhi National Rural Empowerment Guarantee Act
MHP	Mental Health Plan
MoLSAMD	Ministry of Labour, Social Affairs, Martyrs and Disabled
MWCD	Ministry of Women and Child Development
NCPCR	National Commission for Protection of Child Rights
NGOs	Non-Governmental Organisations
NHFS	National Family Health Survey
NIPCCP	National Institute on Public Cooperation and Child Development
NPAs	National Plans of Action
OPCAT	Optional Protocol to the Convention Against Torture
PAR	Participatory Action Research
PCAR	Protection of Children at Risk
PIL	Public Interest Litigation
POCSO Act	Protection of Children from Sexual Offences Act
SAARC	South Asia Association for Regional Cooperation
SACG	South Asia Coordinating Group on Action against Violence against Children
SAF	South Asia Forum for Ending Violence Against Children
SAIEVAC	South Asia Initiative to End Violence Against Children
SC	Supreme Court
SNPs	Safety Net Programmes
TCs	Technical Consultations
UNCRC	United Nations Committee on the Rights of the Child
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNICEF	United Nations Children's Fund
VAC	Violence Against Children
WHO	World Health Organisation

EXECUTIVE SUMMARY

Institutionalised Children: Standards of Care and Mental Health – A Report (hereafter referred as *the report*) tries to capture the seminar's detailed two-day discussion. The panellists' presentations constitute the backbone of the report and quotes from speakers are also included in each chapter.

The **Background** explains why the seminar was envisaged in the first place. Udayan Care, having institutions for children for more than a decade, felt the need to bring together different people working for and within children's institutions[1] to discuss problems and share possible solutions and good practices. Udayan Care decided to organise a conference with a specific South Asian focus, since the number of children in need of care and protection, living in institutions or necessitating alternative care, is quite high in the region. At the same time, culturally, socially and economically, the eight South Asia Association for Regional Cooperation (SAARC) countries share a common ground for discussion. Udayan Care believed this common ground could and should be utilised to ameliorate the conditions of children in institutional care. The seminar was intended as a starting point to build a sustained inter-country collaboration not only among child rights activists and social workers, but also academicians, psychologists and policy makers.

The first chapter, **The International Context**, establishes the basis for the seminar's debate. A large number of seminar's participants referred to international human rights instruments while introducing their arguments. Many speakers used the expression "measure of last resort", some talked about the process of de-institutionalisation, while others outlined the importance of fulfilling all children's rights in institutions. Hence the chapter gives a short historical perspective on the development of the concept of institutionalisation internationally and it explains the basic ideas which led child rights activists to consider institutionalisation as good practice only in the absence of alternative forms of care and support.

However, the chapter also includes arguments and mentions research which underlined the efficiency of certain models of children's institutions which developed in Asia and Africa from indigenous and traditional forms of care. Notwithstanding every child's undeniable right to a family, the region is home to a very large number of children in need of care and protection. During the last decade, natural disasters and internal conflict have left many boys and girls without parents or relatives. Furthermore, adequate alternatives to institutionalisation are not in place and the support systems for the families are weak. Community-based small residential facilities could constitute a valuable option for South Asian children. Hence there is a need to focus on standards of care and ensure that children are treated with love, professionalism and commitment.

The chapter progresses with a deeper analysis of those international human rights instruments which provide a good road map for policy makers and institution managers to shape their work ideologically and practically. The most important concepts and articles related to children in residential care contained in the United Nations Convention on the Rights of the Child (UNCRC) (1989), in the UN Guidelines for Alternative Care (2009), and in the UN Guidelines on Justice in Matters involving Child Victims and Witnesses of Crime (2005) are useful references with regard to children in residential care.

1 In the seminar, hence in this report, the word *institution* has been used to identify different forms of residential care - emergency shelters, small-group homes and big residential facilities which are home to a large number of children.

The report moves on to the seminar presentations regarding **Standards of Care in Institutions** mainly in relation to the Indian and South Asian context. The second chapter details the various human, and children's, rights which many speakers referred to during the two days. They are both physical and mental rights and needs. Any children's institution which fulfils, protects and respects them would have all it takes in order to become a model institution where children's potential and happiness could be fulfilled.

While discussing standards of care during the seminar, participants also underlined that in South Asia cases of violence against children in institutions are not rare and that effective monitoring mechanisms are non-negotiable standards to prevent abuse. The importance of the staff in institutions was another subject which constantly emerged during the debate. Provisions for appropriate training and the consideration of employees' rights and needs are the keys to developing a healthy working environment from which children benefit enormously.

The chapter also looks at particular categories of children who live in institutions: children with disabilities and juvenile offenders. The UN Convention on the Rights of Persons with Disabilities (CRPD) was presented during the seminar as the starting point for the formulation of laws and policies for children with special needs. They are at high risk of discrimination and require particular care within institutions. The same could be said for children in conflict with the law, who get institutionalised the most since diversion measures[2] in South Asia countries have not been fully explored by the judiciary.

After having outlined general care standards and having discussed how they apply to specific categories of children in need of care and protection, the report moves on to a more detailed geographical dissection. The third chapter, **South Asia: A Situation Analysis**, starts with an overview of the regional context in terms of children's right to health, education and protection. The chapter provides snapshots of the international and regional commitments South Asian countries signed in relation to children's rights and specifically discusses the importance of banning all forms of corporal punishment to protect children in institutions from legalised violence.

The third chapter also contains all the different presentations by speakers coming from seven SAARC countries (Afghanistan, Bangladesh, India, Maldives, Nepal, Pakistan, and Sri Lanka). The various paragraphs describe the laws and policies in relation to child protection developed in each country. The presentations also provided data on the number of institutions and institutionalised children and explored some positive practices and/or challenges faced at the national level. This chapter additionally includes an excursus on the new Indian Child Protection Integrated Scheme, an overview on the work of the South Asia Initiative to End Violence Against Children (SAIEVAC), the most important regional entity for child protection in the region, and a digression on the Journal *Institutionalised Children: Explorations and Beyond* (ICEB), a platform through which South Asian countries can effectively exchange knowledge and dilemmas with regard to children in residential care.

Very often, the materialistic aspect of care - providing food, medical care, clothes and a shelter - is regarded as more important and urgent than the psychological needs of the children. Udayan Care instead envisaged a seminar where positive mental health was considered hand in hand with survival needs, in a holistic vision of the rights of the child. Hence the whole second day of the seminar dealt with the emotional, social and psychological rights of children in institutions. The last chapter of this report, **Focus on Mental Health Standards**, provides the reader with the contents of this debate, starting with outlining the definition of positive mental health and its importance.

All the experts talking during the seminar gave the audience practical advice on how to include mental health in the daily priorities of the institution and its activities and they shared good practice which could be replicated

2 *Diversion* means the conditional channelling of children in conflict with the law away from judicial proceedings through the development and implementation of procedures, structures and programmes that enable many - possibly most - to be dealt with by non-judicial bodies, thereby avoiding the negative effects of formal judicial proceedings and a criminal record.

elsewhere. This chapter contains all these examples and links them to the themes of attachment, ego-resiliency and trauma which were discussed and explained in detail by different mental health specialists.

A set of full-fledged **Recommendations on Standards of Care and Mental Health** at the end of this report summarises the conclusions of the debate and the way forward suggested by the participants. These, together with the recommendations from the Youth Consultation[3] which took place a couple of weeks before the seminar, will hopefully inspire new discussions, initiatives, and advocacy calls to guarantee high standards of mental health care in children's institutions across the whole of South Asia.

The seminar aimed to initiate regional dialogue. Its report, apart from explaining and recording the seminar's discussion, aims to become a reference for child rights activists, people working in institutions, and policy makers. It could be seen as a starting point to further identify key themes to be taken up by civil society in South Asia; those themes which need to be dissected, analysed and debated to lead to real improvements in children's rights in institutions, with their psycho-social needs at the forefront.

3 To read the Youth Consultation Summary Report, see *Annex III.*

“

UNICEF estimates that 153 million children globally have lost one or both parents. 43 million of them live in South Asia (Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka).

Besides orphans, a substantial number of children are out of the family protective net and get institutionalised as abandoned, abused, runaway children or children in conflict with law. When institutionalisation or any other type of intervention does not take place, these children are often exploited and pushed to the margins of society. Inhuman and violent life conditions turn many of them into law offenders, drug abusers and exploiters themselves.

”

BACKGROUND: WHY THIS SEMINAR?

Many children around the world grow up in institutions instead of their own families or alternative ones. The word *institution* is generally used for different kinds of residential facilities where many boys and girls spend a significant period of their lives. These facilities may be children's homes, care homes, juvenile detention facilities, prisons, orphanages, reform schools, institutes for the physically and mentally disabled, etc. While there is no universally accepted definition of a children's care institution, most have the following features in common: round-the-clock care of children who live apart from their families and supervision by remunerated stuff.[4]

Some institutions are directly managed by the Government, some by Non-Governmental Organisations (NGOs) or private companies, and others are faith-based residential facilities. All these institutions can be closed, where children are locked in, or open to the public in different ways.[5]

It is commonly believed that all children who live in institutions, other than juvenile offenders, are orphans. In reality, a majority of boys and girls growing up in residential care in many countries have living parents. Many have been given up by parents who lack the material capacity to support their growth, others were institutionalised to take them away from a family background characterised by violence and abuse.

In many countries in the world, especially in South Asia,[6] alternatives to institutionalisation, including support for vulnerable families and family-based care, have not been developed to their full potential, so that institutional placements are still largely used. Furthermore, in the past decade, South Asian countries have faced a large number of natural disasters and significant restraints due to internal armed conflicts, which enlarged the number of orphans in the region. In India, orphan children are 31 million,[7] 100,000 in the state of Jammu and Kashmir alone. The situation is not encouraging in other South Asian countries as well. In 2009, the number of children orphaned was estimated as 4.2 million in Pakistan and 4.8 million in Bangladesh.[8]

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4 *World Report on Violence Against Child ren*, Paulo Sérgio Pinheiro, United Nations Secretary-General's Study on Violence Against Children, Geneva, 2006, pp. 175-176.

5 *Ibidem*

6 Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka.

7 *The Status of the World Children* – 2012, UNICEF

8 *Ibid.*

In Nepal and Sri Lanka there are respectively 650,000 and 340,000 orphan children.[9] Due to a much smaller population, children who lost one or both parents in Bhutan ware estimated to be 21,000 in 2009, while Maldives counted only 7,000 orphan children.[10] As a result of nearly three decades of war, in Afghanistan there are more than 2 million children who have no parental care.[11]

Emergency situations in many areas of the region have also challenged the development of holistic protection systems, resulting in institutionalisation being the only alternative available for many children.

A very large number of children in the region live in institutions and many of them have been through grave life experiences – loss, abandonment, death of loved ones, violence, betrayal and neglect. While policy makers, civil society, and practitioners working within institutions recognise the seriousness of the traumas many of these children have experienced, the importance of guaranteeing positive mental health conditions for them, as children and as future adult citizens, is yet to be clearly stated.

> *It is important that our initiatives as child rights' activists acquire a South Asian perspective. We need to converge on a unique platform and explain to all the other forums and players in the region which kinds of discussions are going on in our own nations. The National Coordinating Groups on Action against violence against children (NACGs) could be the right entities to start this dialogue. This seminar and its follow-up could become an excellent template for cooperation.*
>
> **Dr. Rinchen Chophel**
> Director General, SAIEVAC

While standards of care within institutions have been outlined in different ways through legislation and policy in all South Asian countries, mental health is not a prominent feature yet. Children growing up without a family and in the very particular environment of institutions face psychological challenges that need to be addressed in a systemic way.

In this context Udayan Care felt the need to conceptualise and organise a seminar to question the actual standards of care in children's institutions and the current legislative and policy frameworks for the protection of children across South Asia, together with their implementation. Does the Mental Health component feature in them? Is Mental Health translated only in sporadic counselling sessions? How can Mental Health be an integral part and a crosscutting issue within the everyday life of an institution? These are some of the questions *Institutionalised Children: Seminar on Standards of Care and Mental Health* (hereafter referred as *The Seminar*) aimed to ask.

Dismantling the concept of *mental health* and discussing the problems protection systems face in the region constituted the starting points of a larger debate concerning international standards of care, the role of the South Asia Association for Regional Cooperation (SAARC), the issue of violence within institutions, as well as the management and training of staff and

KEY OBJECTIVES OF THE SEMINAR

1. To share the stand point of South Asian countries in compliance with international standards on the protection of children in institutions.
2. To analyse the role of institutions in the child protection systems in place in the eight South Asian countries.
3. To present good practices on standards of care and mental health provided to institutionalised children in South Asian countries.
4. To identify the impediments related to attachment, loss, grief and trauma, faced by institutionalised children, focusing on the South Asian context.
5. To integrate the knowledge gained from the Seminar's debate on children's psychological needs in institutionalised settings within the larger framework of children rights to be respected, protected and fulfilled by different stakeholders.
6. To develop a roadmap for greater regional cooperation.
7. To launch the Journal *Institutionalised Children: Explorations and Beyond*

9 *Ibid.*

10 *Ibid.*

11 http://taoproject.org/orphanage.htm

resources, and the importance of understanding children's psychological challenges regarding attachment issues and the development of resilience mechanisms.

Additionally, the seminar was envisaged to serve as a platform for sharing ideas and good practices adopted in different South Asian countries, at the level of both policy and institutional management. Since many of the challenges in the region are similar, it was felt that positive practices could be replicated on a much larger scale resulting in new successful stories.

The seminar also constituted the occasion for child activists and civil society to interact not only with government officials and International Non-Governmental Organisations (INGOs), but especially with academicians and experts in the field of child psychology. These encounters opened up new possibilities of collaboration at global, regional and national levels, as well as new topics of discussion to be taken into consideration for similar debates in the future.

Maintaining focus on the conditions of institutionalised children, asking new questions and finding new solutions, Udayan Care also took the Seminar as an opportunity to launch its Journal *Institutionalised Children: Explorations and Beyond* (ICEB), with the hope of taking the debate further in a systematic way.

Organisers

Udayan Care is an Indian non-profit organisation with the vision "To Regenerate the Rhythm of Life of the Disadvantaged". Established in 1994, Udayan Care focuses on providing quality care to disadvantaged children, youth, and women in long-term foster homes, through educational scholarships and vocational trainings.[12]

Udayan Care, with the active support of its Core Team consisting of **Dr. Kiran Modi, Dr. Monisha Nayar-Akhtar, Dr. Deepak Gupta, Mr. Vikram Dutt,** and **Mr. Luis Aguilar Esponda,** conceptualised both the Seminar and the Journal *Institutionalised Children: Explorations and Beyond.*

A technical team of child rights advocates and experts was constituted to support the seminar:

- **Ms. Enakshi Ganguly and Ms. Bharti Ali**, *Co-Directors, Haq: Centre for Child Rights;*
- **Ms. Mamta Sahai,** *Member, Delhi Commission for Protection of Child Rights (DCPCR);*
- **Mr. Mohammad Aftab,** *National Manager, Child Protection, Save the Children;*
- **Ms. Nina Nayak,** *Child Rights Activist formal member, National Commission for Protection of Child Rights (NCPCR), India;*
- **Ms. Razia Ismail,** *Director, India Alliance for Child Rights;*
- **Ms. Sumitra Mishra,** *Country Director, iPartner India;*
- **Ms. Tushar Anchal,** *Adviser, Child Protection, Plan India;*
- **Ms. Vijaylakshmi Arora,** *Director - Policy & Advocacy, CRY;*
- **Mr. Vikram Srivastava,** *Founder, Independent Thought (iThought).*

12 To read more about Udayan Care, see *Annex IV*.

Participants

The seminar brought together more than 200 participants from 15 countries (8 SAARC countries; France, East Timor, UK, USA, Mexico, Germany, Italy) and over 20 different states within India, representing governmental bodies working on child protection, civil society at the international and national level, academia, media and practitioners working in institutions.

The international speakers included Ms. Anne Joly, psychiatrist at the University Hospital of Bordeaux, France; Mr. Douillard Jean-Luc, regional programme coordinator of mental health promotion and suicide prevention at the Hospitalier de Saintonge, France; **Ms. Hiranthi Wijemanne**, vice-chairperson of the United Nations Committee on the Rights of the Child (UNCRC); **Ms. Jane Calder**, regional advisor for Asia, Save the Children-UK; **Dr. Monisha Nayar,** clinical psychologist, USA; and **Dr. Rinchen Chophel**, director general of the South Asia Initiative to End Violence Against Children (SAIEVAC).

Furthermore, to present a situation analysis of the respective SAARC countries, the seminar hosted **Mr. Najeebullah Zadran Babrakzai**, child rights coordinator at the Afghanistan Independent Human Rights Commission (AIHRC); **Dr. Tuhinul I. Khalil**, social worker, child rights activist and academic from Bangladesh; **Ms. Fathina Ahmed Khaleel, Ms. Fatima Reesha**, working for Advocating the Rights of Children (ARC), a Male-based NGO; **Mr. Surendra Sherchan**, consultant psychiatrist from Nepal; **Dr. Manizeh Bano**, director of Sahil, a Karachi-based NGO; **Dr. Rasanjalee Hettiarachchi**, deputy director at the mental health department of the government of Sri Lanka; **Dr. Ramani Ratnaweera**, consultant psychiatrist from Sri Lanka; and **Ms. Varathagowry Vasudevan** from the National Institute of Social Development, Ministry of Social Service, Sri Lanka.[13]

13 To read more about the speakers and panellists see *Annex II.*

THE INTERNATIONAL CONTEXT

Children's institutionalisation has been debated since the mid-1950s. The development of human rights principles at the international level has been followed by a decrease in the number of institutions, especially in Europe and in North America, and has brought numerous changes in the models that many children's institutions follow. At the same time, especially in Africa and Asia, institutions based on traditional community-care were developed and proved to be a good alternative to large closed institutions, as conceived in Western Europe in the past.

The kind of children's institutions sharply criticised by human rights activists were born in the middle ages as places for the unwanted and marginalised. The Catholic Church constructed and managed a series of residential facilities for abandoned children in Italy, and the practice spread fast across the whole of Europe.[14] Afterwards, with the growth of industrialisation and colonialism, children's institutions were built around the globe to stem the new social problems that developed with the spread of the capitalist economic model. The idea of *rescuing* poor children from their families, often judged to be delinquent or depraved, and protecting them in residential institutions, became a common concept among the bourgeoisie. In South Asia, children belonging to tribal communities in particular were institutionalised to *save* them from their supposed inferior and backward cultures.[15]

During the last decades of the 21st century, the idea that large, closed institutions could not support the physical, social, emotional, and developmental needs of the children in the same way a family does made inroads via academicians, activists, policy makers, and society in general. Additionally, more recently, reports from many countries around the world stated that children and adolescents living in institutions are more prone to violence than those living in families. Some studies have found that violence in residential institutions is six times higher than violence in foster care, and that children in group care are almost four times more likely to experience sexual abuse than children in family-based care.[16]

...children and adolescents living in institutions are more prone to violence than those living in families... violence in residential institutions is six times higher than violence in foster care and children in group care are almost four times more likely to experience sexual abuse than children in family-based care.

The staff and officials responsible for children's care in large institutions might become the perpetrators of physical and psychological violence, and violence among children themselves is also very common. Additionally, self-harm, especially by children in detention or those who have gone through particular traumas, is another form of violence that occurs not infrequently in residential care and should not be underestimated. The

14 *The Kindness of Strangers*: *The Abandonment of Children in Western Europe from Late Antiquity to the Reinassance*, John Boswell, Pantheon Books, New York, 1988.

15 *World Report on Violence Against Children,* p. 180.

16 *World Report on Violence Against Children,* p. 183.

UN Report on Violence against Children (2006) also highlighted that the impact of institutionalisation on the child could go beyond the immediate exposure to violence: long-term effects can include several developmental delays, disability, irreversible psychological damage, and increased rates of suicide and criminal activity.[17]

In the aftermath of the above-mentioned findings, it became a common opinion of child rights' defenders that children should not be taken from their communities unless all options have been exhausted and that substantial funds should be invested to provide more efficient services and support to the families. At the same time, sharp criticism was raised towards large institutions with high number of children subjected to strict discipline and secluded from society. Political strategies have been developed to *de-institutionalise* children, creating and promoting family-based care settings.[18]

The process of de-institutionalisation has reached different stages in various regions of the world, with South Asia being one of the regions where the number of both large and small institutions is still very high. The United Nations Report on Violence against Children (2006) states that less wealthy countries with lower levels of spending on public health and social services tend to have higher numbers of institutionalised children, especially because of a lack of counselling services to prevent abandonment and the inaccessibility of social services for parents who are at risk of being violent.[19]

I recently met a woman, who grew up in an institution where I worked many years ago. She was a "difficult" girl at the time. She was sexually abused by a gardener in a large religious organisation where she was living before joining our institution; she has never met her father and her mother had serious mental health disorders.

Now she is in her mid-forties. When I met her, she told me that the period while she was living in the Home was the best of her life and that the staff there were the most caring adults she has ever met. The only instance she recorded as negative during her stay with us was once she ran away and was gang raped by three men. She came back to our institution, told us everything, but we did not believe her.

After she left the institution, she has been through different psychiatric hospitals. She had a son by an African man who was visiting her. Her son married, separated, and is now a heroin addict.

Recalling this whole story, the only thought it comes to my mind is: WE FAILED HER. We were young, inexperienced, but this is not an excuse. We failed her, even respecting the best standards of care possible; the system of institutionalisation failed her.

A move towards alternatives to institutionalisation is strongly needed. The damage we are doing to our children is not only during their present, but it would reflect in their future and in the future of the next generation.

Ms. Jane Calder
Regional Advisor, Asia, Save the Children – UK

Furthermore, in many "developing countries" and especially in the South Asia Association for Regional Cooperation (SAARC) countries, the number of children who lose the protection of their families and require alternative forms of care is enormous because of natural disasters, armed conflict, and rapid urbanisation. Kinship care and foster care have not been adequately developed and promoted; neither have diversion measure for juveniles. Loopholes in the education and health sectors, beside economic concerns, push a large number of parents towards institutionalising their children.

Nevertheless, on a very positive note, the rights of children residing in institutions have been the focus of some new legislation and policies in the region, which have helped improve the lives of many boys and girls who have no alternative than residential care. In particular, different models of institutions have been developed and experimented with homes which resemble family-structures, with no more than 10-15 children, with strong connections with the surrounding community, have been found to be optimal solutions to *de-institutionalise institutions.*

17 *World Report on Violence Against Children,* p. 176.

18 De-*institutionalisation* is a strategy which does not target all children's residential facilities. In this context, the word institution is used to identify large closed institutions, where children are subjected to strict discipline and supervised by round-the-clock paid staff, with no interaction with society.

19 World Report on Violence *Against* Children, pp. 186-187.

Small institutions developed on community based models can actually guarantee a healthy growth to specific kinds of children. For example a small group setting with trained staff can provide the needed therapeutic care or treatment for children who have suffered trauma or severe abuse or neglect. To enable large sibling groups to remain together, a residential care setting may also be the best option.[20] Children themselves value residential care when it focuses on providing individualised opportunities for social and emotional development, as many young boys and girls during the youth consultation previous to the seminar stated.[21]

Furthermore, community-based institutions have been found as good as kinship or foster care options in many countries with a low Human Development Index (HDI). The results of a research published in the United States in 2009 actually challenge the policy recommendations to use institutions only as a last resort and for the shortest time possible.

The study involved two groups of 6-12 year old children, one living in foster or kinship care and the other living in institutions, in 5 different countries (Cambodia, Ethiopia, India, Kenya, and Tanzania). Their physical, behavioural and emotional health, as well as their cognitive development, were analysed and compared. The results cast doubt on the generalisability of past studies indicating that institutions are systematically associated with poor child outcomes, at least for children older than 6 years old.[22]

Nevertheless it is important to state that, on average, the institutions taken as samples in the above-mentioned study are quite different from those included in the previous studies that compared the outcomes of children in institutions and those in community settings. These institutions are not family-style/community care and they are not foster care, but they also do not look like institutions as we have come to think of them. They grew out of the community in a way that institutions in other regions and perhaps of the past were not.[23]

International Human Rights Instruments

The debate around the efficiency and risks of children's institutionalisation is an extensive one which cannot be properly dissected in this report. Nevertheless, the seminar's participants agreed that every child needs individualised and adequate care, as stated in different human rights instruments.

In 1989 the United Nations Convention on the Rights of the Child (UNCRC) required states to provide special protection to children who are deprived of a family environment, underlining that provisions which allow the child to remain at home, at school and in their own communities are preferable. The CRC suggests that children should be placed in institutional care, only when all other options have been exhausted. In practical terms, it means that the child's family situation should be investigated and the placement of the child in a residential facility should happen only in his/her best interest.

The Guidelines for the Alternative Care of Children (hereafter referred to as *the Guidelines*) formally endorsed by the UN General Assembly in 2009, enhance the implementation of the CRC. They further analyse and explain the practical meaning of the expression *institutionalisation as last resort* and provide rules to follow to guarantee that children in need of care and protection benefit from the best options available.

20 *Moving forward: Implementing the Guidelines for the Alternative Care of Children,* CELCIS, Glasgow, 2012, p. 34.

21 To read the youth consultation's report, see *Annex III*.

22 *A Comparison of the wellbeing of orphans and abandoned children ages 6-12 in institutional and community-based care settings in 5 less wealthy nations*, Kathrin Whetten at al. in ICEB, Vol. 1, No. 1, Mar-Aug 2014, Udayan Care, New Delhi, pp. 60-78.

23 *Ibid.*

GOOD PRACTICE: SOS CHILDREN'S VILLAGES

SOS Children's Villages is an International Non-Governmental Organisation (INGO) which operates in different countries, including India. Its model balances the need to strengthen family support and eliminate many of the reasons which push children towards institutionalisation with the immediate necessity of helping those children who are orphans or deprived of a family environment in their best interest. SOS Children's Villages provides them with Family Based Care (FBC) through its Homes.

Every Home is composed by small groups of boys and girls of different age who live together as siblings. Natural brothers and sisters are of course kept together. A SOS Mother, who is a child care professional, lives with them, guiding their development and running the household independently. She has the duty to recognise and respect each child's cultural and religious background.

SOS families live together, forming a supportive village environment where children enjoy a happy childhood. The families help one another and are well integrated with the surrounding local community. When poor children and families live in the vicinity of the children's villages and neighbourhood, SOS provides services for them through the Family Strengthening Programme (FSP).

The FSP is being implemented with the objective of enabling families to move out of the vicious cycle of poverty towards greater dignity and self-reliance. Taking a child rights based approach this programme not only strengthens the parents and consequently, their children, but also creates a vibrant network within the community.

At present SOS-India reaches out to more than 17,000 children and their families through both the above-mentioned programmes, in 33 different locations in 21 states.

www.soschildrensvillages.in

Article 19 - CRC

1 States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

2 Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

Article 20 - CRC

1 A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State.

2 States Parties shall in accordance with their national laws ensure alternative care for such a child.

3 Such care could include, inter alia, foster placement, kafalah of Islamic law, adoption or if necessary placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background.

The Guidelines echo many of the principles already expressed in 2005 by the Recommendations of the Council of Europe on the Rights of Children living in Residential Institutions. They focus on two main aspects:

- The ***necessity* principle**: ensure that children do not find themselves in alternative care unnecessarily; and
- The ***suitability* principle**: where out-of-home care is provided, it is delivered under appropriate conditions responding to the child's rights and best interests.

Acting on the necessity principle first involves preventing situations and conditions that might lead to alternative care being foreseen or required. Very often economically disadvantaged families give their children to institutions to assure them future possibilities which they cannot afford. Parents with children with disabilities are often left with no other solution than entrusting institutions because alternatives are not available. Especially when children are born out of wed-lock, prejudice in some communities might push mothers to give their children away. The stereotypical picture of a single mother, scrounging scraps of food, turning her children out without care and attention, resulting in them being future bad citizens, is part of a generalised *cliché* that points the finger often without a second thought for a critical evaluation of each individual case. Juveniles who committed petty offences and whose cases could be diverted or treated through restorative measures are institutionalised together with serious offenders, introducing them to a sort of "school of crime". On this note, during the seminar, it was in fact underlined that when investing in improving the quality of institutional care, donors and governments must be conscious of not diverting resources from family-based alternatives.

Furthermore the necessity principle implies the establishment of a robust *gatekeeping* mechanism, capable of ensuring that children are admitted to the alternative care system only if all possible means of keeping them with their parents or extended family have been examined. When it is not possible for the child to remain safe in his/her immediate family, s/he could be placed in so-called *kinship care*. The term refers to the care of children by relatives or, in some jurisdictions, close family friends (often referred to as *fictive kin*). Relatives are the preferred resource for children who must be removed from their birth parents because this solution maintains the children's connections with their families.

When kinship care is not a valuable option, following the Guidelines, *foster care* would be the second choice. Foster care is provided by authorised couples or individuals in their own homes. Short-term foster care may be provided to cover a temporary crisis, or as planned *respite care* for a few days to relieve parents, particularly when a child with a disability or other special needs is concerned. Long-term foster care instead meets the needs of certain children, such as those for whom adoption cannot be envisaged or is against their wishes, by providing family-based care for many years, sometimes into adulthood.[24]

When both the previous options are not available or not suitable for the best interest of the child, residential care becomes necessary. Residential care comprises a series of different options which are not "family-based". They can be emergency shelters, small- group homes, or residential facilities with a varying number of children.[25]

The implications of the necessity principle are hence twofold, requiring adequate services or community structures to which referrals can be made, and a gatekeeping system that can operate effectively regardless of whether the potential formal care provider is public or private. Last but not least, the Guidelines suggest the necessity of a placement to be regularly reviewed.[26]

24 *Moving forward: Implementing the Guidelines for the Alternative Care of Children*, p. 33.

25 During the seminar, hence in this report, the term *residential care*, used in the Guidelines, has been interchangeably used with the word *institutions.*

26 *Moving forward: Implementing the Guidelines for the Alternative Care of Children*, p. 22.

The suitability principle has also a two-fold implication. The first concerns matching the care setting with the individual child. This means selecting the one that will, in principle, best meet the child's needs at the time. It also implies that a range of family-based and other care settings are in place, so that a real choice exists, and that there is a recognised and systematic procedure for determining which is most appropriate.[27]

Secondly, the suitability principle means that if it is determined that a child does require alternative care, it must be provided in an appropriate way. This translates into all care settings meeting general minimum standards in terms of, for example, conditions and staffing, regime, financing, protection and access to basic services (notably education and health). To ensure this, a mechanism and process must be put in place for authorising care providers on the basis of established criteria, and for carrying out subsequent inspections over time to monitor compliance.

The United Nations Guidelines on Justice in Matters involving Child Victims and Witnesses of Crime, developed in 2005, underline some general principles, which can be considered milestones for institutions to settle their standards of care and be suitable places and optimal options for children in need:

- **Dignity.** Every child is a unique and valuable human being and as such his or her individual dignity, special needs, interests and privacy should be respected and protected.
- **Non-discrimination.** Every child has the right to be treated fairly and equally, regardless of his or her or the parent or legal guardian's race, ethnicity, colour, gender, language, religion, political or other opinion, national, ethnic or social origin, property, disability and birth or other status.
- **Best interests of the child.** Every child has the right to have his or her best interests given primary consideration. This includes the right to protection and to a chance for harmonious development:
  - Protection. Every child has the right to life and survival and to be shielded from any form of hardship, abuse or neglect, including physical, psychological, mental and emotional abuse and neglect;
  - Harmonious development. Every child has the right to a chance for harmonious development and to a standard of living adequate for physical, mental, spiritual, moral and social growth. In the case of a child who has been traumatised, every step should be taken to enable the child to enjoy healthy development.
- **Right to participation.** Every child has the right to express his or her views, opinions and beliefs freely in all matters, in his or her own words, and to contribute especially to the decisions affecting his or her life, including those taken in any judicial processes, and to have those views taken into consideration.

27 *Ibid.*

GOOD PRACTICE: Udayan Ghars – Sunshine Homes

Udayan Care has set up 13 homes children's homes in North India which host over 200 children and young adults in their Living in Family Environment (LIFE) programme. Every home has a team of mentor parents, who are life-time volunteers, caregivers, and mental health professionals.

These model homes, called *Udayan Ghars* (Sunshine Homes) provide destitute children individualised care, focusing not only on their education and skills' development, but also on their socio-psychological growth.

A majority of the children come to *Udayan Ghars (Homes)* through the Child Welfare Committee (CWC), while sporadic cases are brought by the children's parents and relatives themselves or referred by other institutions which cannot take care of them. Nevertheless the CWC has always to give its permission for the children to stay in the Home.

The essence of *Udayan Ghars (Homes)* model is to recreate the warmth and security of a family. The model has been envisaged and developed by merging some of the characteristics of foster-care widely utilised as a valuable option in Western Europe and in North America and some positive practices retained from the evolution of institutions in India. Changes had to be applied to the foster care model as used in other parts of the world because in India is still developing. Many families in the country would not take "extraneous" children with them, because of prejudices regarding religion, caste, gender, and poverty. Furthermore, in India foster-care's monitoring mechanisms are very poor; hence this option is still not very dependable.

Each *Udayan Ghar (Home)* hosts 12 children of the same gender and is situated in a middle-class neighbourhood to facilitate integration with the community. Opportunities to study at the best private schools, even universities, or get vocational training are given to all the children, on the basis of their individual talents and interests. Comprehensive healthcare and mental health programmes are individually developed for all the children.

As in a family, children are given time for leisure, hobbies and fun. In addition to the daily routines, like attending school, doing homework, participating in household chores, the children regularly attend educational and recreational workshops. Udayan Care in fact organises plenty of seasonal camps that offer sport, games, and songs to create a sense unity among the children and the staff.

Child participation is assured during the *monthly family meetings*, where children themselves set the agenda and discuss all issues pertaining to their lives and their homes. All members of staff are also taken care of through constant capacity building workshops and meetings aimed at creating an effective team-work among people with different backgrounds and skills.

"Udayan Ghars (Sunshine Homes)"
A comprehensive psycho-social programme for institutionalised children in their journey to Recovery
in ICEB, Vol. 1, No. 1, Mar-Aug 2014, pp.79-90

STANDARDS OF CARE AND PROTECTION IN CHILDREN'S INSTITUTIONS

A child, as every human being, has a large number of needs which vary from physical ones, strictly connected to his/her mere survival, to socio-psychological ones, which are instead important for the overall development of his/her *persona*. Every need can be translated into a right the child is entitled to.

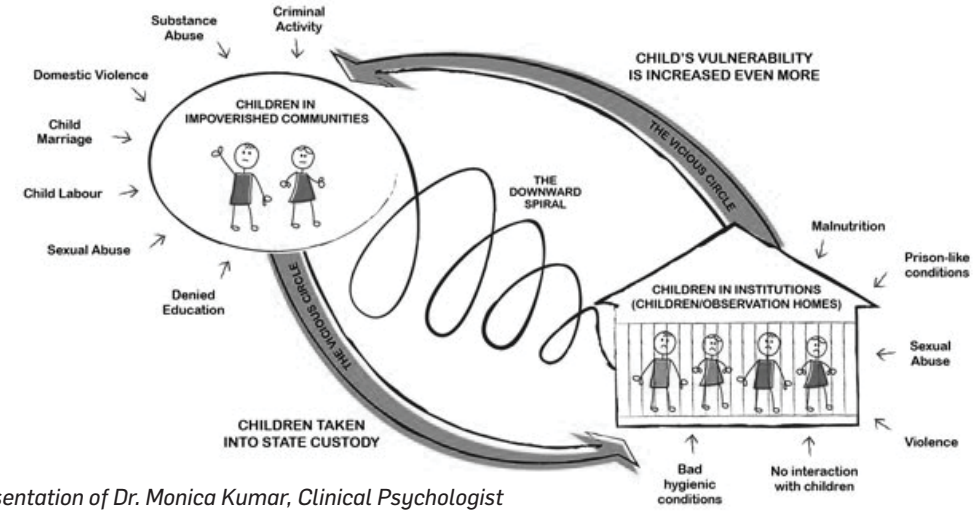
The institution receiving the child and becoming his/her new home has the duty to respect all the rights of all the children, delivering the services it is meant to provide without compromising on standards. This chapter is a brief excursus through the fundamental rights and needs of institutionalised children and some important principles to be followed in the daily management of an institution. It catches the seminar's focus on monitoring mechanisms to prevent and promptly counter against violence and abuse when they occur and the debate's emphasis on the importance of valuing caregivers and staff working in residential facilities. The final two sub-chapters are a deeper analysis of some of the standards to be followed with concern for two of the most disadvantaged and challenging categories among children in need of care and protection: juvenile offenders and children with disabilities.

The right to survival of the child is the very basic right to be respected in institutions as everywhere else. The child's good physical health is important for his/her overall development and requires daily attention, not simply access to medical care in case of illness. The child's right to health is fulfilled constantly through appropriate nutrition and access to water and sanitation. Children have to live in a hygienic environment and, especially institutions which are homes to children of different ages, have to take into consideration the nutritional needs at various stages of life.

Physical conditions in many institutions in South Asia are compromised because of overcrowding, lack of space, inadequate sanitation and privacy. The way the infrastructure of the institutions is conceptualised and constructed plays an important role in guaranteeing standards of care. The number of children should never exceed the capacity of the structure, facilitating the maintenance of a hygienic environment.

The child's good physical health is important for his/her overall development and requires daily attention, not simply access to medical care in case of illness.

The right to education is another cornerstone when dealing with standards of care in institutions. Education is in fact the prime means for children to develop their knowledge, personalities and sense of dignity. Especially for children in institutions, access to quality education is an opportunity to enhance their chances in life. It is



From the Presentation of Dr. Monica Kumar, Clinical Psychologist
And Managing Trustee, Manas Foundation

advisable that children attend school outside the residential facility, exposing them to a different environment and levelling out the social gaps between them and other children.

Even if children who reside in institutions are often among the most marginalised within society, it is important to remember that they are still children. Besides providing them with all the tools necessary to build a better life outside residential care, their right to leisure must not be forgotten. Every child has the right to rest and leisure and to engage in play and recreational activities appropriate to his/her age. Furthermore, institutions should guarantee children's exposure to cultural life and the arts, since it plays a very important part in their overall development as persons, besides giving the child the opportunity to explore hidden talents and interests.

Especially in residential institutions funded by religious bodies or in governmental institutions of countries with little concern for the beliefs of minorities, children's right to equality and non-discrimination could be seriously neglected. All children placed in institutions should have opportunities to express their opinions, practice their religion, function in their native language and participate in social activities in the community they belong to. Children's right to equality and non-discrimination should be always upheld.

All the above-mentioned rights cannot be fulfilled without individual warmth, affection, and understanding, all of which have a strong impact on children's lives and growth. The Guidelines on Alternative Care stipulate that the facilities should be small and organised to resemble, as far as possible,[28] a family-type or small-group situation. Linked to this is the need for sufficient staff to provide individualised attention. Small Homes, in comparison with larger institutions, guarantee individualised care and better compliance with standards. With fewer numbers of children, manageable by the staff on a child centred basis, institutions can also guarantee discipline, without relying on the excessive regimentation which makes the environment claustrophobic.

In small institutions it is also easier to keep track of every child and his/her problems, building a specific individual care plan based not only on the child's background, but also on his/her desires and aspirations. This care plan should not be abruptly stopped once the child turns 18 and becomes an adult; after-care has to be included in the protection system's responsibility. Additionally, both the UN Guidelines for Alternative Care and the CRC, Article 25, entitle all children in institutions to have a periodic review of all aspects of their placement, ideally every three months, intended to ensure that their stay in the Home is as short as possible.

28 Article 126, *Guidelines for the Alternative Care*, United Nations General Assembly, A/HRC/11/L.13, 15 June 2009.

To prevent and combat violence against children in institutions, legislation should also ensure that institutions operate as more open settings. It is advisable that educational and healthcare facilities are separate from residential care facilities. This not only helps the children feel they are part of a larger society, but it offers them the possibility of finding multiple *protective circles* apart from the institution. When one protective circle becomes abusive, the other one could work as a report mechanism. For instance, if a child faces violence within the institution, teachers in the school could become trusted people to report to, and vice versa. The same can be said for keeping the child in contact with his/her family and allowing the families to visit and check on the standards of the institution.

The financial resources available to the institution play an undeniable role in making sure that the required care standards get upheld. There are no excuses to lower the standards of care for children. When an institution cannot keep up with them because of financial reasons, it should consider diminishing the number of its children, since usually public funding arrangements base resources on a per-child subsidy. The UN Guidelines recognise that each state will have different economic conditions but emphasise that governments should provide finance to alternative care to the *maximum extent* of the resources they can make available.[29] In the meantime, the Guidelines push towards the banning of alternative care services motivated by economic goals[30] and the prohibition on actively procuring children for care in residential facilities.[31] Hence governments will have to move towards major investments in preventing the separation of families and new family-based alternative care solutions. This practically translates into less public money for large institutions, which should slowly undergo a process of transformation into family-based care residential facilities to be suitable for appropriate financing and survive the policy transformations when they occur.

In South Asia, as in other parts of the world, reform has been slow to take place in institutions because of the low level of importance accorded to the most disadvantaged children in society, who have no possibility of electing their representatives at the governmental level, and who do not always have strong and influential adults behind them, besides activists and civil society. With little political leverage, the share for child protection in the South Asian governments' budgets has been lower than the ones for health and education, even though it is a very large area of intervention.[32]

The seminar, as well as the youth consultation[33] prior to it, pointed out that in South Asia the institutions which are privately funded are often those that have the available finances to provide good standards of care. The right to equality and non-discrimination against all children is not fulfilled when big differences in opportunities are unacknowledged and when the future of children is based on their fortune to be placed in the *right* institution. It is the duty of governments to strengthen the quality of primary and secondary public education to minimise differences due to financial resources.

29 Article 24, *Guidelines for the Alternative Care.*

30 Article 20, *Guidelines for the Alternative Care.*

31 Article 27, *Guidelines for the Alternative Care.*

32 *The South Asian Report on the Child-friendliness of Governments,* Turid Heiberg, et al., Save the Children, Haq: Centre for Child Rights, Plan International, CRY-Child Rights & You, Terre des Hommes-Germany, 2013, pp. 257-280.

33 To read the brief report of the youth consultation, see *Annex III*.

SUPPORT FOR AFTERCARE – What do the UN Guidelines suggest?

- Institutions should have a clear policy and procedures relating to the conclusion of their work with children to ensure appropriate aftercare and/or follow-up.
- Throughout the period of care, they should prepare children to assume self-reliance and to integrate fully in the community.
- The process of transition from care to aftercare should take into consideration children's gender, age, maturity and particular circumstances and include counselling and support.
- Children leaving care should be encouraged to take part in the planning of aftercare life.
- Children with disabilities should benefit from an appropriate support system, ensuring avoidance of unnecessary further institutionalisation.
- Both the public and the private sectors should be encouraged, including through incentives, to employ children from different care services.
- Special efforts should be made to allocate to each child a specialised person who can facilitate his/her independence when the child is leaving care.
- Educational and vocational training opportunities should be imparted to young people leaving care to help them to become financially independent.
- Access to social, legal and health services, together with appropriate financial support, should also be provided to young people leaving care.

UN Guidelines for the Alternative Care of Children
Excerpts from Articles 131 -136

STANDARDS OF PROTECTION BEFORE ENTERING INSTITUTIONS IN THE JJ ACT, 2000 - INDIA

In India, the Juvenile Justice (Care and Protection of Children) Act, 2000 and Rules, 2007 are the most important laws to define all the standards to be respected by children's institutions. These rules do not exclusively apply to the permanence of the child in residential care, but they also regulate the placement's process. Following are some of the fundamental rules to be underlined, since they are often not carefully implemented, resulting in many disadvantaged children having their rights denied even after they get under the umbrella of the national child protection system.

Some children, especially those with physical or mental disabilities, or with challenging socio-psychological problems, or with alternative sexuality, are at high risk of discrimination because some institutions might refuse to receive them. Immediate shelter has to be provided to *all* children whenever required and no Home can refuse it. The child can be subsequently transferred to a more appropriate institution with more adequate facilities, but legislation cannot admit discrimination on the basis of gender, belief, caste, race, or disability, during the process of placement [Rule 27 (5)].

When there are cases requiring intervention and a child in need of care and protection is identified, the Child Welfare Committee (CWC) can start a legal process on its own and find the best solution for children in need of care and protection on the basis of their family situations. Reaching out to children who need help taking *suo moto* cognizance is a duty of the state. [Rule 27 (3)]

Many children who have been through significant trauma are in danger of being further victimised by the same governmental bodies and laws who are meant to protect them. Rule 27(8) clearly states that the need for a medical examination report should not be a pre-requisite for the production of a child before the CWC or his/her admission into an institution. Avoiding subjection of a child to procedural bottlenecks is imperative, especially in serious cases such as those of children who have been sexually abused and exploited.

"The CWC and the institutions are meant for the child and not for serving the bureaucracy."
Ms. Bharti Ali, Co-Director, Haq: Centre for Child Rights

Monitoring mechanisms

Regular monitoring and inspections, by those with authority, are crucial for guaranteeing impeccable standards of care and avoiding abuse of any kind in institutions. It is advisable that independent bodies, constituted by experts with different political and educational backgrounds, possessing legal and medical knowledge, function as external monitoring mechanisms.[34]

The nature, resources and mandate of the official monitoring body should correspond to the criteria set out in the so-called *Paris Principles*. These principles were approved by the UN General Assembly in 1993 and concern national institutions for the promotion and protection of human rights.[35] In India, the National Commission for Protection of Child Rights (NCPCR) and the National Human Rights Commission (NHRC) are good examples of independent bodies which have the right status to monitor residential care facilities for children.

It is important to distinguish the monitoring mechanism carried out by independent bodies from the children's complaint mechanisms. The latter should work as a first call at the facility level; the children, or eventually, their parents or the staff, should be able to communicate any type of concern to the institution's management. The independent monitoring mechanisms instead is a national structure, ideally with regional and local outreach, that might be contacted by anybody if a direct approach to the facility is deemed impossible or unsatisfactory in its results.[36]

The monitoring body should be able to form independent inspection committees to make both scheduled and unannounced visits to all the institutions without any exception (governmental, NGOs, private or faith-based facilities) and tackle eventual violations of rights. They should be granted access to all information and records about the treatment and condition of children and should be allowed to conduct interviews with children on a confidential basis. The inclusion of women as part of the inspection teams is particularly significant where the institution hosts girls.[37] Furthermore, the Guidelines suggest that, to the extent possible and appropriate, inspection function should include a component of training and capacity-buildings for care providers.[38]

Do we want institution centred managements or child centred managements? Too often residential facilities for children have an institution-centred approach, thinking about the survival and the improvement of the institution itself in the first place and leaving children behind. Too often, when cases of violence happen, they are not reported to the competent authorities to protect the image of the institution to the detriment of the children's well-being.

Ms. Andal Damodaran
Co-convener, India Alliance for Child Rights &
Vice President, Indian Council for Child Welfare,
Tamil Nadu

Visits are much more effective in terms of promoting sustained improvement in the conditions and treatment of children if they take place regularly and systematically. If visits to the institutions by external commissions are carried out only sporadically, they may do more harm than good. Especially with regard to cases of violence and abuse, visits might create expectations of justice among the children, which are often not fulfilled; they might generate more violence and abuse in a circle of punishment for *spies* and reward for *silent spectators*; and, in a system prone to corruption, external commissions might even be monitored by some lobbies.[39]

34 *International Colloquium on Juvenile Justice:* A Report, 16-18 March 2013, Maria Rosaria Centrone and Bharti Ali, Haq: Centre for Child Rights, New Delhi, 2014, p. 47.

35 *Moving forward: Implementing the Guidelines for the Alternative Care of Children,* p. 122.

36 *Ibid.*

37 *Independent Monitoring Mechanisms for children in detention,* Justice for Children No. 2, UK-AID & PRI.

38 Article 128, *Guidelines for Alternative Care.*

39 *International Colloquium on Juvenile Justice: A Report, 16-18 March 2013,* p. 47.

In addition, on the basis of its daily work, the monitoring independent body should be able to recommend to the government relevant policies with the aim of improving the treatment of children deprived of parental care and ensuring that it is keeping with the preponderance of research findings on child protection, health, development and care. The body has also the duty to contribute independently to the reporting process under the CRC with regard to the implementation of the Guidelines.[40]

The importance of the staff

The Guidelines provide clear indications for the functioning of institutions, covering different aspects of their management. They state the importance of building residential care facilities which are child centred and which focus on the rights and needs of the children. At the same time, the Guidelines underline that the capacity of caregivers and their role have to be carefully considered, together with their rights and needs as human beings.[41]

The Guidelines state that all institutions should clearly set out, in writing, their aims, policies, methods and the standards applied for the recruitment, monitoring, supervision and evaluation of qualified and suitable caregivers. Every institution should have a staff code of conduct that defines the role of each professional and of the caregivers in particular, and includes clear reporting procedures on allegations of misconduct by any team member.

> In small institutions, where parenting models are adopted, the caretakers have to be prepared to perform their roles with great listening capacity and empathy. In general it is advisable that caregivers are not too old and the generational gap among them and the children reflects that between children and parents.

Comprehensive and up-to-date records should be maintained regarding the administration of alternative care services, including the staff employed, and, as a matter of good practice, all facilities should systematically ensure that, prior to employment, caregivers and other staff in direct contact with children undergo an appropriate and comprehensive assessment of their suitability to work with children.

No programme can effectively meet the needs of its children without a well-trained cadre of direct care staff. This, in turn, requires a strong commitment by programme leadership to promote the professional development of its workforce. Caregivers are typically individuals with a high school diploma, although some may have a higher degree, and a specified amount of experience working with children in human services. They frequently enter the field with a strong sense of purpose and the desire to make a difference for children. Yet they often receive insufficient training and supervision, and may experience themselves as unsupported.[42]

Specific training, before and during their placement, should be provided to all caregivers on the rights of children without parental care and on the specific vulnerability of children in particularly difficult situations, such as emergency placements or placements outside their area of habitual residence. Cultural, social, gender and religious sensitisation should also be assured. Training in dealing appropriately with challenging behaviour, including conflict resolution techniques and means to prevent acts of harm or self-harm, should be provided to all care staff employed by the institutions' management. Institutions should also ensure that, wherever appropriate, caregivers are prepared to respond to children with special needs, notably those living with chronic physical or mental illnesses, and children with physical or mental disabilities. In addition, it is important the training underlines the concept of a therapeutic

> During the seminar it was underlined that in South Asia training is always too brief. Institutions' staff receives one-week, or one-month, comprehensive training in the best cases, while actually years of preparation, at academic level, are required.

40 Article 130, *Guidelines for Alternative Care.*

41 Articles 104-116, *Guidelines for the Alternative Care.*

42 *Empowering direct care workers who work with children and youth in institutional care*, Gordon R. Hodas MD, p.1

boundary, which means that a caregiver should act as a professional and not as a friend to the child, thereby reducing the possibility of a conflict of interest or inappropriate conduct.[43]

The Guidelines also consider the importance of caregivers feeling rewarded for their everyday work. During the seminar, a recurrent issue was the low pay and low status of the job of caretaker, which clearly affects the quality of institutional care for children in the region. Conditions of work, including remuneration, for caregivers employed by institutions should be such as to maximise motivation, job satisfaction and continuity, and hence enhance their fulfilment of their roles in the most appropriate and effective manner. The Guidelines underline how the role of governments in this respect is fundamental, since states should provide adequate resources and channels for the recognition of caregivers as professionals in order to favour the implementation of the standards they set.

Especially in terms of mental health care, the positive mental health of the staff often translates into positive outcomes for the children. Social workers also have their life struggles, stress, and issues which can affect their work performance; hence they have to be able to balance them properly. The management of the institution has to provide them with a good serene environment which would help them to fulfil their duties in the best way.

During the seminar, Dr. Amit Sen, talking about his experience as a psychiatrist working with *Salaam Balak Trust*, a Delhi based NGO which manages institutions for disadvantaged children, pointed out the necessity of involving the caretakers in all institution's activities and considering their roles when taking important decisions at managerial level. He explained that when the Mental Health Plan (MHP) was introduced in the *Salaam Balak Trust*'s overall programme, it was a top-bottom approach, strongly suggested by the trustees. The management and the psychologists and psychiatrists involved obviously recognised its importance and felt the need for it, but the caregivers initially did not.

For over a decade there was scepticism around it and the caregivers, who have a fundamental role in the implementation of individual MHPs, were not supportive. Many of them did not understand its importance, found it overwhelming and looked at it as one more task on their shoulders imposed from the top. Staffs' workshops on mental health were initially opened to volunteers so they could become familiar with the MHP, but very few people participated. Later the trainings became compulsory, but at least some of the caregivers already had an insight into the new mental health programme and could start appreciating it. Finally, after more than a decade, the caregivers became familiar with the concept of mental health care and started actively playing their roles in implementing the individual MHPs, but the path was not easy.

Dr. Sen advised towards a major consideration of the roles of caregivers when applying certain changes to the everyday management of the institution, especially because, in terms of mental health care, a comprehensive approach, where the caregivers, the managers and the psychologists and psychiatrists work together, is needed. Hierarchy among personnel is often significant and not carefully evaluated, which seriously affects the functioning of institutions.

Regular meetings between children, caregivers, psychologists and other staff can help solve problems and create good team work. A cohesive team, where the caregivers and the psychologists and counsellors can see each other as part of a unique group with a unique objective, is extremely important. Very often the caregivers are part of plans and programmes imposed from above which make little sense to them. Their opinions, their acknowledgment and approval matter, even if require time and resources spent on sensitisation, because the work of caregivers affects implementation of all programmes and, consequently, the wellbeing of children.

43 *Ibid.*

WHAT THE INSTITUTION'S MANAGEMENT HAS TO DO?

- Set out, in writing, the institution's aims, policies, methods and the standards applied for the recruitment, monitoring, supervision and evaluation of caretaker.
- Develop a staff code of conduct that includes clear reporting procedures on allegations of misconduct by any team member.
- Maintain comprehensive and up-to-date records on the staff employed.
- Ensure that prior to the employment caretakers undergo an assessment of their suitability to work with children.
- Provide the caretakers with specific training, before and during their placement, on the rights of children without parental care and on the specific vulnerability of children in particularly difficult situations (juveniles, children with disabilities, sexually abused children, etc).
- Assure the caretaker's good working conditions and appropriate remuneration, to maximise motivation, job satisfaction and continuity.
- Involve the caretakers in all institution's activities and consider their roles when taking important decisions at managerial level.

Juvenile Offenders

Children and adolescents in juvenile detention facilities are a very sensitive category on the wider spectrum of children living in institutions. It could be even said that they are an almost forgotten category, since very often public opinion, if not the laws and policies themselves, forget they are children, entitled to all their rights, and simply see them as delinquents to be punished.

In reality, the majority of children in conflict with the law are in detention because of petty offences and not heinous crimes. Many of them, in some countries, find themselves in institutions for actions which should not even be considered crimes. Survival behaviours such as begging, loitering, and vagrancy are not valid reasons to hold a child in detention.

Removing the legal basis under which many children are taken in custody is the first step to avoid unnecessary institutionalisation. For example, in India, under the Protection of Children from Sexual Offences (POCSO) Act, 2012, the age for sexual consent is defined as 18 years old. Child Rights' advocate Anant Kumar Asthana during the seminar underlined how the practical outcome of such legislation is that a good number of children find themselves unnecessarily at the mercy of the protection system's bureaucracy. The most common situation is in fact that two young lovers, who escaped their homes because their families did not agree with their relationship, get caught and have to go through unnecessary pain. The boy becomes a Child in Conflict with the Law (CICL) and the girl a Child in Need of

JUVENILE JUSTICE – INTERNATIONAL LEGISLATION

- Convention on the Rights of the Child (CRC) (1989);
- UN Standard Minimum Rules for the Treatment of Prisoners (1955);
- UN Standard Minimum Rules for the Administration of Juvenile Justice (Beijing Rules) (1985);
- Convention against Torture (CAT) (1984; 1987);
- UN Rules for the Protection of Juveniles Deprived of their Liberty (Havana Rules) (1990);
- UN Standard Minimum Rules for Non-custodial Measures (Tokyo Rules) (1990);
- Guidelines for Action on Children in the Criminal Justice System (Vienna Guidelines) (1997);
- ILO Convention 182 concerning the Elimination and immediate prohibition of the Worst Forms of Child Labour (Convention 182) (1999);
- Optional Protocol to the Convention against Torture (OPCAT) (2006);
- UN Standard Minimum Rules for the Treatment of Prisoners (1957);
- UN Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (Bangkok Rules) (2010);
- The United Nations Principles and Guidelines on Access to Legal Aid in Criminal Justice Systems (2012).

Care and Protection (CNCP), as per the Indian child protection system. Pro-active judiciary is now stepping in and ensuring the self-dignity of the under-age lovers/couple, as can be seen in the recent judgements of ASJ Kamini Lau.

Even in case of actual crimes, institutionalisation should be considered only when all other options have been exhausted. Therefore, the use of restorative justice and diversion measure is advisable to diminish the actual numbers of children in detention facilities, giving them valuable opportunities to learn, overcome their problems and pay back to the society. A separate juvenile justice is part of the right to protection of all children and it should include procedures to avoid institutionalisation of offenders under 18 year of age, and even a little older. Unfortunately, in South Asia, not all children manage to fall under the juvenile justice protective system and many adolescents are placed in adult jails. In the region only 38.8 percent of births have been registered, resulting in a large number of adolescents without age proof documents.[44] These boys and girls find themselves outside the child protection system much before their eighteenth birthday, and at risk of being treated as adults by the penal system.

Juveniles are also a very sensitive category because they are more prone to abuse and violence than other children once they are placed in institutions. Corporal punishment and solitary confinement are prohibited for juveniles by international standards, but many national laws still allow these practices. Furthermore, in comparison with other kind of institutions, detention facilities are subject to stricter security measures. They are inaccessible for people who do not work there and it is very difficult to detect perpetrators of abuse within them.

In terms of mental health and psycho social interventions for children in conflict with the law, some delegates during the seminar underlined how usually only the juveniles who have committed serious offences are given the attention of a counsellor or a professional. However, petty offences are much more numerous than crimes such as murder or rape, and they show large repetition. If the psycho-social problems of children and adolescents who commit theft or other minor crimes could be addressed properly, providing the young boys and girls education especially on themes such as sexuality and drug abuse, the incidence of serious offences would probably diminish too.

Children with Disabilities

Children with physical or mental disabilities, psychiatric or other severe illnesses are those who are most commonly institutionalised the most around the world. Many have been given up by parents who, lacking money or support services to cope with their child's disabilities, felt they had no alternative. A significant number of them have extensive caretaking requirements, reduced communication capacity and an inability to protect themselves from eventual abuse. Hence children with disabilities are frequently at higher risk of staff violence in institutions than other boys and girls, necessitating more efforts, competence and open-minded attitude from the duty bearers to adequately fulfil, respect and protect their rights.[45]

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), along with the UN Convention on the Rights of the Child (CRC), states the principles to be followed when formulating national legislation and policies in relation to children with disabilities. The UNCRPD has been ratified by all South Asian countries, except Bhutan and Sri Lanka. Nevertheless India, Maldives and Pakistan have not ratified its Protocol yet, which is meant to recognise the competence of the Committee on the Rights of Persons with Disabilities to receive communications from or on behalf of individuals or groups who claim to be victims of a violation by a State Party of the Convention.[46]

44 *State of the World Children (SOWC)* 2014, UNICEF, Statistics and Monitoring, www.unicef.org.

45 *World Report on Violence Against Children,* p. 176.

46 www.un.org/disabilities

Article 3 of the UNCRPD especially underlines that *respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities* are non-negotiable general principles to be considered by the State parties. Dealing with the right to care and protection of children with disabilities, the UNCRPD focuses on specific issues:

- Birth registration and the right to identity and to be cared for by their own parents;
- The right to retain fertility;
- Recognition of high levels of violence and abuse.

The UNCRPD also recognises that children, and persons, with disabilities are subject to high levels of institutionalisation, and states their right to live independently as part of the community[47] and to be respected at home and in the family life.[48] Equal recognition under the law, affirmed by Article n. 12, is another cardinal point to assure children with disabilities of their right to protection, together with concepts of reasonable accommodation, provision of support, accessibility, communication, universal design, and inclusion, all extremely important when framing law, policy and programmes for children with disabilities.

Article 23 of the UN Convention on the Rights of the Child

1 States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.

2 States Parties recognize the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance for which application is made and which is appropriate to the child's condition and to the circumstances of the parents or others caring for the child.

3 Recognizing the special needs of a disabled child, assistance extended in accordance with paragraph 2 of the present article shall be provided free of charge, whenever possible, taking into account the financial resources of the parents or others caring for the child, and shall be designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development.

4 States Parties shall promote, in the spirit of international cooperation, the exchange of appropriate information in the field of preventive health care and of medical, psychological and functional treatment of disabled children, including dissemination of and access to information concerning methods of rehabilitation, education and vocational services, with the aim of enabling States Parties to improve their capabilities and skills and to widen their experience in these areas. In this regard, particular account shall be taken of the needs of developing countries.

In India, as in many other countries, incoherent implementation of laws dealing with children with disabilities aggravates the already difficult conditions of this category of children within the country. The focus on standards and rights of the child is uneven and the mechanisms of oversight are too various. Furthermore, policies, legislations or programmes that counter institutionalisation for the child with disabilities are almost non-existent. The Integrated Child Protection Scheme (ICPS) still accepts high levels of abandonment and consequent institutionalisation of children with disabilities with weak provisions for subsequent inclusion within larger society.

The picture is not more reassuring once children with disabilities enter into institutions, with standards of physical and mental health care being far from acceptable in many homes. The problems and challenges in relation to children's institutions within India, connected to capacity building of the staff, mismanagement of resources,

47 Art. 19, *Convention on the Rights of Persons with Disabilities and Optional Protocol (*UNCRPD), United Nations.

48 Art. 23, UNCRPD.

lack of effective implementation of legislation and poor monitoring mechanisms at all levels, get aggravated when dealing with children with disabilities.

LAWS DEALING WITH INSTITUTIONALISATION OF CHILDREN WITH DISABILITIES IN INDIA:

1. Persons with Disabilities Act (1995)
2. Mental Health Act (1987)
3. Juvenile Justice Act (2000) and Rules 2007
4. National Trust Act for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities (1999)

During the seminar, from the debate regarding mental health of children with disabilities, an important concept emerged: unless a child with disabilities is not considered first a *child*, with *all* his/her rights to be fulfilled, high standards of physical and socio-psychological care will never be reached. Children with disabilities are surrounded by stigma which is often very difficult to counter, even within the framework of love and care.

First of all, children with disabilities are often not entitled to their right to independence and little effort is made to assure that the infrastructures of the institutions they live in can guarantee them not only a child-friendly environment, but especially one which supports their independent living. Their right to development is rarely considered and little is done to ensure that children with disabilities gain adequate education and life skills, fulfilling the prejudice that they cannot support themselves once they reach adulthood.

Focusing on mental health, thoughts regarding children with disabilities rarely go further than mere medical intervention, denying the psychological difficulties and challenges a child with disabilities face during his/her everyday life.

In India we have not fully recognised of the high levels of violence and abuse children with disabilities are subjected to. We need to develop a specific study on violence against children with disabilities.

We have not even entitled people with disability to equal recognition under the law yet. Their right to fertility is still a taboo argument.

We tend to devalue their lives, but the problem does not reside in them. The problem is in our mental categories.

Ms. Radhika Alkazi
Founder managing trustee, Aarth-Astha

The best interest of the child with disabilities is not always taken into account before and during institutionalisation. The path and the process of decision-making prior to institutionalisation require precise guidelines which can guarantee that children with disabilities are placed in homes with adequate infrastructure and staff numbers for their needs. At the same time, an effort has to be made by policy makers to push towards a major inclusion of children with disabilities in society. The concept of inclusion, when dealing with institutionalisation, translates into homes where children with disabilities can interact on a daily basis with other children, instead of being segregated into institutions that, however impeccable they might be in terms of standards of care, will always remain *ghettos* for people who are denied their *right to normality*.

SOUTH ASIA: A SITUATION ANALYSIS

When conceptualising the seminar, it was felt that a debate with a major focus on South Asia was necessary and it would have been fruitful since the challenges to the realisation of child rights are very similar in the whole region. Even considering the differences in terms of geography, population, size, internal and external socio-political factors, and systems of governance, the eight countries forming the South Asia Association for Regional Cooperation (SAARC) share similar success stories and problems.

During the 1990s, South Asian countries have ratified the Convention on the Rights of the Child (CRC) and its Optional Protocols, and thus agreed to respect, protect and fulfil the human rights of all children. The SAARC reaffirmed this determination and commitment at a regional level through its two conventions and various policy documents such as the SAARC Social Charter (1996), the Colombo Statement on Children of South Asia (2009) and the SAARC Framework for Care, Protection and Participation of Children in Disasters (2011).

The child's good physical health is important for his/her overall development and requires daily attention, not simply access to medical care in case of illness.

RATIFICATION OF UN CRC AND ITS OPTIONAL PROTOCOLS AND SAARC CONVENTIONS ON CHILD PROTECTION

Country	UN Convention on the Rights of the Child	Optional Protocol to the CRC on the Involvement of Children in Armed Conflict	Optional Protocol to the CRC on the Sale of Children, Child prostitution and Child Pornography	SAARC Convention on Regional Arrangements for the Promotion of Child Welfare in South Asia	SAARC Convention on Prevention and Combating Trafficking of Women and Children for Prostitution
Afghanistan	✓	✓	✓	×	×
Bangladesh	✓	✓	✓	✓	✓
Bhutan	✓	✓	✓	✓	✓
India	✓	✓	✓	✓	✓
Maldives	✓	✓	✓	✓	✓
Nepal	✓	✓	✓	✓	✓
Pakistan	✓	Signed	✓	✓	✓
Sri Lanka	✓	✓	✓	✓	✓

During the last decade, positive results have been reached in the region, especially with regard to children's health and education, even though many human and child rights activists feel that more political commitment at regional and national levels is needed in the field of child protection to reach the ultimate result of fulfilment of all rights for all children.

The mortality rates of children in South Asia have declined consistently and polio has been nearly eradicated. South Asian children are increasingly immunised against severe but treatable illnesses and got major access to drinkable water resources. Despite this important progress, the levels of malnutrition are still high and only 41 percent of the population in the region use improved sanitation facilities.[49]

Since the 1990s, children in South Asia have also enjoyed increased access to education and information, with primary school tuition fees abolished in all countries and a greater number of girls enrolled in schools. In addition, gender equity and human rights are recognisable principles behind much national educational legislation. The legislative efforts to guarantee the right to education in all the countries are admirable, but 13 million children are still out of school and the quality of the educational services provided by the governments is not fully satisfactory, considering high pupil-teacher ratios and the general shortage of properly trained teachers.[50]

Focusing on child protection, the eight South Asian countries present extensively common features in regard with both the causes which push children in dangerous environments and situations and the kind of violence experienced by them. Natural disasters and internal conflicts, together with a strong rural-urban divide in terms of opportunities, and a crescent preoccupation for pockets of poverty inside the cities due to rapid urbanisation, are some among the common challenges in the region and the main reasons why children are unsafe and exposed to abusive situations.

The South Asian Initiative to End Violence Against Children (SAIEVAC), a SAARC Apex Body, identified five themes which constitute important child protection issues to be tackled in the region: child labour, child marriage, corporal punishment, child sexual abuse and exploitation, and child trafficking. Children in direct contact with the protection system in South Asian countries, and hence institutionalised, have often been through one, or more, of the above-mentioned forms of violence and the abuse might not stop once they enter in institutions.

In compliance with articles 19 and 20 of the CRC, governments have the duty to protect all children from violence and to make sure that those who live without parental care are placed in safe and healthy environments. This duty cannot be properly fulfilled and the right of children to protection is denied when legislation allows the use of violence as a disciplinary measure. Allowing corporal punishment in residential care, a state becomes the main perpetrator of violence in the first place. A complete ban on corporal punishment in all institutional settings is a non-negotiable primary standard of care. Governments should ensure that national legislation, policy, and practice fully support the implementation of the CRC and other human rights instruments, such as the Convention Against Torture (CAT), which prevent the use of violence within institutions.

In South Asia, legislative provisions do not guarantee children protection from corporal punishment and other cruel and degrading forms of punishment in all settings, including institutional settings. Juvenile Justice legislation prohibit corporal punishment in Bhutan, India and in some provinces of Pakistan, while Sri Lanka is in the process of drafting a new legislation regarding children's homes which contains provisions to ban corporal punishment in all children's residential care facilities.

49 *The South Asian Report on the Child-friendliness of Governments*, p. 177.

50 *The South Asian Report on the Child-friendliness of Governments*, p. 203.

LEGISLATION TO PROHIBIT CORPORAL PUNISHMENT IN SOUTH ASIA

State	Prohibited in the home	Prohibited in alternative care settings	Prohibited in day care	Prohibited in schools	Prohibited in penal institutions	Prohibited as sentence for crime
Afghanistan	NO	NO	SOME[51]	YES	NO	NO[52]
Bangladesh	NO	NO	NO	YES[53]	NO	NO
Bhutan[54]	NO	NO	NO	NO[55]	YES	YES
India	NO	YES	NO	SOME[56]	YES	SOME[57]
Maldives	NO	NO	NO	NO[58]	NO	NO
Nepal[59]	NO	NO	NO	NO	NO	YES
Pakistan[60]	NO	NO	NO	SOME[61]	SOME[62]	SOME[63]
Sri Lanka	NO	NO[64]	NO	NO[65]	SOME[66]	YES

Source: Global Initiative to End all Corporal Punishment of Children

Gender-based violence is also a serious common problem in the region, as well as discrimination on the basis of caste, class, religion, ethnicity and disability. Furthermore, limited levels of birth registration make children more vulnerable as they might not be eligible for basic protection services.

The seminar, with its panellists from all the South Asian countries, except Bhutan, gave the participants an interesting overview of the child protection system in every nation, with a special focus on alternative care facilities and institutionalised children. The data and the developments at governmental and grass-root level listed by the different presentations, and elaborated in the following paragraphs, show a common regional picture of challenges and possible ways forward.

Specifically, with regard to institutionalised children and their right to a positive mental health, a dialogue among the South Asian countries can be fruitful because it develops on a very similar playground. The historical path of colonialism and the growth of residential care facilities, together with the strong presence of religious institutes for children's education, place South Asia as the region with the highest number of children's institutions in the world, together with the African continent.

The seminar's participants hence felt that in all countries criteria for institutional admission must be laid down more systematically, ensuring that only those children most critically affected and without alternatives are

51 Prohibited in pre-school provision.

52 Lawful under *Shari'a* law.

53 Unlawful under 2011 Supreme Court ruling, still to be confirmed in legislation.

54 The Child Care and Protection Act 2011 prohibits some but not all corporal punishment.

55 Code of Conduct and ministerial directives state corporal punishment is not to be used but no prohibition in law.

56 Prohibited for 6-14 year olds.

57 Permitted in traditional justice systems.

58 Ministry of Education advises against corporal punishment but no prohibition in law.

59 2005 Supreme Court ruling removed legal defence for corporal punishment by parents, guardians and teachers.

60 Commitment to prohibition in all setting in 2006. Draft legislation under discussion (2013).

61 Prohibited for 5-16 year olds in Islamabad Capital Territory, Sindh province and possibly Balochistan province.

62 Prohibited in Juvenile Justice System Ordinance 2000 but this not applicable in all areas and other laws not amended/repealed.

63 Lawful under *Shari'a* law.

64 Legislation to prohibit in children's homes being drafted (2011).

65 Ministerial circular states corporal punishment should not be used but no prohibition in law; legislation to prohibit being drafted (2011).

66 Prohibited in prisons; legislation to prohibit in all penal institutions being drafted (2011).

admitted to institutions. Institutionalisation is considered a measure of last resort in all national child protection policies, but, in reality, the number of institutions is not diminishing.

The problem of institutions which are close to the outside-world and do not give children the possibility of interacting and being part of the larger society was also mentioned by the seminar's participants. Planning and services need to ensure, support and promote the involvement of and continued contact with parents and family. Institutions should allow their children to develop relations with other children in the local communities and encourage the use of community services. There needs to be a shift in attitude among those working with children to more community-based approaches and an urgent need for awareness-raising, especially among policymakers and caregivers regarding available alternatives to institutional care for children.

Common values and even common prejudices often referred to as *traditional culture*, together with the strong need to read and re-adapt the human rights framework of the CRC to the fast changing South Asia economies and societies, are the ultimate challenges which emerged from a deeper analysis of the seminar's countries' presentations.

THE SOUTH ASIA INITIATIVE TO END VIOLENCE AGAINST CHILDREN (SAIEVAC)

The South Asia Initiative to End Violence Against Children (SAIEVAC)'s journey started in 2001 with the UN General Assembly's Resolution to initiate a global study on Violence Against Children (VAC). The South Asia region started its own study to be included in the UN Secretary General's Study on VAC which was published in 2006. The study underlined five key thematic areas of intervention with regard to VAC: Child Marriage, Child Labour, Child Trafficking, Corporal Punishment and Sexual Abuse and Exploitation. The need was felt for an institutional entity which could focus on these issues on a regional level, linking up with different governmental and non-governmental agencies.

The South Asia Forum for Ending Violence Against Children (SAF) was formed in 2005 as an outcome of the SAARC regional consultations and as a mechanism to end all forms of VAC in the SAARC region. SAIEVAC evolved from SAF in 2010 to guide the process of national implementation of the recommendations of the UN Secretary General's Study on VAC. In 2011 it became a SAARC Apex Body with its Secretariat in Kathmandu, Nepal.

SAIEVAC is governed by a Board of Governors consisting of one appointed government representative from each of the eight SAARC region countries, the chair of the South Asia Coordinating Group on Action against Violence against Children (SACG), two child representatives on a rotational basis and two national civil society organisation representatives. National coordinators support the process at the national level and participate in SAIEVAC's meetings and activities.

SAIEVAC's Work plan formulates Strategic Objectives on 14 different areas: regional cooperation; national strategy; legislative measures; prevention; data collection; professional training and learning; child care standards; reporting; referral mechanisms; recovery, rehabilitation and social re-integration; justice system; education and awareness; and child and civil society participation. All the fourteen areas are cross-cutting issues along the five thematic areas and Positive Mental Health could be easily included within them.

Till the present day, SAIEVAC organised three Technical Consultations (TCs) on Legal Reform and Corporal Punishment (Kathmandu, 2010), Child Care Standards and Child-Friendly Services (Kathmandu, 2011) and Eliminating Harmful Practices Affecting Children in South Asia (Thimpu, 2013). The next TC will be held on the theme of Children with Disabilities, hence with great space for discussion on mental health issues.

Dr. Rinchen Chophel
Director General, SAIEVAC

Afghanistan

From the Presentation of
Mr. Najeebullah Zadran Babrakzai
Child Rights Coordinator, Afghanistan Independent Human Rights Commission (AIHRC)

The population of Afghanistan is very young, with over 57 percent of it constituted by children and adolescents. Last data report that almost 12,300 children in the country reside in institutions, with the number of boys exceeding the number of girls in both governmental and private facilities.[67]

The main laws to for the protection of children's rights in the country are Article 54 of the Constitution and the Law of Juvenile Rehabilitation Centres and the Juvenile Code, 2005. The Children Guardian Law has been drafted but the Parliament has not ratified it yet.

The government of Afghanistan has also enacted a Strategy for Children at Risk and developed a specific Code of Children Orphanage Centres. Two new centres for mental health care are about to be established in the country and one of them will be exclusively for children.

During the last years, international agencies played an important role in developing response mechanisms for children in need of care and protection in Afghanistan. Right after the end of the conflict, the United Nations Children's Fund (UNICEF) implemented a Children Reunification Coaching Programme which gave 850 children the possibility of being reunified with their families. All the children were enrolled in schools and their parents and relatives were helped in creating small businesses to support their daily needs.

Other NGOs implemented similar programmes during the biennium 2004-06 and more than 260 children were reunified with their families thanks to their work. Unfortunately these kind of interventions stopped and currently there are no such provisions under the Ministry of Labour, Social Affairs, Martyrs and Disabled (MoLSAMD).

Because of the devastating conflict, Afghani children are among the most vulnerable in the region, since the service providers themselves – government, INGOs, NGOs and civil society in general – are in short supplies. Some positive practices and achievements can nevertheless be mentioned. Day time education services are provided to children both outside and inside the institutions, with children in need residing inside the Homes. Vocational training programmes are also carried on inside the institutions and children are provided with a banking account number to get financial benefits once they reach the major age.

These good efforts are sadly obfuscated by numerous challenges. The level of education and quality in many institutions is very low and, in the worst cases, some Homes do not allow the children any contact with the outside world and keep them locked forcing them to work and produce income. The country has also more than 2 million orphans and no legislation in place to allow and regulate adoption. The need for a law against child abduction is also quite urgent, since child trafficking finds a ripe ground in the post-war scenario.

Additionally, positive mental health and disability are also imperative themes to be included in the framework of child protection issues in Afghanistan. The CRC and the Convention on the Rights of Persons with Disability (CRPD) can be the pillars the new national legislation should be built upon. New infrastructure is also needed for people with mental health problems, since Afghanistan does not any centre to accommodate children with mental disability yet.

67 Ca. 4,700 boys and 1,800 girl in 30 governmental facilities; ca. 5,616 boys and 101 girls in 40 private centres.

Among the most important and urgent focuses for the next policies and programmes to be built upon, there are also vaccination campaigns, especially in the rural areas, to diminish child morbidity and mortality, and birth registration campaigns to assure children not only their national identity, but also their inclusion in the child protection system. Data collection and management, especially of children within institutions and with mental and physical disabilities, is another imperative point to be tackled, together with gender violence and child marriage.

Bangladesh

From the presentation of
Dr. Tuhinul Islam Khalil
Child rights activist and senior research fellow, Northern University, Bangladesh

In Bangladesh residential childcare has a very long history and different types of institutions are present in the country: governmental institutions, called *Shishu Sadan* (orphanages); NGOs' children's Homes; religious institutions, mainly orphanages and educational institutes, supported by the community; and private residential coaching centres, boarding schools and cadet colleges.

There is little data available on children residing in institutions in Bangladesh and more research is needed to identify their numbers and status. UNICEF states that there are almost 49,000 children in residential care in the country, but, according to other sources, the number of institutionalised children is much larger. 11,575 children live in the 94 governmental facilities, while more than 10,000 stay in 20 NGO-Homes; more than 64,000 live instead in religious institutions, which are not included in the governmental monitoring mechanisms.

CHILD PROTECTION LAWS IN BANGLADESH

- The Bangladeshi Constitution, Article 28 (4), 27, 28 and 31;
- The Children Act, 2013;
- The Birth and Death Registration Act, 2004;
- The Violence against Women and Children Act, 2000 (amended in 2003);
- The Human Trafficking Deterrence and Suppression Act, 2012;
- The Employment of Children Act, 1938.

Bangladesh signed and ratified different international and regional human rights mechanisms and has 32 national laws differently related to children's rights. A large number of policies have also been developed by the government in the last years, where the rights of children constitute an important cornerstone: the National Plans of Action (NPAs), 2005-2011; the Child Policy, 2011; the Education Policy, 2010; the Health Policy, 2011; and, the National Child Labour Elimination Policy, 2010. The Protection of Children at Risk (PCAR) programme and Safety Net Programmes (SNPs) are also to be included in the spectrum of political efforts to enhance children's rights in Bangladesh.

The realities are unfortunately far from the aspirations. Often encouraged by the *promise* of international aid, resources are not sufficient to implement the legislation and policies in place. From the specific legislative point of view, national laws and international human rights treaties and conventions are often in contradiction.

Bangladesh is a country where traditional religious beliefs have a strong word among the community, influencing the care of children. Governmental policies regard institutionalisation as measure of last resort, but it is practically the only resort. Furthermore, for many institutions' administrations, especially faith-based institutions, the language of child rights is a new and challenging one, not always easy to match which those considered children's needs.

Finally, it is important to recall different natural disasters which have increased the number of abandoned children and families living below the poverty-line in the country. In these specific circumstances, more focus by the government on alternative care for children is a priority.

India

From the presentation of
Ms. Nina P. Nayak
Former member, NCPCR, India

In India the Juvenile Justice Act (JJA), 2000, the most comprehensive national legislation for the protection of children's rights in the country, differentiates between Children in Need of Care and Protection (CNCP) and Children In Conflict with the Law (CICL). Their numbers are enormous.

UNICEF's report *The State of the World's Children*, 2012, states that in India there are 31 million orphan children. The National Family Health Survey (NFHS), 2005-06, counts around 20 million children who have lost both or one parent (4.9 percent of the entire child population of the country), with 100,000 orphans estimated only in the state of Jammu & Kashmir. The Integrated Child Protection Scheme (ICPS) counts 180 million children in need of care and protection, while the 2012 Statistical Report by the Ministry of Statistics and Programme Implementation states that almost 34,000 children are in conflict with the law.

The JJA regards institutionalisation as measure of last resort, but actually the number of children in governmental and private residential care – hostels, *ashram* schools, Homes, orphanages - is enormous. Only in the state of Tamil Nadu there are 400,000 institutionalised children with a colossal outlay of Rs. 80,000,000.[68]

CHILD PROTECTION LAWS IN INDIA

- Indian Constitution (Art 15 (3); Art 21.a; Art. 24; Art. 39e & 39f; Art. 45; and Art. 51a);
- Indian Penal Code (Art. 302; 315; 316; 305; 317; 319-322; 324; 339; 340; 360; 36; 363 read with 384; 363a; 366; 367; 369; 372; 373; 376);
- Juvenile Justice Act (JJA), 2000;
- Commissions for Protection of Child Rights (CPCR) Act, 2005;
- Child Marriage Prohibition Act, 2006;
- Protection Of Children against Sexual Offence Act (POCSO), 2012;
- Guardians and Wards Act (GWA), 1890;
- Hindu Adoptions and Maintenance Act (HAMA), 1956;
- Hindu Minority and Guardianship Act, 1956.

Besides an extensive legislation covering different aspects within the larger framework of child protection, various policies have been developed in the last decade. The recent National Policy for Children, 2013 and the XI and XII Five Year Plans expounds that family environment is the most conducive for the development of children and that families are to be supported by a strong social safety net in caring for and nurturing their children. Separation of children from their families should be the last resort. The National Charter for Children, 2003-04; the National Policy on Education, 1986 (modified in 1992); the National Policy on Child Labour, 1987; the National Nutrition Policy, 1993; the National Health Policy, 2002; and the National Plan of Action, 2005 and 2014 draft all reiterate the above-mentioned constitutional commitments.

The National and State Commissions for Children set up under the CPCR Act, 2005, mandated a monitoring role to ensure implementation of legislations protecting interests of children, including inspection of child care institutions.

In the specific case of protection of institutionalised children's rights, the peculiar instrument of Public Interest Litigation (PIL) and some judicial interventions made a difference in reiterating and clarifying standards of care in institutional settings:

- In 2013 the Supreme Court (SC) set up One-Man Committee to oversee the implementation of the JJA through High Courts across the country;

68 Ca. 1,330,000 USD.

- A resolution was taken at the Chief Justice's Conferences 2006 & 2009 to supervise the implementation of JJA, 2000;
- In 2012 in the SC sought the declaration of the right to rehabilitation for orphan and destitute children as a fundamental right under Art. 21 of the Constitution;
- In 2005 the SC passed directions for the optimal functioning of the statutory structures under the JJA, 2000 in all Indian states;
- In 2007 the SC passed directions redress against the alleged transportation of large number of children from the North-East States of the country to institutions in Tamil Nadu and also on the implementation of the JJA, 2000 and the CPCR Act, 2005;
- In 2011 the Allahabad High Court passed directions for the repatriation of children entering child care institutions;
- In 2012 both the Karnataka and the Madras High Courts sought the implementation of JJA, 2000;
- In 2009 the Delhi High Court passed directions to set up Supervision Committees for Observation Homes;
- In the PILs filed by the Registrar Generals of the High Courts of Karnataka and Madras, directions were passed regarding the implementation of the JJA, 2000, in letter and spirit;
- In 1984 the Supreme Court passed guidelines for promoting children's right to family life through adoption.

Civil society has an important role to play through generalised and specific advocacy for children. The political leverage is missing to raise child rights; there is the need to raise a strong public voice. Child Rights is also a SAARC subject. Advocacy at both regional and national levels is necessary.

Ms. Razia Ismail
Convenor, India Alliance for Child Rights

INDIA'S INSTITUTIONAL MECHANISMS AS RESPONSE TO CHILDREN IN ALTERNATIVE CARE

- The Integrated Child Protection Scheme (ICPS) launched in 2009-10.
- Service delivery structures available at three levels of administration:
  - **Central Level:** the Central Project Support Unit, Childline India Foundation (CIF), the Central Adoption Resource Authority (CARA) and the National Institute on Public Cooperation and Child Development (NIPCCD);
  - **State Level:** State Support Units, State Child Protection Society and State Adoption Resource Agency;
  - **District Level:** Child Protection Society and Specialised Adoption Agencies.
- Childline (1098) in 32 States, operative in 279 locations across the country through 550 civil society organisations.
- Support to Statutory Structures: Child Welfare Committees (CWCs) and Juvenile Justice Boards (JJBs).
- Child Tracking System for missing children and a database of children accessing services under creation.
- Scholarships, stipends and transport and material assistance to children to promote school enrolment and retention.
- Mid-Day Meal Scheme.

Even with gigantic governmental efforts and a large number of detailed legislations, policies, schemes and programmes, the challenges in the Indian territories are enormous. Poverty is the major cause behind the vulnerability of children. In 2010 the World Bank indicated that 32.7 percent of people in India fall below the international poverty line of USD 1.25 per day, while 68.7 percent live on less than USD 2 per day. 93 percent of labour in India is engaged in the unorganised sector, with little or no social security support at all. Important poverty-alleviation schemes such as the Mahatma Gandhi National Rural Empowerment Guarantee Act (MGNREGA), the Public Distribution System, the *Indira Awas Yojana*, and social security legislations such as The Minimum Wages Act, 1948, The Factories Act, 1948, The Contract Labour Act, 1970, The Inter-State Migrant Workmen (Regulation of Employment and Conditions of Service) Act, 1979, and the National Food Security Act, 2013, are poorly implemented and budgets allocated remain unspent.

Alternative care services within the community are lacking and the pull of institutional care is still appealing for vulnerable children, even though data regarding standards of care in residential facilities is alarming. In 2007 the National Commission for Protection of Child Rights (NCPCR)'s Study on Observation Homes in nine Indian states found overcrowding, low quality food, poor sanitation, absence of water, lack of productive activity and failure to segregate CNCP and CICL as the *status quo* in majority of the institutions inspected.

Additionally, the Study on Child Abuse conducted in 2007 by the Ministry of Women and Child Development (MWCD) recorded that 56.73 percent of children in institutions in 13 Indian states reported having been subjected to physical abuse by the staff members of institutions.

Gigantic challenges to reach good standards of child protection in the country are nevertheless due to endemic loopholes within the system. Knowledge and skills paucity and a cynical and *unimaginative* bureaucracy obstruct the implementation of fairly good laws and policies shaped on a child rights perspective. The legal system does not properly prosecute offenders of children's rights. Budget allocations for the protection of children are poor in comparison to education or health concerns.

SUGGESTED PRIORITIES TO IMPROVE INDIA'S CHILD PROTECTION SYSTEM

Macro Level

- Strengthening the linkages between poverty and child protection and devising strategies to protect child rights by focusing on parental needs;
- Universal social security and medical insurance for the workers in the unorganised sector as a protective measure for the families;
- Decentralising the planning and the implementation of the social sector schemes with the involvement of the *Panchayats*, the *Gram Sabhas* and the Urban Local Bodies;
- Strengthening the inter-sectoral linkages and coordinated approaches of child protection services with the allied departments (Education, Health and Family Welfare, Food and Civil Supplies, Social Welfare, Police, Revenue, etc.);
- Realistic and enhanced budget allocation as a priority for children;
- Amendments the JJA, 2000 to bring in greater accountability of the State in ensuring protection measures in place for children;
- Setting up of Regional Centres for Residential Care Services to exclusively support standard setting in institutional care, influence policy, strengthen capacity building, under-take research and support monitoring and evaluation.

Micro Level

- Making institutional care a means to an end, i.e. a platform for a comprehensive range of preventive and rehabilitative services for children within the context of families and communities;
- Enforcement of all the provisions in the JJA, 2000 through the implementation of the ICPS;
- Investment in Human Resources by building knowledge, competency through non-hierarchical methods at every level of implementation, including the law-enforcement agencies, such as the judiciary, the police, and the healthcare professionals;
- Making Child Participation an approach in all the protective services for children;
- Strengthening probationary programmes to effectively respond to the increasing number of children in conflict with the law;
- Instituting regulatory mechanisms for Licensing and/or Accreditation of services and professionals such as the International Organisation for Standardisation (ISO) 9000;
- Strengthening networking to tap community support services and resources;
- Setting up children's courts along with access to legal aid to children to ensure speedy justice;
- Relying on e-governance to raise standards of care in institutions, promote research and documentation.

THE NEW INTEGRATED CHILD PROTECTION SCHEME IN INDIA

The Integrated Child Protection Scheme (ICPS) is a Government of India's programme for child protection, being implemented across the country from 2009-10. It was conceived at the beginning of the XI Plan period (2007-2012), when children were placed at the *centre of development* by the Plan and protection of children from abuse and exploitation was stated to be integral to their holistic growth and development. The scheme's aims were to address gaps in existing initiatives and putting in place a safety net of exclusive structures, services and trained personnel for the protection of children in difficult circumstances. It provides financial resources to States' Administrations for the effective implementation of the JJ Act and brings together piecemeal initiatives on child protection.

The implementation of the scheme for nearly five years highlighted the urgent need for revision of financial norms and provision of flexibility. Hence, in February 2014, the Government of India approved the continuation of the ICPS in the XII Plan (2012-2017), with enhanced financial norms. The total financial implication for the XII Plan period would be Rs. 3000.33 crore (USD 5,475 million).

The approval of the revised scheme with enhanced financial norms will:

- Prevent attrition and help in recruitment of skilled child protection personnel;
- Ensure sufficient nutrition and minimum required facilities are provided to children;
- Promote convergence with other schemes being run by government or NGOs to reduce staff cost and build linkages between existing programs; and
- Help States and Union Territories to provide child protection services in a more cost effective manner.

New financial norms have been enhanced for the construction of facilities (Rs. 1000 (USD 16.6 ca.)/sq.ft. from the previous Rs. 600 (USD 10 ca.)/sq.ft.) and for the maintenance grant in the Homes, open shelters, and specialised adoption agencies (from the previous allocation of Rs. 750 (USD 12.4 ca.) per child per month to Rs. 2000 (USD 33.2 ca.) per child per month). The salaries as well as other recurring administrative costs have been enhanced too and more funds have been provided to the National Institute on Public Cooperation and Child Development (NIPCCD) and at the state level to improve capacity of the staff which populates the ICPS.

The new ICPS also gives more emphasis to vocational training linking up with the National Skill Development Initiative of the Ministry of Labour and allowing free training for children in institutions on specific subjects.

The ICPS is a powerful governmental scheme, which needs to be implemented at all levels, especially focusing on the district-level, which is often the weakest link. Civil Society has an important role to play in the implementation process, especially making sure that children's institutions ask for and utilise all the funds available through the scheme.

Mr. Vivek Joshi
Joint Secretary, MWCD, Government of India

Maldives

From the presentation of
Ms. Fatima Reesha and Ms. Fatima Ahmed Khaleel
Advocating the Rights of Children (ARC)

In the Maldives the Children's Home is the only available alternative care institution for children under 9 years. It provides a safe, secure and an enabling environment for disadvantaged children, accommodating 65 boys and girls of various ages.

The Home was established and is run by the government, with civil society and private sector playing a key role in providing financial and technical support. The NGO *Advocating for Children's Rights* (ARC) works extensively for the Home, organising training for care workers and recreational activities for children and facilitating community participation.

Programmes conducted by ARC	
For Children	For Caretakers
· Inspirational Talks	· Parental Effectiveness Training
· Health Programmes	· Staff Development
· Islam/Quran Recitation	· Play Needs & Environment Preparation
· English Reading Programme	· Early Childcare Training
· Life Skills Programme	· First Aid Training
· Art Classes	· Kitchen Training
· Water Sports	· Food Hygiene & Basic Nutrition
· Yoga Classes	· Life Skills Programme
· Football	
· Badminton	
· Zumba	

The Ministry responsible for the protection of children in institutions in the Maldives is the Ministry of Health and Gender. A specific case of a child in need of care and protection gets reported to the Police or directly to the Ministry, who appoints a worker to evaluate the risk factors. On the basis of the assessment the child is placed or not in alternative care.

There are nevertheless major policy gaps and challenges on alternative care in the country, especially from the legislative and policy point of view. First of all, there is no comprehensive child rights law. Lack of capacity and infrastructure needs to be addressed and every child should have an individual care-plan in the institution. The system of evaluation needs to be improved and specific guidelines on reintegration have to be developed, together with providing psycho-social support to both children and their families.

Alternatives to institutionalisation are still poor and the number of institutionalised children is actually increasing. These children also face high stigmatisation; hence a strong community sensitisation programme is advisable.

Nepal

From the presentation of
Mr. Surendra Sherchan
Consultant psychiatrist

Almost ten years of political instability and internal conflict with circa 15,000 deaths, thousands of people displaced and many others reduced to physical and mental disabilities, contributed to an increase in the number of children in need of care and protection in Nepal. The country is still politically unstable, with an Interim Constitution, and having had two constituent assembly elections and no local bodies' elections for over fifteen years. Poverty and unemployment forced a large number of people to migrate, especially to the Gulf States.

The legislative policy framework to protect children in Nepal includes the Children's Right Act, 2048 (1992), the Child Labour Prohibition and Regulation Act, 2000, the Guidelines and Standards for Child Care Institutions and the Regulation for Child Reform Home. The Ministry of Women, Child and Welfare is the main institution responsible for the protection of child rights in the country, together with the Central and District Child Welfare Boards and the District Child Rights Offices.

Children's institutions are 772 in the whole country and 400 of them are in Kathmandu. They are of different kinds:

- *Bal Mandir* (temples of children);
- SOS *Bal Gram* (SOS children's Village);
- Children's homes and orphanages;
- Reform homes for children in conflict with law;
- Children's homes for intellectually disabled and physically disabled children.

Among the major challenges faced by the whole protection system in Nepal is the fact children's institutions are actually the only alternative form of care available and they do not always conform to the physical, educational, nutritional and emotional care standards and services required. Abuses of all kinds happen in the Homes, where children are often subjected to an incessant turnover of caregivers. The regulation and monitoring mechanisms are poor or non-existent and the capacity of the staff in the institutions very limited.

Mental health is not considered within the larger framework of care of children in institutions and there is not enough data and research available to evaluate the details of the picture.

Pakistan

From the presentation of
Dr. Manizeh Bano
Director, Sahil

Pakistan has a population of nearly 200 million people and 79 million of them are children (48.75 percent of the total). 24 million are children at risk. The recent earthquake and flood and internal conflicts are the main reasons for the displacement of many children. The number of refugee children is also as high as 1 million. Nevertheless, the most important factor for children to be at high risk of abuse is extreme poverty; last data show that 8 million of children live in poverty and many of them deal with the pain of abuse with drugs. The number of under-age drug addicts only in the city of Karachi is 2 million. Institutionalisation is the main governmental and civil society response to these categories of disadvantaged children.

There are different models of institutions for children in Pakistan:

1. Edhi Foundation. With 18 Homes across Pakistan, it provides shelter to more than 26,000 orphans. They cater for abandoned babies, who are collected from all parts of the cities, including cribs placed for the babies. Many of them are placed in the adoption system.
2. Child Protection and Welfare Bureau. It is a Punjab Government initiative in 7 districts which provides services for children less than 15 years of age rescued from beggary, hazardous child labour, and drug addiction, or who have been gone missed, kidnapped or trafficked.
3. SOS Villages. It provides shelter to more than 2,500 children.
4. *Baitul Maal*. It is an autonomous body with grants from the government with 3000 boys.
5. Faith based charities with international registration.
6. *Madrasahs.* There are over 20,000 registered *madrasahs* hosting 1.7 million children, but the real number of residential facilities is actually unknown. There are no criteria for admission. They provide food, clothes and shelter to children, beside a regular school syllabus and religious education.

LEGAL AND POLICY FRAMEWORK FOR CHILD PROTECTION IN PAKISTAN:

- 1958 - the West Pakistan Control of Orphanages Act;
- 1978 - the Balochistan Ordinance for orphanages for supervision and control;
- 1991 - the Pakistan *Baitul-Maal* Act for providing assistance to destitute and needy widows, orphans, sick, old and infirm persons;
- 2000 - the Juvenile Justice System Ordinance for children in conflict with the law and child victims;
- 2004 - the Punjab Child Destitute and Neglect Act to cover institutions providing shelters to children;
- 2010 - the Khyber Pakhtunkhwa Child Protection and Welfare Act to provide protection measures, inter alia, food and shelter, education and training to the children at risk;
- 2011 – the Sindh Child Protection Authority Act to ensure the rights of the children in need of special protection measures.

Pakistan, as many other developing countries, has problems connected to the larger numbers of people, and children, in need, which consequently make high standards more difficult to be reached and maintained. The governmental institutions in general have a better holistic approach to child protection, but they cannot reach high number of children as NGOs do.

Alternatives to institutional care have not been adequately developed in the country and especially foster care and adoption are subjected to high resistance by society. Even when a couple wants to adopt or take care of a child, their extended family usually judges or pressurise them negatively.

On the other hand, institutional care is not working greatly. The management and staff of majority of the institutions are not adequately trained in all aspects of child development, including psychological needs and effects of trauma. The children's health and education do not respect high standards and especially do not ensure that the children become independent persons. Furthermore, in a society where adults often have total power over children, the possibility of abuse is very high, with little denunciation or response.

Sri Lanka

From the presentations of
Dr. Rasanjalee Hettiarachchi, Deputy Director, Mental Health,
Dr. Ramani Ratnaweera, Consultant Psychiatrist, Ministry of Health, Sri Lanka, and
Ms. Varathagowry Vasudevan, Senior Lecturer, National Institute of Social Development, Sri Lanka

Sri Lanka is still recovering from a 30-year civil war which ended in 2009, where all parts of the island were affected, especially the North-Eastern provinces. The economic and social forces operating for the last few decades have increased pressure on families and, especially since the Tsunami, there has been increased interest in supporting children's institutions, even though the government categorically states that children should be institutionalised only as a last resort.

Type of Institution / Home	Number of Homes	Number of Children
Remand/Observation Homes	7	1156
Certified Schools	5	263
Receiving Homes	8	434
Detention Homes	1	84
Approved School	1	10
National Training & Counselling Centre	2	112
Sub Total	24	2059
Voluntary Children Homes	341	13214
Voluntary Remand Homes	3	601
Total	368	15874

Statistical Report 2010, Department of Probation & Child Care Services, Government of Sri Lanka

In terms of protecting children's rights, Sri Lanka was one of the first countries in the world to sign the UN Convention on the Rights of the Child (CRC) in 1990. The national legal environment on child protection includes Ordinances in relation to the subject of probation and child care services, child labour, commercial sexual exploitation and domestic violence. The Probation System was established in 1945 under the Department of Prisons with an initial number of ten officers; the Ordinances and Probation Department was instead created in 1956. Some years after the ratification of the CRC, in 1998, the National Child Protection Authority took shape. The Presidential Secretariat was created for the purpose of formulating a national policy on the prevention of child abuse and the protection and treatment of victims of child abuse, for the coordination and monitoring of action against all forms of child abuse.[69] Currently there are nine provincial departments in the country with nine commissioners of probation and several probation officers and child rights promoting officers. Orphaned, abandoned and destitute children, as well as children in conflict with the law, come under the protection of the provincial departments whose duty is to promote the rights of the children through education, training and

69 National Child Protection Authority Act No.50, 1998.

counselling services, sponsorship programmes, foster care schemes, community based rehabilitation services and adoption. The general public and professionals have direct access to the probation officers.

According to the government of Sri Lanka, in 2010 in the country there were 368 institutions where almost 16,000 children resided. Half of them are voluntary Homes.

Against common beliefs, a study on the Eastern province (2011) underlined that the Tsunami and the civil war were not direct causes to children's institutionalisation, even though they probably accentuated problems which already afflicted families in the North-East of the country.[70] The natural disaster and the internal conflict in fact aggravated family poverty due to unemployment and forced parents' migration. Losing their family protective environment, children are undoubtedly more prone to sexual exploitation, substance abuse and involvement into criminal activities. Furthermore, lack of adequate infrastructures due to prolonged conflict limited the delivery of proper education, transport, and housing services, rendering the families even more unable to take care of their children.

Not surprising, the general profile of children analysed during the study indicated that their own families brought them into institutions and wanted them to remain there as long as possible, since they felt that life conditions in residential care were better than those at home, especially in terms of access to quality education. However, the actual infrastructure facilities of the institutions do rarely confirm the minimum standards required and access to education is limited or almost non-existent.

Other important reasons expressed by the parents interviewed during the study for seeking institutionalised care were the need to control the excessive use of technological media by their children and the belief that residential care prevents early marriages and protects girls from sexual abuse.

Although the study showed that parents and children are pleased with the existing institutional living arrangements, a closer analysis revealed that the children instead preferred to return back home and live with their families. Beside the lack of a strong support from the social protection system, the study's results in fact underlined that parents and guardians are not always willing to shoulder their due responsibility to provide children with care and protection. For example, many have no plans to save financial resources for them while they reside in the Homes and completely rely on institutions to assure their children a safe future. A sort of *dependency* attitude of parents in relation to institutionalised care is with no doubt one of the most interesting findings of the study.

70 *Child Care Institutions as quality family, surrogate (alternative) care services in Sri Lanka*, Vasudevan Varathagowry, in ICEB Journal, Vol 1, No.1, Mar – Aug 2014, pp. 43-51.

THE JOURNAL *INSTITUTIONALISED CHILDREN: EXPLORATIONS AND BEYOND*

In 2012, a small group consisting of mental health and other professionals connected with the care of children in institutions started discussing and envisaging what later took shape to be the Journal *Institutionalised Children: Explorations and Beyond* (ICEB).

The main idea behind the Journal is to provide a series of papers on children pushed out of their family network and the management of services around them within a South Asian perspective. The Journal hopes to build a platform for consistent sharing information, knowledge enhancement and the development of a dialogue and debate amongst professionals, policy makers, and volunteers working for institutionalised children, about best practices, research findings and studies, legislation, jurisprudence and case law, especially in relation to mental health, social development, care and upbringing in alternative modes of institutionalised care in the SAARC countries.

A core Editorial Board and an International Advisory Board developed together the first issue of the Journal, which was published in March 2014 and launched at the seminar. The second issue will be out in September 2014.

The first issue is opened by an interview of Mr. Ron Pouwels who is the Regional Adviser of Child Protection for the UNICEF Regional Office for South Asia. Two articles from Bangladesh, both focusing on the effects of psychosocial support on children who experienced sexual abuse, follow. A paper on the assessment and establishment of effective standards of care by Mr. Jeganathan Thatparan, a child activist, provides an interesting and comprehensive regional perspective, while another paper explores child care institutions in Sri Lanka.

The first issue of the Journal also contains a series of articles from the Editorial Board. Dr. Deepak Gupta and his colleague Ms. Neha Gupta wrote on the prevalence of post-traumatic stress disorder in children who have been institutionalised. Dr. Kiran Modi presented the work of Udayan Care as positive practice among the region. Dr. Namarta Joshi has a fine paper on how orphans are portrayed in mainstream Hindi films, while Dr. Monisha Nayar reviewed the book *Orphan Care: A Comparative Review* by Jo Daugherty Bailey.

Finally, every issue of the Journal end with brief communications which are meant to provide a sample of publications on various topics of interest related to institutionalised children in South Asia. These papers will inform the readers of initiatives in the region as well as potential projects under consideration. In the first issue there is a selection of papers from Afghanistan, Pakistan and Maldives and an article on *The South Asian Report on the Child-friendliness of Governments,* a joint effort of Save the Children, Haq: Centre for Child Rights, Plan International, CRY – Child Rights & You and Terre des Hommes which gives a complete picture on the status of children's rights fulfilment in the region.

***Institutionalised Children: Explorations and Beyond*,**
Volume 1, March-August 2014

FOCUS ON MENTAL HEALTH STANDARDS

The mental health of children living in institutions is an extremely sensitive and important theme within the larger framework of child protection issues for two major reasons. First of all, majority of children residing in institutions have been through exceptional and undeniable traumatic experiences - death of one or both parents, abandonment, and displacement due to conflicts or natural disasters. Some children are removed from parents in their best interest, to protect them from an abusive and exploitative domestic environment and a daily life made of violence and neglect.

In South Asia, poor, unemployed and illiterate parents often send children to institutions hoping they would get better education and a brighter future than what they can provide for them. Majority of these children are school drop outs and have spent their time working as unskilled labour, roaming around with friends, watching TV for long hours with little or no exposure to any intellectually stimulating activity. Due to insufficient space at home, they spend nights outside the home on footpaths, roads, or adjacent public places, lacking supervision, love, and care. The large number of institutionalised children in South Asia enters institutions having faced psycho-social challenges, for which they require prompt professional intervention.

Secondly, another serious aspect to be taken into consideration with regard to institutionalised children, and which renders them a peculiar group within that of children in need of care and protection, is the fact that they have been deprived of a daily family environment, with some of them having completely lost contact with their parents or relatives, even if they are still alive. Challenges to a sane and positive mental health for this category of children hence do not end once they enter the institutions, but continue and might even get aggravated if no proper focus is maintained on the socio-psychological component of their growth and development.

...majority of children residing in institutions have been through exceptional and undeniable traumatic experiences - death of one or both parents, abandonment, and displacement due to conflicts or natural disasters. Some children are removed from parents in their best interest, to protect them from an abusive and exploitative domestic environment and a daily life made of violence and neglect.

From the presentation of Dr. N. Janardhana, Assistant Professor, NIMHANS

The risk of developmental and psychological damage is particularly acute for young children under the age of four, which is a critical period for children to bond to their parents or care-givers. Even in a very well-equipped institution with focused staff, it is unlikely that the attention they would receive by the personnel could replace good parental care.[71] Also at an older age, the lack of individualised care, which the children would get in a healthy family environment, can cause harm to their neurobiological systems, and greatly contribute to stress and the lowering of psychological wellbeing, cognitive skills, coping capacity, and emotional resilience. Children in institutions are also too often subjected to strict regimentation, as opposed to a warm and caring family which, albeit poor, may give the child the affection she needs to thrive.

THE MOST FREQUENT DISORDERS WHICH AFFECT CHILDREN IN INSTITUTIONS:

- Somatic disorders (eating disorders, skin lesions, respiratory disorders, digestive disorders, sphincter disorders);
- Attachment disorders (unable to attach or permanent fusion attachment);
- Behavioural and thinking disorders (mood disorders, delinquency, impulsivity, inhibition, violence, failures in learning);
- Self-injury (cuts, burns, bites – prostitution, drug addiction, homelessness), suicide;
- Psychiatric disorders (anorexia, anxiety neurosis and traumatic childhood psychoses).

Dr. Jean-Luc Duillard
Regional Programme Coordinato of Mental Health Promotion and Suicide Prevention at the Hospitalier de Saintonge, France

After-care is another sensitive instance in the lives of children who spent extensive time in institutions, especially when adequate follow-up measures are not in place. Many young boys and girls are not able to manage their lives independently, since they might not have got the chances to make even the smallest decisions on their own. Many have serious de-attachment issues leaving their friends, or "siblings", and their guardians and tutors.

Stigmatisation, isolation and de-socialisation are among the most common results of years within an institution. Unable to cope properly and efficiently with the *real world,* many young people who grow up in institutional care are at great risk of being exposed to violence of all sorts, and in some cases becoming perpetrators of it. In the worst cases, especially juveniles who spent many years in detention, might become homeless or even get involved in further crimes.[72]

The way institutions take care of the mental health of their children influences not only their lives, but also their future role as individuals, in families and communities. The socio-psychological development of children in institutions cannot be overlooked and left in the corner of the protection system's conception and structure.

Constrains of an institutional setting

- Compulsion to follow an imposed structure in day to day activities.
- Lack of access to the world outside the boundaries of the institutional structure.
- Inability to get special care and personalised space.
- Moral code imposed by the administrative policies of the institutional set up.
- Lack of provisions to accommodate the change in individual rights when girls turn 18 years of age.
- Provisions for a counselor are insufficient to appoint competent individuals.
- Only a limited set of livelihood training programmes can be made available – not sufficient to cater to individual future aspirations.
- Limited access to the outer world due to lack of mobility and exposure.

From the presentation of Ms. Smritikana Ghosh, Counsellor and Programme Officer, STOP – Trafficking and Oppression of Children and Women

71 *World Report on Violence Against Children*, p. 189.

72 *World Report on Violence Against Children*, pp. 175/215.

A Holistic Approach to Mental Health

It is important to regard the *Mental Health* of children as an integral component of overall health and wellbeing. The World Health Organisation (WHO) defines health as a state of complete physical, mental and social wellbeing, not the mere absence of disease or infirmity. It is actually a common prejudice to think about mental health only in a negative angle, relating it to mental disorders, psychiatric hospitals and psychopharmacological drugs. The Seminar aimed to underline that instead a *Positive Mental Health* is a right of all human beings and all children. It is an integral component of the Right to Health and a cross-cutting issue within the larger framework of child protection.

In the context of institutionalised children, it is hence important, besides taking care of specific traumatic instances, to realise children's full potential and inherent abilities, and ensure that their permanence in the institution is serene and positive. Mental health care cannot reduce itself to individual trauma and counselling, but it has to be one of the pillars of the daily care and protection of children, especially in the very particular environment of large institutions.

> *Any type of physical or mental violence against children should not be excused. Use of inappropriate drugs to make children with behavioural disorders more compliant is not uncommon in some institutions. It's an unjustifiable and harmful practice to be banned at all costs.*
>
> **Dr. Hiranthi Wijemanne**
> Vice-Chairperson, UNCRC

The seminar's participants underlined that the basic concept to realise a holistic approach to mental health is considering every child as a unique individual, with his/her own needs, fears, background, abilities, interests and problems. Dr. Deepak Gupta especially explained that the array of mental health and behaviours associated with children in institutional care cannot be analysed within a simple cause-and-effect model. He said that *the heterogeneity of experiences of children in institutional care, the complexity of the confounds and a host of moderating and mediating constitutional and environmental variables, together with important individual differences in coping strategies, come into play* to make individual plans necessarily.

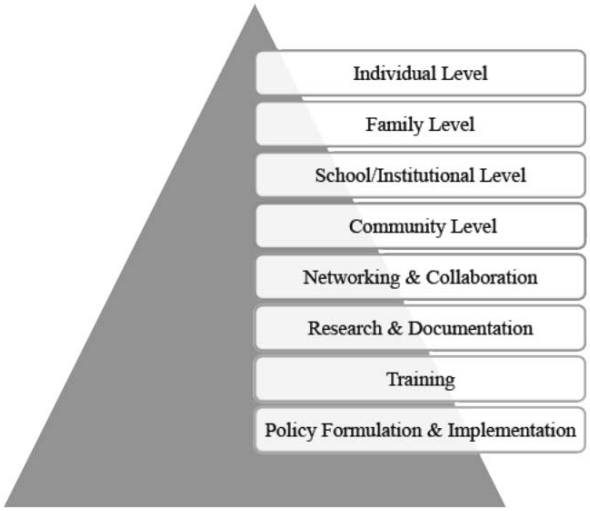
At the same time, every child is equal to another, and all children are entitled to the same rights, no matter what their needs, fears, background, abilities, interests and problems are. The seminar aimed to look at Mental Health in terms of human rights, include it in the larger framework of children's right to protection and give also practical tips to practitioners, management and staff in the institutions on how to fulfil the right of children to mental well-being in their daily work.

All rights of children are equally important and indivisible, and there can never be full respect of one right without respecting the others. Starting from this statement, the same rights and standards of care mentioned in the second chapter of this report can be linked to and analysed from a mental health-perspective, giving us a full-fledged picture of *Standards of Care*. A good starting point could be the affirmation of the right of children to equality and non-discrimination. Children need to keep their own identity and even be capable of developing a new one while being in the institution. Managing the institutions' activities making sure that all children have their own personalised projects is one practical way to help them develop their uniqueness. Equality of chances and opportunities, and respect for the ethnic, religious, cultural, family and social origin or every child, are essential duties of the institution's management and staff. Besides teaching children respect for diversity, they will give them the opportunity of making peace with their past and themselves as human beings and part of a specific community.

School and education in general have a large role to play within the mental health care framework. Especially adolescents are in fact extremely worried about their future for when they will get out of the institution and many

of them might express their anxiety through aggression or other difficult behaviours. Education gives children and young people the feeling that they have real opportunities, something tangible to build upon. In this respect the institutions have to be attentive and careful, finding the right balance between enhancing children's hopes and dreams but at the same time providing them with accessible opportunities, vocational skills, and intelligent solutions compatible with their capacities and the job-market demand.

LEVELS OF INTERVENTION



From the presentation of Dr. N. Janardhana, Assistant Professor, NIMHANS

The right to qualitative mental health care has to be translated into qualitative and diversified activities, better if accompanied by psychotherapists. Sport or artistic practices should constitute an important part of the daily life of an institution, and not mere corollary to formal education. Especially when it comes to adolescents, it is important that workshops and activities touch subjects of their interest which tackle their real problems. Career orientation, sexual education, drug-abuse, bullying are some of the most recurrent themes in the lives of young people nowadays and institutions cannot deny their importance and sensitiveness.

There is no mental health without healthy relationships with people around us. Children in institutions need the stability of ties and the possibility of creating different kinds of relationships with other children in the institutions and outside it. Maintaining the ties with their families and facilitating child to child interaction in their occupations and games, the management of the Home can facilitate the socialisation process during childhood and adolescence.

Keeping the relationship between children and their parents and relatives alive and vivid is often also a matter of financial investment. The cost of travel for the parents who come and visit their children could be reimbursed by the institution, if the facility is far away from their home. During the Seminar, it has also been underlined that very often the family is so pre-occupied with their own problems, due to poverty, unemployment or healthcare, and they will not care much about being in touch with their children. Some believe that the child is well cared for, so, there is no need to worry about him/her. The institution has to play a role in this respect, because the lack of knowledge among families about the value of parental and family contact for emotional wellbeing seems to be an important issue to be tackled in the region.

One of the major problems in large institutions, where many children often share the same room and are constantly kept under the control of security and care-givers, is that they do not get the chance of spending time alone. Children need time and different spaces where they can be able to be and think alone. They have a right to privacy as all human beings, and especially the right to develop their own thoughts. They have the right to their own time, and also the right to their own space. For example, many institutions give the children a lock for their cupboards, but often keep an extra key for the management, not respecting the child's right to privacy and individuality. Additionally, during the Seminar, Dr. Monica Kumar underlined the importance of respecting the right to privacy of all children, especially in the psychotherapist-child relation. Confidentiality and information-sharing between the mental health professional and the collaborating community agencies have to be properly balanced.

Very often the daily life of the institutions does not give children the opportunity of enhancing their creativity and diversifying their experiences. Because of structural needs, residential facilities develop a highly repetitive schedule: the menu is the same every week, as well as the programmes; the colours of the bed sheets, curtains and any other furniture is the same for all the children; the activities are also all the same, leaving little space for the child's choices, desires and taste. The living space should be safe and comfortable, but children should have the possibility of investing in it, changing it, personalising it.

All the above mentioned concepts were steadily affirmed during the Seminar's debate, bringing up another major practical issue connected to them: child security. Dr. Kiran Modi shared her personal recent concern regarding the difficulty institutions' managements constantly face trying to find the right balance between children's rights and safety. For example, she mentioned how difficult it was for Udayan Care to hire a male teacher for a girls' facility. The Child Welfare Committee strictly advises against it because it would increase the chances of sexual abuse, hence putting the whole institution's management in trouble. But how can residential care guarantee the children a complete social development if they do not let them interact with people of the opposite sex as it happens in the *real* world outside the institution?

Dr. Modi also mentioned, as valuable example, the order of a District Child Protection Officer in the Indian state of Haryana. The 2012 order states:

[...] you are informed that as per the provisions of J.J. Act, it is mandatory to install CCTV cameras in every orphanage.

Therefore, for the security and protection of children, you are directed to install CCTV Cameras in your orphanage as earliest as possible.[73]

Many practical and ethical questions arise from such an ordinance. Can all institutions afford to install cameras in their facilities? What about children's privacy? Are cameras really synonymous to safety and prevention of abuse?

The concept of child security is often wrongly misinterpreted with that of child custody. Government officials need to be more sensitive and attentive, instead of developing quick solutions without considering more latent problems. Institutions need to be supported when trying to develop a child-friendly and child rights sensitive environment. The positive mental health of children and a proper psycho-social development, as previously mentioned, are the outcomes of detailed daily effort which cannot be constructed at the risk of limiting children's lives.

73 Translated from the original in Hindi.

EVERY CHILD IS DIFFERENT

The mental health of the children largely depends on various factors such as gender, age, customs, family, number of children in the household, parents' employment status, financial conditions, social atmosphere, type of accommodation, and status of relationship between the parents, children and other members of the family. Based on these factors, along with the inherent factors, a child develops his/her personality. In children's institutions all children come from different backgrounds and their needs vary on the basis of their personalities and concerns. But every child needs a different response, and has to be handled as an individual, as his/her needs differ.

Almost all newly joining children, especially the younger ones, in these institutions are frightened, confused, they feel insecure and find difficulties in adjusting within the institutions.

Rescued child labourers and rescued girls from prostitution usually come from extremely poor families and feel frustrated of being caught by the police from their work place. Majority of the times, their families are financially dependent on them. After the rescue operation they are brought to an institution which, in their opinion, is unfamiliar and looks like a jail where all their freedom is curtailed. They are worried about the livelihood of their families. In such a situation, they shall be immediately told about the process of repatriation, availability of other livelihood options, such as foster care, in their respective districts.

Children in conflict with the law feel guilty, anxious, stigmatised, disturbed and threatened and frightened about the future. Such children need repeated counselling sessions to overcome the situation and pull themselves together for their rehabilitation. Their parents also need a continuous support till the children are properly repatriated.

Runaway, street children, orphans have usually experienced gross negligence and exploitation by loved ones as well as strangers. Their lives, before coming to the institution, have been scattered, irregular and vulnerable. Such children many a times find it difficult to trust others and may take longer to live a confined, planned routine life and maintain discipline in the institution.

*An E*xcerpt from
Mental Health practices in children Institutions in Maharashtra with special focus on government institutions in the districts of Thane, Yavatmal, Mumbai, Pune and Nasik

Ms. Vibhavari Kavle
Project Officer, Resource Cell for Juvenile Justice, Bombay

Attachment issues

Attachment is a strong, long-lasting emotional connection, an emotional bond that is *person-specific* and is enduring across time. We can recognise attachment through proximity seeking behaviours – we basically understand we are attached to a specific person, when we always look for his/her closeness.

The first attachment relationships experienced by a child affect his/her capacity to trust people and the development of emotional regulation. The development of the child's social skills, empathy, ego-resiliency, and his/her psychosocial and emotional survival in general, are all strictly connected to his/her first attachment relationships. The most important emotional ties a child builds are those created before s/he reaches five years of age; this is also the main reason why it is advisable to adopt children below three months old.

Early attachment experiences shape the development of our personality and affect our adaptive capacities, as well as vulnerabilities to and resistances against particular forms of future pathologies. Early attachment accounts for differences in people's cognition, behaviour, social skills, and emotional responses, and also leads to the

development of *internal working models*.[74] Secure attachment in childhood makes us grow up with a view of ourselves as secure and competent, and of the world as safe. Secure attachment buffers the impact of trauma, it basically keeps humans alive.

The child can develop attachment relationships with more than one person and the attachment relationships can change with time. Attachment is in fact a life-long process and does not stop with adulthood. Attachment is also not unilateral. Children get attached to their caregivers and vice-versa and both of them benefit from this emotional bond. Attachment in fact provides comfort during distress, warmth, empathy and nurturance; it regulates emotional availability and provides physical and psychological protection.

There are different types of infants' and caregivers' attachment behaviours and also various types of attachment behaviour at different ages.

Infants' Attachment Behaviours:

- **Proximity Seeking:** infants try to maintain close proximity to their caretakers;
- **Secure Base:** infants use their caregivers as a secure base for exploration;
- **Safe Haven:** infants flee to their caregivers as a safe haven when frightened or alarmed;
- **Separation Protest:** infants protest caregivers leaving.

Caregivers' Attachment Behaviours:

- **Sensitivity to Signals:** being attuned to signals, interpreting the signal accurately, responding appropriately and in a timely manner;
- **Cooperation vs. interference** with ongoing behaviour;
- Physical and psychological **availability**;
- **Acceptance vs. rejection** of the infant's needs.

Infant Attachment Behaviours	Young Child Attachment Behaviours	Adolescent Attachment Behaviours
· Smiling	· Affection	· Active avoidance of caregiver in times of stress
· Reaching	· Comfort Seeking	· Emphasis on the exploratory aspects of the attachment systems
· Vocalising	· Reliance on caregiver for help	· Autonomy-seeking behaviour in adolescence is positively correlated to secure infant attachment
· Crying	· Cooperation	· Expansion of attachment relationships into intimate peer relationships
· Crawling	· Exploration	
· Walking	· Controlling behaviour	
	· Reunion response	
	· Response to strangers	

From the presentation of Dr. Monisha Nayar, clinical psychologist, Psychoanalytic Center of Philadelphia, USA

When caregivers are generally sensitive, responsive and available, providing repeated experiences of reducing uncomfortable emotions, safe and *secure attachment* develops in a child. The caregivers make the child feel soothed and safe when he/she is upset and this becomes encoded in the implicit memory of the child. Through secure attachment, infants develop internal representations of themselves with positive self-worth.

74 The *Internal Working Model* is how we view and what we believe about ourselves, others and the world. It influences what we expect of and from ourselves, others and the world in general and directs how we respond.

A child can also develop *insecure attachment* when caregivers are generally unavailable or they are rejecting him/her. In this way the infant develops internal representations of low self-worth. Insecure attachment is not a psychopathology but it is a risk factor for it. Possible consequences of insecure attachment are:

- Poor self-esteem and self-regulation;
- Aggressive/rejecting and/or withdrawn/ isolating relations with peers;
- Low frustration tolerance;
- Less positive affect;
- Lags in cognitive, developmental and academic competence;
- Increase in behavioural symptomatology (anxiety and depression).

Freud defined attachment important because it creates a *stimulus barrier*, a sort of protective shield for the child. Every age has in fact appropriate emotional tasks and burdens to be taken. When this *protective shield* gets broken too early because of emotional abuse, the child will be damaged internally and develop *disorganised attachment.* Disorganised attachment is a pathology, which leads to difficulties in emotional regulation and social function. Disorganised attachment is significant in traumatised children because it takes place when the child does not receive enough emotional support, directions and structure by his/her care givers or when the environment surrounding the child is particularly stressful. Continuous changes in the caregiver's emotional functioning and in mother-child interactions can lead to disorganised attachment. Abuse and neglect, parental psychopathology, parents who are too young, drug addicts or never available, might easily be causes for the development of disorganised attachment. Premature birth or medical conditions which cause the child unrelieved pain, congenital or biological problems, genetic disorders and a family history of mental illness can also negatively affect child capacity to securely attach.

Outcomes of Insecure Attachment	Outcomes of Disorganised Attachment
· Developmental deficits that endure over time; · Development of intense emotional ties to caregivers who are unresponsive, abusive, rejecting; · Retarded growth, aggressiveness, dependency anxiety (clinging), intellectual retardation, social maladjustment, lack of empathy for others, depression and delinquency; · Lack of basic sense of trust.	· Problems with affect regulation and dissociation; · Lack of impulse control and attention problems; · Controlling stance used with peers and caregiver relationships; · Cognitive impairments; · High risk for psychopathology; · Cycles get repeated when they grow up and have kids of their own.

From the presentation of Dr. Monisha Nayar, clinical psychologist, Psychoanalytic Center of Philadelphia, USA

Institutionalised children easily face disorganised attachment, putting immense stress on their caregivers. They need attachment based therapies and caregivers who can provide safety and consistency. It is important for children living in institutions to experience rituals of separation, to grow, to let go, without tears. At the same time, it is imperative for caregivers to know how to prepare the children in case they are leaving the institution for a different job, instead of disappearing and suddenly leaving them alone.

The problem of fast rotation of caregivers is actually one which many institutions face and it affects the already limited capacities of children to attach. One way to stem the problem could be working with older children within the institution. They could be reference points for the younger children and constitute a long-lasting attachment.

EATING DISORDERS IN SOCIAL INSTITUTIONS

Eating behaviours are always defined by three types of factors:

- **Neurophysiologic factors** - the functioning of the hypothalamus (the part of the brain which controls body temperature, hunger, important aspects of parenting and attachment behaviours, thirst, fatigue, and sleep);
- **Socio-cultural factors** - learning;
- **Development of personality** - related to nutritious function and orality.

Eating disorders could appear across the entire life, especially in moments of crisis, but early childhood, adolescence and old age are the stages where they are more frequent:

- **Early childhood**: precocious anorexia, rumination (a chronic condition characterised by effortless regurgitation of most meals), pica (appetite for substances largely non-nutritive), psychogenic vomiting.
- **Adolescence**: mental anorexia - loss of appetite, weight loss under 15%, amenorrhea (absence of menstrual period); bulimia (consuming a large amount of food in a short time followed by an attempt to rid oneself of the food consumed, typically by vomiting, taking a laxative, diuretic, or stimulant, and/or excessive exercise);
- **Adult age**: inheritance of previous periods.

Bulimia and anorexia are two faces of the same suffering, frequently associated. The teenager affected by it often denies its symptoms and is characterised by an excess of self-control and obsessive preoccupations for alimentation and weight, counting calories and being excessively worried about having an attractive look (dysmorphophobia). Physical and intellectual hyperactivity are associated with the disorders, together with social abilities restrain and isolation.

The consequences of anorexia and bulimia are both somatic and psychological. Cardiac disorders due to undernutrition and continuous vomiting are frequent, together with overnutrition, development delay, sterility and osteopenia (a condition when bone mineral density is lower than normal). Due to the impact of obsessive ruminations and social life impairment at key moments of development, anorexia and bulimia are very dangerous also for the mental health of the young child.

Eating behaviours are always related to the quality of primary care and early interrelations a child receives since he/she is born. Insecure or disorganised attachment is often the cause eating disorders, together with traumatic experiences.

In the specific case of children in institutions, eating disorders have been observed as a self-deprivation reaction to trauma and, even though they can seem paradoxical for care-givers, they are actually very normal and common behaviours.

To help children combating eating disorders, institutions and its staffs should work on three different axes:

- **Somatic reactivation** (re-feeding, adapted physical training);
- **Psychological reactivation** (emotions, perceptions, self-image, psychotherapies);
- **Social rehabilitation** (at first in a close environment, then through family therapy).

Ms. Anne Joly
Psychiatrist at the University Hospital of Bordeaux, France

Building Ego-Resiliency

Psychological resilience is defined as an individual's ability to properly adapt to stress and adversity. Stress and adversity can come in the shape of family or relationship problems, health problems, or workplace and financial stressors, among others.[75] Individuals demonstrate resilience when they can face difficult experiences and rise above them with ease. Resilience is not a rare ability; in reality, it is found in the average individual and it can be learned and developed by virtually anyone.

75 *The Road to Resilience*, American Psychological Association, 2014, retrieved from www.apa.org

Resilience helps people in carrying on with their lives and overcoming difficulties in their life-path. It is an ability which every individual starts developing during childhood and different researches have shown that actually children can easily learn how to become more resilient by being surrounded with people who believe in them and their capabilities.

Relationships build resilience; hence the way the caregivers relate to the children has an important role to play in this respect. Caregivers have to focus towards mobilising the child's capacity to develop his/her strengths and skills to overcome past negative experiences.

TECHNIQUES TO HELP EGO-RESILIENCY

- Role plays and rehearsals
- Group discussions
- Fostering bonds and kinship/buddy systems
- Modelling
- Reframing
- Helping to think of adversities as a paradox

Dr. J.R. Ram
Senior Consultant Psychiatrist,
Apollo Gleneagles Hospital, Calcutta

First of all, the caregivers have to make children self-confident and sure about their ideas and thoughts. The child has to learn how to control his/her emotion and to diversify within them. It is also important that children learn how to think through problems and solve them. A good practical way of doing it would be giving the child a small task, small problems which s/he can solve alone and let him/her do it and realise s/he is able to overcome difficulties. One more very effective technique to help children in developing resilience is *Reframing*. Dr. Monisha Nayar, during the Seminar, emphasised that *children in institutions need to learn how to construct a narrative of their lives.* Reframing is in fact a technique originated in the area of family therapy based on the observation that we all have stories about ourselves. The way we organise the themes within our own narratives can be constructive or destructive for us. Through the technique of reframing, the caregivers, or the counsellors, can capitalise the subjective nature of personal stories to uncover underlying, underemphasised themes in children's backgrounds that are potentially helpful. The purpose of reframing is to arrive at an authentic and helpful story, one that does not necessarily eliminate the pain, but that includes the strength that is forged in the struggle to prevail.

Building resilience in traumatised children is not only a duty of caregivers, but a duty of the whole civil society and the community the child lives in. A study by Dr. Tuhinul Islam on the promotion of resilience in children of sex workers and children who have gone through the trauma of commercial sexual exploitation in Bangladesh, shows that how the community stigmatises these children is a major deterrent for their self-esteem.

Children, like adults, need dignity and control in their lives. Children want to belong, they have dreams. They suffer like us, but their narratives are not always narratives of trauma.

Every time there is a narrative of trauma, there is also a narrative of happiness, of other better experiences. For every adult who has harmed a child, there is also one protective experience. This is resilience.

Dr. Achal Bhagat
Senior Consultant Psychiatrist and Psychotherapist,
Apollo Hospital, Calcutta

Children who grew up in brothels are shunned by their own community and they get no opportunities to mix with other groups of children. They carry a sense of shame regarding their origin, whether as a result of their direct involvement in prostitution or merely by association with it. They suffer great social stigma and discrimination. Sex worker mothers, on the other hand, due to the nature of their work, have little time to devote to their children, who are often unwanted.[76]

Furthermore, not knowing the identity of one's biological father is considered shameful by many people in Bangladesh. Thus in brothel communities, there is the widespread practice of giving children the name of their mothers' regular client as if he was the father, to give them at least a male point of reference. However, this person is not necessarily, and almost never, a permanent feature in the children's lives. Children who grew up without a father in communities characterised by patriarchalism and sexisms always have a feeling of *non-identity*.[77]

76 *Promoting Resilience in 'Sex Worker' Children: The Role of Residential Childcare Institutions in Bangladesh*, Tuhinul Islam, p. 2.

77 *Ibid.*

The institutions which receive and host these children need to work intensively with the community. They need to start from scratch, developing healthier concepts around women's sexuality and single mothers. The institutions have the great and difficult duty of making the child feel like a part of a community without denying his/her past or the identity of their mothers and fathers.

A PARTICIPATORY APPROACH

If we are dealing with children and their difficulties, it is obvious that children themselves must participate in every process connected with them. Every intervention with children needs to be *participatory*; the rights of children include the Right to Participation. Why do we forget this right which could make or break the other rights?

The Participatory Action Research (PAR) was a six month study involving researchers, caretakers, administrators, and children. The aim was to define an Appropriate Technique and an Efficient Management Strategy in the care of children with behavioural difficulties.

PAR has three essential ingredients:

- Developing Self-understanding;
- Paying Attention to Insights;
- Respecting the other and Reciprocity.

To be able to do PAR effectively, basic communication skills are also important. Listening to understand is the most important communication skill that we often miss. There are some very helpful *attitudes* for a Participatory Approach that we could take from Carl Rogers, the founder of Humanistic Psychology:

- Empathy or Accurate Understanding;
- Non-Judgemental Attitude or Unconditional Positive Regard;
- Genuineness or truthfulness.

What did we want to achieve through PAR? We intended involving the children in finding a more meaningful way to express themselves. We also wanted to involve the staff as partners in this dialogue. We attempted to evolve a self-sustaining and participatory methodology to solve the daily problems of aggression among children.

At the end of six months, we were able to notice significant growth of all the players in self-understanding, insightfulness and reciprocity. There was also growth in respect for other's rights and in personal responsibility. Behavioural difficulties are addressed differently and discipline has improved. We saw this as an ideal way to train care-administrators. The counsellors among us realised that we could step out of our offices and be involved with the children, and yet maintain our specific roles without getting into dual roles. Our greatest discovery was in fact the potential of *inclusion*. Inclusion challenges care administrators to address the behavioural difficulties of children, develop their own competences, and not run away from problems.

We will have problems with children's behaviour. Let us solve our own problems and not become problems to the children already struggling with behavioural difficulties. Let us understand them and enable them to understand themselves. We could train our staff to be care-administrators, and not bosses.

Excerpts from *A Participatory Approach in the Care of Children with Behavioural Difficulties or Disabilities* by **Fr. John Tharakan SDB**
Founder, Don Bosco Psycho-Social Services, Hyderabad

Dealing with Trauma

Children who went through painful traumas, in particular, orphans or those who have been subjected to domestic violence are more vulnerable to psychological distress. A traumatic experience takes away the child's ability to trust, together with his/her sense of dignity and control over his/her own life. The socio-psychological cycle of a traumatised child faces a sort of developmental acceleration and, being unable to cope with it, the child risks depression and inability to emotionally attach to people.

Traumatised children seldom have long-term plans and dreams. They often find it difficult to envisage an aim, an objective, or a positive achievement. They often express their feelings through anger and impulsiveness, or by seeking extensive attention and sensation. There are nevertheless children who do not show any consequences of the trauma externally and they seem apparently numb and indifferent.

The impact of trauma for each child can vary extremely and must be correctly evaluated. It depends on different variables:

- The age and sex of the child at the time of loss;
- The nature and quality of the links before the break;
- Violence suffered;
- The context of early breaks;
- The quality and diversity of care;
- Self-esteem and resilience of each child.

ATTACHMENT AND TRAUMA

- Studies show that early separation from parents is a risk factor for developing a chronic versus acute response to traumatic stressors;
- Trauma injures attachment relationship;
- When a caregiver is responsible for the trauma and when it is chronic, it negatively impacts attachment security.

Dr. Monisha Nayar
Clinical Psychologist, Psychoanalytic Center of Philadelphia, USA

Even after the child has been *rescued* and put under the umbrella of the protection system, the risk of *re-traumatisation* is high. Very often the child gets labelled by the system that is supposed to help him/her, feeling further victimised. The financial resources are focussed on institutional care, while other kinds of interventions would be definitely more effective in helping the child overcome the trauma. Even within institutional care, the investment is so limited that very often only some of the child's basic physical needs are fulfilled, while counselling and mental health are put aside. Additionally, not all children who have been through traumatising experiences are effectively taken care of. During the past years, especially in India, there has been a focus on sexual abuse and exploitation, but children who have been traumatised by unacceptable conditions of labour, early marriages, physical violence, involvement in crimes or neglect by the loved ones, are sometimes excluded, or are not given priority in terms of psychological support.

The personnel in institutions, who are supposed to take care of the child, are not always competent enough to properly deal with such traumatic experiences. Most service providers ask the children to repeatedly narrate their stories, putting them through undeniable pain. In the worst cases, children are blamed for their negative experiences, or get further maltreated,

DEFEATING THOUGHTS OF A SURVIVOR

- I could not save myself, I asked for it!
- If you trust, you will be hurt!
- Nothing is in your control, give up!
- What is future?
- Why me?
- If this has happened anything can happen to me.

Dr. Achal Bhagat
Senior Consultant Psychiatrist and Psychotherapist, Apollo Hospital, Calcutta

abused or neglected by those who should take care of them. Many caretakers do not understand that in traumatised children specific behaviours, such as truancy, running away, violence, bullying, poor performance in school or substance abuse, are linked to previous painful experiences and have to be read as cries for help.

Practitioners who take care of traumatised children in institutions are the duty bearers for their survival and development. The first thing they have to do is be with the children and make them feel safe. This will help the children discover ways of outgrowing their negative experiences.

The caretakers should not judge them or consider them only on the basis of their problems. Many believe that the children who experienced difficult circumstances are always thinking about what has happened to them. In reality these children are like all other children. They are thinking about their past traumatic experiences but also about many other things at the same time. They love to have multiple experiences and they have multiple ways of looking at themselves. The caretaker should help the child feel normal, include him/her in all the institutions' activities with no limitations or differences from other children.

SEXUAL ABUSE AND RE-TRAUMATISATION

It is hard enough to report abuse, but when they feel that they are not being believed that re-traumatises the person.

The other problem is how doctors handle cases when victims come to them. Some of the tests, which is called a finger test that effectively often recreates the sexual assault.

...children are sometimes forced to undergo the finger test to determine their sexual history, even though such an examination has no scientific value.

For six to eight hours after the examination my daughter did not urinate because it was hurting her so much...

Quotes from the presentation of
Dr. Monica Kumar
Clinical Psychologist and Managing Trustee,
Manas Foundation; DWCD, Delhi

During the Seminar, Dr. Achal Bhagat interestingly reminded the caregivers that *they are not the travellers, they are the guides*. This means that they should avoid being directive and invasive; their role is to help the children in making informed choices. Nothing should be done for the children without their permission, even sitting nearby them or talking to them. If a good level of trust is reached, as mentioned before, privacy and confidentiality of all children and their families need to be respected at all times.

THE IMPORTANCE OF LANGUAGE

Sapir-Whorf, the father of linguistic relativity, taught us that language is not merely an instrument for the expression of our thoughts and ideas, but that the structure of a language affects the ways in which its respective speakers conceptualise their world. In other words, language is important because it influences our cognitive processes and we need to educate ourselves to a correct language to tackle prejudices and wrong assumptions.

During the Seminar, Ms. Kiran Aggrawal underlined that the words *orphan* and *orphanages* are often misused in the particular context of institutionalised children. As previously noted, a very little percentage of children in residential care lost both their parents and many of them have at least one parent alive. Words like *institutions*, *residential care facilities* and *Homes* are more appropriate and their widespread usage would reduce the general misconception that children living in them do not have a family.

Besides that, many of the words used to refer to children in institutions might victimise them further, labelling them with their past experiences of abuse and neglect, or with their present experience within an institution. Ms. Smritika Ghosh pointed, for example, at the word *inmates,* often used to identify juveniles. The word connotes a person subject to confinement and a situation characterised by deprivation of liberty. Dr. Achal Bhagat, who works with a large number of children who have been rescued from trafficking, shared with the Seminar's participants a valuable and interesting anecdote regarding victimisation through language. He once met with one of his patients, who had to speak during a large conference about her personal experience, to discuss details of her intervention in the debate. The question of whether to define her as a *victim* or *survivor* of child trafficking came up.

The girl promptly responded: *Can't I just be a girl? Why can't you see me simply as a young woman? Why should I always fall under the category of traumatised people and carry this label all my life?*

CONCLUDING OBSERVATIONS WHAT DID THE SEMINAR AGREE ON?

Laws, Policy and Standards of Care – Day 1

In South Asian countries, while the physical rights and needs of children in institutions have been constantly underlined during the past years, though not always fulfilled, mental health has received little attention in the policy making process.

We must adhere to the principles of the UN Convention on the Rights of the Child (CRC) in developing laws and policies which respect, protect and fulfil the rights and needs of children in institutions, adapting the framework to a South Asian social and cultural context.

Good Mental Health is a non-negotiable right of all children, within and outside institutions. The care and protection of children in institutions, who have often experience profound trauma, has to have a component which takes into consideration the importance of good mental health; it is imperative to locate the mental health discourse within the right's perspective.

It is important to attend to the language used to define both institutions and the children living in them, especially among practitioners, to ensure that children do not suffer additional victimisation through adverse labelling.

Alternatives to institutions have to be made available and strengthened in policy documents and governments' action plans. Adequate budgets have to be invested in improving standards and in guaranteeing that the authorities responsible for the placement of children in need of care and protection do not perceive institutionalisation as the easiest solution.

Institutionalisation has to be a measure of last resort (for a short period of time) and children should only be placed in residential institutions when it is in their best interests, and when there are no alternatives.

The child has to participate in a process of healing, reintegration and development designed for him/her.

The focus on proper monitoring mechanisms must be reinforced in legislation.

We need to help governments understand the systemic failures in the process of law and policy implementation and address them with a focused approach.

Smaller Homes should be preferred to larger Homes because they can be managed more easily and their functions can be monitored with less effort and fewer resources.

Understanding the reasons why a child enters an institution is very important. Poverty, illegitimacy, single parents, disability, crime, etc. are not necessarily good reasons to institutionalise children. A strong Protection System has to be in place, with adequate preventive and responsive measures. Supporting parents and pre-empting a desire for institutional support should be the main vision behind policy and legislation.

There are non-negotiable standards which need to be maintained within residential institutions (age-appropriate nutritious food, regular schooling, opportunities for play and recreation, privacy, high standards of health and sanitation facilities).

We need to ensure ties are maintained between children in institutions and their families.

Siblings have to be kept together in institutions and in cases of adoption.

We have to recognise the importance of the staff within institutions at all levels, from management to counsellors, caretakers, welfare officers, etc. There is a need to adequately remunerate staff and to provide ongoing training; furthermore, the accountability of duty bearers must be guaranteed.

We need to change our attitude and challenge our prejudices in relation to children with disabilities. The UN Convention on the Right of Persons with Disabilities provides a starting point, together with the CRC, for questioning laws and policies regarding disabled children in South Asia.

Reinforcing documentation is important at both NGO and governmental level. While data is recorded, very little information has been analysed and made consistent and available to practitioners and the wider public.

Researching best practices within the region and sharing examples should be a regular exercise. In this regard, the Journal on Standards of Care and Mental Health published by Udayan Care could constitute an optimum start.

Budget allocations for the child protection systems have to be adequate.

Constituting and developing an Internal Child Protection Policy (as South Asian and national networks or as single institutions) could be a meaningful way forward to carry on the work initiated by the Seminar.

Mental Health – Day 2

We need to understand what Mental Health means in relation to children in institutions. We need to stop thinking about Mental Health as Mental Illness, and instead internalise the concept that Positive/Good Mental Health is an essential component of the child's social, emotional, psychological development. We need to de-mystify and simplify the whole concept of mental health among practitioners, policy makers and the general public.

As professionals, we have to adapt our theoretical knowledge to everyday practice. There is a need to merge textbook knowledge with South Asian reality, especially regarding the most serious problems South Asian countries face (child sexual abuse and exploitation, child trafficking, child marriage, child involvement in crimes, etc).

We must understand that lack of good mental health during childhood and adolescence has consequences throughout adult life and in the development of our children as responsible and happy South Asian citizens.

We must always consider all children as individuals, as unique.

Children express their needs and problems through behaviour. We have to observe their behaviour and not neglect their actions, but instead understand them.

Caregivers should be as constant as possible and, when about to leave their jobs for any reason, they should know how to prepare the children to de-attach. The concept of Attachment and its related issues are still not well-known among care givers, and the under-estimation of its importance can have serious consequences for the children, during their childhood, adolescence and adult life.

The training of caregivers is fundamental. The training should not only convey knowledge of children's rights, but should also focus on mental health issues. The caregivers have to know how to handle everyday problems among the children and how to manage their own personal issues without harming the children.

The mental health of staff is as important as the mental health of children because they are inter-related. Relations of power and hierarchy among staff have to be considered. At the same time, staff should be made aware of the importance of quality mental health support for the children.

We need to look at Psychiatrist and Psychology Training and at Academic Courses and include Child Protection in a systemic way within them.

We need to network and link up as professionals, and share the experiences we consider successful as well as failures. We have to advocate together for more consideration of Mental Health as a fundamental component of the Protection System at legislative and policy level, as well as within single institutions.

Our main objective is to ensure that psychology is understood as an integral component of the developmental process of childhood and adolescence, instead of a response measure only to crisis situations, entailing medication and lacking consistent support. We should not wait for the child to become mentally ill, but monitor his/her mental health systematically.

The need to operationalise the theory shared during the Seminar was felt strongly. Booklets, toolkits and manuals for practitioners with practical tips on how to include mental health as a focal point of their everyday work could constitute a first step.

What's Next?

As mentioned in the background note of this report, *Institutionalised Children: A Seminar on Standards of Care and Mental Health* was envisaged as the starting point of a long journey meant to assure children in residential facilities in South Asia are taken care in the best way possible. The seminar's participants agreed on the different conclusive points mentioned above and underlined the necessity to move forward with short- and long-term plans to assure children's positive mental health becomes a thematic focus in child protection policies and initiatives in South Asia.

Ms. Nina Nayak, former member of the National Commission for Protection of Child Rights (NCPCR), for example, suggested that different experts on institutional care and mental health in India could come together and look at the new Integrated Child Protection Scheme (ICPS). They could advice the Ministry of Women and Child Development (MWCD) on how to include mental health issues in the scheme, through provisions to facilitate the constant presence of well-trained counsellors, psychologists and psychiatrists in institutions. The Ministry of Health and Family Welfare (MHFW) could also enter in the picture, providing children's mental health cells in hospitals. At the same time, counsellors and psychologists could be made available in schools, especially in secondary schools, to talk to teenagers, as well as to their teachers, on a regular basis.

As suggested by Dr. Rinchen Chophel, Director General of SAIEVAC, the National Action and Coordinating Groups to end violence against children (NACGs) could become focal institutions to take the discussion forward at the South Asia level. The collaboration among child rights and mental health experts which met, many of them for the first time, during the seminar, should continue and other similar initiatives could be organised on a regular basis.

Once a year, in one of the SAARC countries, a seminar dealing with a specific theme within the sphere of mental health and standards of care in institutions could be envisaged. There are in fact a series of arguments which have been touched by this seminar, but which need to be looked at deeply: after-care, the specific needs of adolescents, the dilemmas of children with disabilities, the financial concerns of residential care facilities and their need for structural change, sexuality and gender issues, etc. are only some of them. Web-seminars and online meetings could be regularly organised to prepare a conference in 2015 on one of these important subjects. The ICEB Journal could become the vehicle to spread awareness on these arguments and the conclusion of the South Asian debate on mental health and institutional care, registering the outcomes of the different initiatives organised at regional and national level.

Last but not the least, child rights activists and mental health experts in the region could aim at a larger outreach, involving managers of governmental institutions as well as religious leaders. Conferences in the region are often populated by the NGO and private sector debating with governmental officials in high positions. It is time the voices and concerns of *all* the people working in all types of residential care facilities take part in the debate.

Children love and want to be loved and they very much prefer the joy of accomplishment to the triumph of hateful failure. Do not mistake a child for his symptom.

— Erik H. Erikson

ANNEXES

ANNEX I

Seminar Agenda

Master of Ceremonies: Ms. Aneesha Wadhwa, Trustee & Mentor Mother, Udayan Care

Day 1: 14 March 2014

TIME	ACTIVITY	DESCRIPTION	SPEAKERS AND MODERATORS
09.30 – 10.00	Registration		
10.00 – 10.30	Inauguration & Welcome address	Introduction of the Seminar and Guests of Honours	Master of Ceremonies
		Welcome Address	**Dr. Kiran Modi,** Founder Managing Trustee, Udayan Care
		Lamp Lighting Ceremony	Guests of Honour: **Ms. Kushal Singh**, Chairperson, National Commission for Protection of Child Rights (NCPCR) **Dr. Ashok Chauhan,** Founder President**,** Amity Education Group **Ms. Mamta Sahai,** Member, Delhi Commission for Protection of Child Rights (DCPCR), Delhi
10.30 – 11.00	Launch of the Journal "Institutionalised Children: Explorations and Beyond" (ICEB)	Presentation of the concept behind the Journal (ICEB) and introduction of Co-editors and Advisory Board Members	**Dr. Monisha Nayar-Akhtar,** Editor-in-Chief, ICEB
		Launch of the journal and Address by the Guests of Honour	Guests of Honour & Special Guest
11.00 – 11.30	**Tea Break**		
11.30 – 01.00	Plenary Session: "Institutional care: Standards of care, mental health and impact of violence & vulnerability of children in institutions"	Introduction to the Plenary Session and introduction of the speakers by the moderator	Chairperson: **Ms. Andal Damodaran,** Co-convener**,** India Alliance for Child Rights and Vice President**,** Indian Council for Child Welfare, Tamil Nadu
		Opening remarks and the SAARC perspective	Keynote Speaker: **Dr. Rinchen Chophel,** Director General**,** South Asian Initiative to End Violence Against Children (SAIEVAC)
		Presentation on Standards of care and mental health for children in institutions, with a special focus on South Asian countries	Speaker: **Dr. Jane Calder,** Regional Advisor Child Protection, Save the Children, United Kingdom

TIME	ACTIVITY	DESCRIPTION	SPEAKERS AND MODERATORS
		Presentation on Standards of care and mental health for children in institutions, with a global perspective	Speaker: **Dr. Jean-Luc Douillard** Regional Program Coordinator for the Prevention of Suicide, sud Charente-Maritime, France
		Sum-up Q & A	Chairperson's Remarks
01.00 – 02.00	**Lunch Break**		
02.00 – 04.00	Country Profile Presentations: "Standards of care and mental health: vulnera-bility of children, good practices and challenges"	Introduction and opening remarks	Chairperson: **Ms. Razia Ismail**, Convenor India Alliance for Child Rights (IACR)
		Country presentations	Afghanistan **Mr. Najeebullah Zadran Babrakzai** National Coordinator for the Rights of Children Afghanistan Independent Human Rights Commission (AIHRC); Bangladesh **Dr. Tuhinul Islam Khalil**, Senior Research Fellow, Centre for Management and Development Research (CMDR), Northern University Bangladesh; India **Ms. Nina P. Nayak**, Former Member, NCPCR & Former Chairperson, Karnataka State commission for protection of child rights (SCPCR); Maldives **Ms. Fathimath Reesha**, Childcare Supervisor, Children's Home; **Ms. Fathina Ahmed Khaleel**, Senior Projects Officer, Advocating the Rights of Children (ARC); Pakistan **Dr. Manizeh Bano**, Executive Director, Sahil; Sri Lanka **Ms. Varathagowry Vasudevan**, Senior Lecturer, National Institute of Social Development; **Dr. Ramani Rathnaweera**, Consultant Psychiatrist, Teaching Hospital
		Sum-up Q & A	Chairperson's Remarks

TIME	ACTIVITY	DESCRIPTION	SPEAKERS AND MODERATORS
04.00 – 04.30	**Tea Break**		
04.30 – 05.30	Panel Discussion: "Law & Policy related to Children in Institutions"	Introduction and opening remarks	Chairperson: **Ms. Bharti Ali**, Founder and Co-Director, HAQ: Centre for Child Rights
		Law & Policy related to Institutionalised Children in Need of Care and Protection	Speaker: **Dr. Bharti Sharma,** Ex Chairperson**,** Child Welfare Committee
		Law & Policy related to Institutionalised Children in Conflict with the Law	Speaker: **Mr. Anant Kumar Asthana,** Lawyer and Consultant
		Law & Policy related to Institutionalised Children with special needs including disabilities, HIV, addicted to substance abuse etc.	Speaker: **Ms. Radhika Alkazi,** Founder Managing Trustee, Aarthastha and Independent Disability Consultant
		Sum-up Q & A	Chairperson's Remarks
05.30 - 06.00	"Summing up and linking standards of care as a necessary prerequisite to mental health"		**Dr. Hiranthi Wijemanne** Vice Chairperson United Nations Committee on the Rights of the Child

Day 2: 15 March 2014

TIME	ACTIVITY	DESCRIPTION	SPEAKERS AND MODERATORS
09.00 – 09.30	**Registration**		
09.30 – 11.00	Plenary Session: "Attachment, Trauma, Grief and Childhood Development with perspective to Children in Institutions"	Introduction and opening remarks	Chairperson: **Dr. Deepak Gupta** Adolescent and Child Psychiatrist, Founder director of "Centre for Child & Adolescent Wellbeing (CCAW)", New Delhi, India, working with Udayan Care children
		Attachment and Childhood Development, with perspective to Children in Institutions	Speaker: **Dr. Monisha Nayar-Akhtar** Psychologist/Psychoanalyst, USA, and Director, Indian Institute of Psychotherapy Training, New Delhi, India (ICEB Editor in Chief)
		Trauma, Grief and Childhood Development with perspective to Children in Institutions	Speaker: **Dr. Achal Bhagat**, Senior Consultant Psychiatrist and Psychotherapist; And Chairperson, Saarthak Mental Health Services
		Sum-up Q & A	Chairperson's Remarks

TIME	ACTIVITY	DESCRIPTION	SPEAKERS AND MODERATORS
11.00 – 11.30	**Tea Break**		
11.30 – 01.30	Panel Discussion: "Mental Healthcare in Institutional Settings: Constraints and Dilemmas" (Residential care for children in need of care & protection; in conflict with Law, in Observation homes; children with disabilities, etc.)	Introduction and opening remarks	Chairperson: **Dr. Achal Bhagat**
		Presentations from Psychiatrist/ Psychologist/ Researchers	Speakers: **Dr. Deepak Gupta**; **Dr. Amit Sen** Adolescent and Child psychiatrist, Salaam Balak Trust, Delhi, India; **Dr. N Janardhana**, Assistant Professor Department of Psychiatric Social Work, National Institute of Mental Health and Neuro Sciences (NIMHANS) Bangalore; **Dr. Monica Kumar**, Ashoka Fellow, Clinical Psychologist and Managing Trustee, Manas Foundation; DWCD, Delhi **Ms. Anne Joly** Psychiatrist, University Hospital Bordeaux, France
		Mental Healthcare in Institutional Settings: Constraints and Dilemmas for Children in Conflict with the Law; Children with special needs including disabilities, HIV, addicted to substance abuse, etc)	Speakers: **Ms. Smritikana Ghosh,** Counsellor and Program Officer (Training) Ramola Bhar Charitable Trust, Project STOP, Delhi; **Ms. Vibhavari Kavle,** Project Officer Resource Cell for Juvenile Justice, Tata Institute of Social Sciences (TISS), Mumbai; **Fr John Tharakan sdb,** Director Oota-Wellsprings, Don Bosco Psycho-Social Services (DBPSS), Hyderabad **Dr. Kiran Aggarwal** Ex CWC Member and Consultant Paediatrician
		Sum-up - Q & A	Chairperson's Remarks
01.30 – 02.30	**Lunch Break**		
02.30 – 04.00	Panel Discussion: Resilience in Children in Institutional Care: Is it Really a Challenge?	Introduction and opening remarks	Chairperson: **Dr. Monisha Nayar-Akhtar**

TIME	ACTIVITY	DESCRIPTION	SPEAKERS AND MODERATORS
		Ego-resilience in Children in Need of Care and Protection, Children in Conflict with the Law, Children with special needs including disabilities, HIV, addicted to substance abuse, etc.	Speakers: **Dr. Jai Ranjan Ram**, Senior Consultant Psychiatrist Founder, Mental Health Foundation; **Dr. Tuhinul Islam Khalil** **Dr. Jean Luc Douillard** **Mr. George Kollashny**, Founder Director E.mandala – Institute of Knowledge Management through Multidimensional Experiential Learning, Gulburg
		Sum-up - Q & A	Chairperson's Remarks
04.00 – 04.30	**Tea Break**		
04.30 – 6.00	Valedictory Session	"ICPS and its vision for children in institutions"	Speaker: **Mr. Vivek Joshi,** Joint Secretary Ministry of Women and Child Development, New Delhi
		Recommendations emerging from Seminar on Mental Healthcare in Institutional Care. Followed by comments	**Ms. Vijaylakshmi Arora,** Director - Policy and Research, Child Rights and You (CRY), Delhi
	Vote of Thanks		**Mr. Vikram Dutt, Associate Editor-ICEB**

ANNEX II

Guests of Honour, Speakers and Panellists at the Seminar

Guests of Honour

Kushal Singh: Ms. Singh, retired from the Indian Administrative Services, is the Chairperson of the National Commission for Protection of Child Rights (NCPCR). During her service spanning 35 years, she has held various posts in the central and state governments, including those of Chief Secretary, Govt. of Rajasthan; Chairperson, Board of Revenue; Principal Secretary, Social Security & Commissioner for Disabled Persons; Principal Secretary, Social Welfare and Tribal Area Development; Secretary, Elementary Education and Panchayati Raj; Secretary, Women & Child Development and Social Welfare, Government of Rajasthan.

Ashok K. Chauhan: Dr. Chauhan is the Founder President of Amity group and a former Head of the Research and Development Department of the renowned European Group Daetwyler. Dr. Chauhan was honoured as the Non-Resident Indian (NRI) who has contributed maximum in providing technology inputs in India in 1992 and as the Biggest Non-German Investor in East Germany in 1993. He was also honoured with the Life time Achievement Award by Franchise, India, in 2011. He is the Founder President of Ritnand Balved Education Foundation and Chancellor of Gurukul Mahavidyalaya, Jwalapur, Haridwar, and Amity University, Haryana.

Mamta Sahai: Ms. Sahai is the Chairperson of Child Welfare Committee, Mayur Vihar and a Member of the Delhi Commission for Protection of Child Rights (DCPCR). She is the Secretary of Savera Social Welfare Society (an NGO working for the empowerment of women and children in unauthorised settlements of Delhi and Uttar Pradesh (UP)). Presently she is running a Remedial Centre for 40 children in West Vinod Nagar, East Delhi. Ms. Sahai served as an honorary Member of Parivaar Paraarsh Kendra in the District Civil Court in Pilibhit, UP (2000-2003) and of the District Jail Committee Pilibhit, UP (2001-2003). She was also awarded certificates of appreciation for her work from the state government of India.

Speakers and Panellists

Anne Joly: Ms. Joly is a Psychiatrist at the University Hospital of Bordeaux and works mainly with adolescents and young adults who have severe food behaviour disorders. She is also coordinating with a medical institution that welcomes 15 young girls and boys who have severe personality and behaviour disorders. Apart from teaching, she has written numerous articles on the above-mentioned subjects too.

Andal Damodaran: Ms. Damodaran is Co-convener of India Alliance on Child Rights, Vice President of Indian Council for Child Welfare, Tamil Nadu and a Trustee of Arcot Ramaswamy Mudaliar Trust, Tamil Nadu. She has been honoured by many awards like the National Child Welfare Award in 1985 from the Government of India; one of 5 International honourees of Kellogs Hannah Niel Award, Ohio 2001; Seva Ratna Award of Centenarian Trust, Chennai 2001; State Shree Shakthi Puraskar Award, Tamil Nadu State Government, 2002; D.Litt. (Honor is Causa), Gandhigram Rural Institute, Deemed University; Mikio Sumiya Award, Japan, 2007.

Anant Asthana: Mr. Asthana is a Human Rights lawyer and consultant specialising in Child Rights, Public Interest Litigation and Criminal Law. He served as Panel Lawyer of Delhi State Legal Services Authority for Juvenile Justice Boards and currently, as an independent lawyer, he takes up litigation in Higher Courts to push systemic reforms in governance, laws and policies, particularly on the issues of child rights, police reforms and legal aid. Following the sadly famous December 16th 2012 rape and murder of a young girl in South Delhi, on

behalf of HAQ: Centre for Child Rights, he successfully argued in the Supreme Court for saving the Juvenile Justice Act, 2000 in several Writ Petitions in which constitutional validity of the same Act was challenged.

Achal Bhagat: Dr. Bhagat is a Senior Consultant Psychiatrist and Psychotherapist practicing in Delhi. He started the Division of Mental Health and Quality of Life at Medanta the Medicity in 2011. He is also the Chairperson of Saarthak, a group of mental health organisations working in South Asia. Dr. Achal Bhagat is trained at the Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh and Oxford, UK and heads a multi-disciplinary team that provides psychiatric services, psychological assessments, cognitive behaviour therapy, and family and marital therapy. He sees himself as a mental health activist and is actively involved in movements for gender rights, rights of persons with disability and rights of persons with mental illness.

Amit Sen: Dr. Sen is a child and adolescent psychiatrist specialised to address Attention Deficit Hyperactivity Disorder (ADID). Dr. Sen has been practicing child psychiatry for nearly 20 years. He is the founder director of a multidisciplinary institute that provides clinical & community based services, training and research in child and adolescent mental health. Dr. Sen is the founder of the ever-evolving mental health programme in Salaam Baalak Trust, an organisation looking after thousands of street children in Delhi. He is customary in this profession, presented in various international and national conferences, wrote and spoke in popular media, wrote chapters in books and published scientific papers in peer reviewed journals.

Bharti Ali: Ms. Bharti Ali is Co-founder and Co-director of HAQ: Centre for Child Rights, a Delhi based NGO working for the recognition, promotion and protection of children's rights. She has been working on issues relating to women and children for over 23 years. Her work includes research, training, advocacy, legal aid and counselling. She has been a member of the Central Advisory Board on Child Labour and is presently part of the Selection Committee constituted under the Juvenile Justice Act for selection of CWC and JJB members, the Delhi State Legal Services Committee and the recently constituted Gender Sensitisation and Internal Complaints Committee of the Supreme Court of India.

Bharti Sharma: Ms. Sharma is the Chairperson of the domestic worker rights campaign and Child Welfare Committee, Nirmal Chhaya Complex. She has served as a consultant for Save the Children India, for the review of the Juvenile Justice Act, 2000; for CARITAS, for framing the "Child Protection Policy" in 2010; and for CRY as evaluator of the initiative "Quality Institutional Care and Alternative Care of children. Ms. Sharma has conducted extensive training programmes on the Integrated Child Protection Scheme and the Juvenile Justice System to Police, Members of the Child Welfare Committees and Juvenile Justice Boards. Her list of publications includes a book on Juvenile Delinquency, Reports and Articles in the areas of Social Work Education, Community Mental Health and Peoples' Participation.

Deepak Gupta: Dr. Gupta is a child and adolescent psychiatrist associated with Sir Ganga Ram Hospital, New Delhi. He had received several distinctions globally. He was selected for the Donald Cohen Fellowship at the 13th European Society for Child and Adolescent Psychiatry Conference at Florence, Italy. In 2008, he was nominated honorary member of the prestigious American Academy of Child and Adolescent Psychiatry (USA). Dr. Gupta received 'Distinguished Services Award' on Doctors' Day by Delhi Medical association in 2009. He has conducted several workshops for teachers and has delivered lectures at various national and international conferences.

Douillard Jean-Luc: Mr. Douillard is a clinical psychologist with D.E.S.S. in psychology and also the Regional Program Coordinator of Mental Health Promotion and Suicide Prevention program in the Hospitalier de Saintonge, France. He is the writer of the book "Meet the teens, listen, understand, help" (2012) and has also written many articles on children, young adults and adolescents, women and parenting issues. He had extensively worked in the area of suicide and its prevention in France.

Fathina Ahmed Khaleel: Ms. Khaleel works for advocating the Rights of Children (ARC), a Male based NGO. Prior this she was working as an assistant Data Processing Officer with the Ministry of Health and Family, Maldives, where she was involved in maintaining health statistical reports and health research reports, field work and administrative work for the Demographic Health Survey. She holds a bachelor degree in arts from the University of Mysore, India and has also done a short training course on HIV among sex workers organised by the Ministry of Health and Family in Mysore, India, in April 2010.

George Kollashny: Mr. George is the Founder Director of E.mandala – Institute of Knowledge Management through Multidimensional Experiential Learning, Gulbarga.

Hiranthi Wijemanne: Ms. Wijemanne, elected as a member of the United Nations Committee on the Rights of the Child, is currently the Vice-Chairperson of the Committee. She worked for UNICEF on programmes related to Health and Nutrition, Early Childhood Development and Primary Education and has also been involved in the development of policies and programmes on Child Protection, including Abuse and Exploitation as well as probation and Child Care. She has been the Chairperson of the National Child protection Authority in Sri Lanka and was also associated with the delivery of Services to Children.

Jane Calder: Ms. Calder is currently Regional Advisor for Save the Children UK, Asia, based out of Bangkok. A social scientist and social worker by profession she has started her career in residential care in Scotland. She has over 30 years of working experience with vulnerable children in protection related programs in the UK, East Africa and now working as an advisor in Central, South and South East Asian countries. Her particular areas of expertise lie with supporting programmess related with children in, and leaving care.

Jai Ranjan Ram: Dr. Ram is the Founder of Mental Health Foundation, which focuses on providing treatment for children with mental health problems in a multi-disciplinary setting. Currently he is working as a Senior Consultant Psychiatrist attached to Apollo Gleneagles Hospital in Kolkata. He is MD in Psychiatry from NIMHANS, Bangalore, has also done MRC Psych from UK and CCST in Child and Adolescent Psychiatry. Accredited as a Specialist in Child and Adolescent Psychiatry in UK, he is actively involved in training professionals, teachers and care givers on issues related to child and adolescent mental health.

John Tharakan: Mr. Tharakan, Director of Oota-Wellsprings, Don Bosco Psycho-Social Services in Hyderabad, India, combines social action with psychological support to promote communities for human rights. He also works as a counsellor at Don Bosco Navajeevan, a home for disadvantaged children in Hyderabad. He has contributed four chapters for the two volume handbook "From Psychosexual integration and Celibate Maturity". He also has experience working in the formation sector, technical schools, with persons with physical disabilities and with those affected by natural disasters in Andhra Pradesh.

Kiran Aggarwal: Ms. Aggarwal is a Consultant Paediatrician and Adolescent Health/Parenting & Child Rights Protection activist. She has been elected as President of IAP Delhi and will start her mandate in January 2015. She is also a member of the Indian Council of Medical Research Committee on Project "INJURY", and Rape Crisis intervention Center south dist. Delhi. Additionally, Dr. Aggarwal served as a National Convener Child/ Rights Protection Programme Indian Academy of Paediatrics (IAP) Action Plan 2007 and North Zone Convenor on Poor Scholastic Performance Programme IAP 2011.

Monisha Nayar Akhtar: Ms. Akhtar is affiliated with the Psychoanalytic Center of Philadelphia where she teaches courses on trauma, object relations and psychoanalytic process. Since 2011, Dr. Nayar-Akhtar has been working with Udayan Care. In 2012, she established the Indian Institute of Psychotherapy, New Delhi to offer in-depth workshops on topics related to working therapeutically with children, adolescents and adults. She is

editor-in-chief of the journal "Institutionalised Children: Explorations and Beyond" which was launched in New Delhi, on March 14, 2014. She is also on the editorial board of the Psychoanalytic Inquiry, a journal that publishes articles on various topics of psychoanalytic interest and inquiry.

Monica Kumar: Ms. Kumar serves on the board of the Department of Women and Child Development (DWCD), Delhi and is a member of the governing body of the Integrated Child Protection Scheme. She has worked with children and women afflicted with sexual/emotional/physical abuse and violence, juveniles in conflict with law, with reproductive and child healthcare clinics as well as with the other NGO and GO stakeholders, to build capacity and enhance the mental health taskforces. Besides this she has honoured by the prestigious Ashoka award and EdelGive: Social Innovation award.

Najeebullah Zadran Babrakzai: Mr. Babrakzai is working as Child Rights Coordinator in AIHRC (Afghanistan Independent Human Rights Commission), had worked for GTZ - A German Agency for Technical Cooperation in Peshawar, Pakistan and had contributed for the Basic Education and MCH (Mother & Child) Programs for Afghan Refugees. During an entire Journey of working for Afghans inside and outside the country, has achieved many awards and certificates for participating in many courses, seminars and workshops inside and outside the country.

Nina P. Nayak: Ms. Nayak is professionally trained social worker and one of the main proponents of promoting quality care in institutions and non- institutional services for children in difficult circumstances in India. She was nominated to serve on statutory bodies such as the Child Welfare Committee, Bangalore, Karnataka State Commission for Protection of Child Rights and the National Commission for Protection of Child Rights as Chairperson. She has written the handbook "Justice for Children", which is used extensively as a reference manual by Child Welfare Committees and professionals.

N. Janardhana: Dr. N. Janardhana is working with people with mental illness, developed programme for including people with mental illness in the existing CBR programmes, designed curriculum for child functionaries working in child protection units and developed models of psychosocial interventions for working with children in difficult circumstances. He has written many articles in national and international journals and contributed 16 chapters for the books and developed manuals for the CBR workers, senior development practitioners, counsellors, ICPS functionaries and written edited two books in Kannada on mental illness.

Ramani Ratnaweera: Ms. Ratnaweera is a Consultant Psychiatrist in the Ministry of Health, Teaching Hospital, Galle, Sri Lanka. She also has clinical experience in the UK and Australia in various fields like, old age psychiatry and general adult psychiatry, forensic psychiatry and emergency and community psychiatry. Her interest lies in Psychotherapy (DSH and Domestic violence), child and maternal mental health and public health education.

Razia Sultan Ismail: Ms. Ismail is the convener of the India Alliance for Child Rights since 2001. She engages regularly with national government policies and planning for children. She has initiated and led coalitions and collective processes for independent review and reporting to the UN, through wide-ranging consultations among NGOs, development experts and inter-faith bodies, and also held senior advocacy positions in UNICEF (1976-99). First and only Asian woman elected World President of the World YWCA movement (1991-95).

Rinchen Chophel: Dr. Chophel is Director General of the South Asia Initiative to End Violence Against Children (SAIEVAC) Secretariat. Dr. Chophel held the position of the Executive Director of the National Commission for Women and Children, the Royal Government of Bhutan, and has championed the promotion and protection of the rights of women and children with distinction. He has extensive experience in working with the Ministries of Women and Children of the Government's in South Asia as well as with the UN, INGO, NGO and research organizations in the SAARC Region.

Radhika M Alkazi: Ms. Alkazi is a founder Managing Trustee of AARTH- ASTHA, an organisation working with children / people with disabilities and their families. After actively running the organization for 21 years she now also works as an independent disability consultant focusing on the rights of children with disabilities. She has authored a toolkit that enables people to understand the different articles of the Convention and authored several stocktaking reports on the status of children with disabilities. She is an author of alternative report on the rights of children with disabilities to the pre-sessional Working Group of the Committee on the Rights of the Child in 2013.

Smritikana Ghosh: Ms. Ghosh has 12 years of experience in teaching, health social work, child trafficking, water and sanitation, including project coordination, capacity building, communication and teaching. She has developed the information/ follow up tool for the destitute girls information and behavioural change communication materials including field testing of the materials and strengthening it, information and behavioural change communication materials for Cervical Cancer screening including field testing of the materials and strengthening it and has also developed of training manuals, Development of the water management groups and Self Help Groups and building up of the capacities of the users.

Tuhinul I. Khalil: Mr. Khalil is a Senior Research Fellow at the Northern University Bangladesh, a child welfare consultant with ActionAid, Bangladesh and Director, Education and Child Development of a national NGO in Bangladesh. Dr. Khalil has 18 years' work experience in the areas of child welfare management; institutional childcare - including through, leaving and aftercare support; child protection, child participation; attachment, resilience and surveillance; brothel children, sex workers, education, social inequality, healthcare, development and research in the development sector in Bangladesh, Malaysia and the UK.

Varathagowry Vasudevan: Ms. Vasudevan is a senior Lecturer at the National Institute of Social Development, Sri Lanka School of Social Work. She is actively involved in research related to child development, women, youth and senior citizens. Studied at Tata Institute of Social Sciences (TISS) Mumbai and has also done studies on interesting themes like 'Sociological Study of the Socially Backward Areas in Jaffna Town', 'Problems of School-going Adolescents of Migrant Parents' and 'Living Conditions of Elderly Women in Institutionalized Care in Colombo.

Vivek Joshi: Dr. Joshi is Joint Secretary to the Govt. of India in the Ministry of Women and Child Development where his responsibilities include advising the Govt. in formulation, implementation and supervision of many policies, schemes and legislations related to protection and empowerment of children, adolescent girls and women like JJ ACT 2000, POSCO ACT 2012, SABLA, IGMSY, ICPS National Child Policy, National Plan of Action for Children etc. He has also served as Director in the Ministry of Textiles, Govt. of India, Deputy Commissioner, Joint Finance Secretary and Director of the Treasury in the State of Haryana.

Vijayalakshmi Arora: Ms. Arora is working with CRY as Director, Development Support and has specialised in child protection and has the experience of programming on various issues including Child Labour, Child Trafficking, Juvenile Justice, multidisciplinary approach to victims of child abuse. She has extensive experience in programming, policy advocacy, defining long term programming strategy. She has been associated with organizations i.e. Oxfam GB, Save the children UK, International Save the Children Alliance, UNICEF, National Law University of India, Central Adoption Resource Agency among others.

Vibhavari S. Kavle: Ms. Kavle is a Project Officer- Resource Cell for Juvenile Justice (Field Action Project of Centre for Criminology & Justice and has Assisted in writing a book- "Out of School Children in Urban India" by Research and Documentation on "Non formal Education in SAARC Countries". She has provided consulting services on issues of volunteering, donation schemes, registration, FCRA for capacity-building, networking, sponsorship for NGOs. Her list of publications include an article on "Rehabilitation of the Juveniles" in the Indian Express Group and an information booklet namely "Information Pack for Juvenile Justice".

ANNEX III

Youth Consultation

Udayan Care, New Delhi | 22 February 2014

Introduction

The Convention on the Rights of the Child (CRC) and new research on childhood and adolescence recognised children's participation as a catalyst to realise all children's rights and as a means to transform power relations between children and adults, as well as to change the discriminatory structures where adults decide what is best for children without consulting them. Children's right to be heard in article 12 of the CRC is one of the four general principles of the Convention, which states that children have the right to be involved at almost all levels of the society.[78]

In spite of clear advances, South Asian children are still largely viewed as the property of adults and childhood is seen as a stage of learning, with adults being the primary source of experience and knowledge. Challenging these views and acknowledging the necessity to respect, protect and fulfil children's right to participation, a couple of weeks before the seminar, Udayan Care, with the support of Haq - Centre for Child Rights and other institutions, organised a Youth Consultation.

Since *Children in Institutions and Mental Health* is the main focus of the seminar, it seemed obvious to include in the debate adolescents and young people who directly experienced life in the institutions, informally called *Homes*, and to collect their opinions and understand their feelings.

Structure and Methodology

Udayan Care invited children from 6 different Delhi-based NGOs which manage institutions for children in need of care and protection, to select some young boys and girls to participate in the consultation. 18 teenagers and young people, selected on the basis of their age (not younger than 16 years old) and availability, came together for the meeting. Many of them, for the first time, could express their opinions and participate in a debate which directly affects their lives, in a structured manner. For the first time their voices would not have simply been a corollary to adults' opinions and conclusions, but they would have been the basis for the subsequent experts' debate during the seminar.

Children's and young people's participation in the decisions and discussions which directly affect their lives is indeed imperative, but it has to be assured respecting certain standards. Hence Udayan Care opted for a separate one day youth's consultation, in a comfortable and informal environment, where young boys and girls could express their thoughts in simple language and through different means of communication. Mr. Shahbaz Shervani, social worker, and Ms. Uzma Perveen, psychologist and counsellor, from Haq - Centre for Child Rights, conducted the consultation as facilitators.

The young boys and girls were asked not to disclose their identities and the name of the organisation they belong to. The consultation began with the facilitators explaining the need to maintain confidentiality to every participant and underlying that the debate's aim was not to evaluate and endorse the organisations running the institutions, but to give their opinions and recommendations to be included in the seminar.

78 UN Committee on the Rights of the Child (2009) General Comment No. 12: The right of the child to be heard.

The participants were then asked to lay down certain ground rules for the entire process. Hindi was chosen as the preferred language for the workshop and, after having introduced themselves with their names and their hobbies and qualities, certain regulations to facilitate the discussion were decided by the participants.

I have been to California, America, where I could learn better English and had a wonderful experience which made me dream and be more confident about myself. All thanks to the NGO which managed the institution I was living in! But the CWC created so many problems and asked so many questions! At the end I managed to leave, but if it was for CWC's restrictions I could have never had this opportunity.

All the boys and girls were given two similar pictures with certain differences and asked to identify them. Subsequently they all stood in a circle and played a short game where, instead of answering loudly, the questions the facilitator was asking them, they had to exchange positions with the other participants with opposite answers. Simple questions such as *Do you study?* or *Did you think about what to wear today?* were asked to them, as well as more focused questions such as *Do you think the institution became your mother?* or *Do you like the Child Welfare Committee?*.

The above-mentioned exercises set the tone for the workshop, since the main objective was to make the boys and girls talk about the differences in their life before coming into an institution and after moving out from an institution – what has changed and what remains the same.

After the introductory games, the participants divided themselves in different working groups. Discussions were held on various themes, with the facilitators summing up the conclusions so that every young participant was on the same page and agreed with the summary of the debate. Following this, the conclusions were inferred from the various thematic sessions.

Expectations from life and dreams

All the participants expressed their gratitude to the Homes, which gave them the possibility to fulfil their dreams and have achievable expectations in life.

There are a lot of problems with food in residential care. The guests eat very well, but the children's food is not always good. I used to get very angry because of this. Once we showed our own food to the guests to make them aware of what we had to eat. We knew our rights.

Many mentioned the Child Welfare Committee (CWC) and its rules as undermining their expectations, but others highlighted the necessity of certain kinds of regulations. A couple of the participants mentioned that the staff of the institutions is less aware of the talents and qualities of the children in comparison to a family, where every child gets special attention from his/her parents; or that in the Homes it often happens that only children with particular capacities are cared for, while others are left behind.

The issue of finance also emerged from the discussion, since some participants highlighted that there is a huge difference in terms of expectations, between children staying in well-funded NGOs, which can send them to private schools and help them dream of a successful future, and NGOs which cannot afford that kind of investment. The need to send the children to good universities and link them to valuable vocational training emerged strongly and, in connection to it, some participants shared that sometimes in institutions children get blackmailed if they do not receive good marks in school. The staff tells them they would be sent to a governmental school instead of a good private institutes if they do not study properly, undermining their dreams and challenging their future.

Many participants instead stated that the institutions' environment, with many different children, gave them the opportunity to learn from each other and acquire various skills in a way which could never be possible in a nuclear family.

Experiences inside an institution

The participants shared their positive and negative experiences from living in the institutions. Among the positive aspects, the love and care that the staff showed to the children was the first point mentioned, together with the facilities available and good education. Other major points in favour of a life in an institution was the lack of domestic violence, as well as a free-minded and more stimulating environment (workshops, educational trips, easy access to the internet and new technologies, contact with foreigners, etc.) in comparison with many families. The positive side to living with many other children was also brought up and all the participants stated they feel that the people who grew up with them in the institutions are like their brothers and sisters.

Many of the participants nevertheless explained that being in an institution far away from their own houses was a problem for them, especially during the first years of placement, as well as the fact that many times they were placed in school with children much younger than them. Others also explained that if they had a fight or a particular situation outside the institution, they could not always share it with the staff, because *they would have made a big deal out of it.* Some of them underlined that sometimes they felt NGOs interfered too much in their lives.

The discussion also brought up the necessity for professionals who take care of the children. Some participants explained that in institutions, the personnel might be angry or frustrated for personal matters or for arguments among colleagues and discharge their emotional status with the children.

Positive aspects regarding living in institutions What should never change	Negative aspects regarding living in institutions What should be changed
The staff loves and cares for the children.	The staff is not friendly and confidential enough.
The standards of education are good and different activities are offered to the children.	The children do not always get individual, focused attention and the counselling is not always qualitative.
The NGOs are very determined in pursuing their aims.	Sometimes children are not treated as 'normal'. They receive humiliation regarding their past or pity, undermining their confidence.
The children learn from each other during their permanence in the Homes.	Children's participation is institutions' decisions is weak.
The staff conveys messages and information clearly and tries to make children understand the difficulties in managing and working in an institution.	Punishments often affect the future of the children (transfer to other institutions or schools).
	The staff is very moralistic. They should be more open-minded, especially regarding interaction between boys and girls, and dress-codes.

Roles and responsibilities of children and adults

For this session, some volunteers among the participants sat apart to develop and then act out a small play – a sketch of life in an institution, showing the necessity for both the staff and the children to fulfil their responsibilities in every situation. Then a discussion outlining a list of *Dos* and *Donts* started.

Need for discipline and a strict schedule to be respected by the children was mentioned, as well as the responsibility of respecting other children, especially the younger and newer. A longer list for the elders was written down.

Adults' Responsibilities
Maintain impartiality / Abolish biasness
Motivate, encourage and appreciate the children
Comprehend children's need and solve their problems
No blaming, imposing, bullying or blackmailing children
Being open minded, not orthodox
Listen to children and their solutions
Follow the rules and have discipline
Be attentive and concerned
Love all the children with no discrimination

The non-negotiables

What is absolutely necessary to ensure better care and protection to children in institutions? The participants in the youth consultation listed the following *non-negotiables*:

- Caring and loving environment;
- Discipline with rewards, but no humiliation;
- Rules and regulations;
- Organised schedule;
- Hygiene and health care;
- Staff present 24 hours a day and 7 days a week;
- Balance between freedoms and responsibilities;
- Availability of good counsellors;
- Good training for the personnel;
- Regular meetings of children.

Experiences regarding moving out of institutional care

The last part of the discussion pointed at displaying the participants' emotional state, listing their apprehensions, fears and difficulties faced in reintegrating with the larger society after having left their institution.

> *Life in the Homes is great, but life outside is different. In the NGOs you are always protected, but the city-life is something else. The staff in the NGOs does not let you do anything alone before you turn 18. Then at 18 you are on your own but you don't know how to do things alone! I have never been anywhere alone before I turned 18 years old!*

Many children expressed the fear of independence, since the NGOs provided them a safe and protective environment. Living out of the *Home,* the question *Where do I belong?* is a frequent one young people ask themselves.

The main difficulties to be faced after having left the institutions are the economical ones (payment of rent, bills, food, finding a good job, etc.), but also those related to the management of a house (cleaning, cooking, organising the daily routine, etc.). Many participants explained that the institution is full of regulations already made for the children, while outside society is much more complex and unregulated.

All the children shared that when they left the institution they faced detachment issues and were very emotional.

An ideal Home

At the end of the consultation, all the young participants were asked to perform a last exercise – drawing and painting two big canvases to be subsequently displayed at the seminar. The two pictures represent the *Ideal Home* and enclose all the positive emotions and feelings young boys and girls carry with them once they leave good institutions – one for all: *Love*.

Recommendations

Following are the recommendations which emerged from the youth consultation on children in institutions and their emotional and psychological needs:

1. Every child should have an **individual care plan** on the basis of his/her qualities and capabilities; the staff should not focus only on talented children, but give equal attention and opportunities to all the children.
2. All the members of the **staff** should be **well-prepared** to work in an institution – they should not blackmail or bully the children and not discharge their problems on them, they should not be judgmental regarding relations between boys and girls, and dress-code, and they should not treat the children with pity, or humiliate them because of their past.
3. The institution has to assure **discipline but** also **freedom** to the children. Rules have to be in place and respected, but they do not have to excessively interfere in the lives of children and they do not have to be orthodox.
4. **Teenagers** have to be given little freedom of carrying out some **responsibilities on their own** and boys and girls about to reach 18 have to get permission to spend some time out of the institutions alone. This is important because when they reach 18 years old and have to get out of their Home, they feel unable to cope with a larger society where life is more complicated and faster than the life in the institution. Furthermore, **detachment issues** are very common among the boys and girls who leave the Homes, they suffer a lot. The pain could be contained with a more gradual separation, letting the adolescent create his/her own life outside the institution some time before leaving it for good.
5. **Children** should **participate more intensively** in the life in institutions, deciding the rules and also having a word on hiring the personnel.
6. The institution has to be managed properly, especially in assuring **high standards of hygiene and medical health care**. Personnel should be there 24 hours every day.
7. The Child Welfare Committee should **respect children's needs** in implementing its rules and regulations, i.e. not placing children in institutions too far from their families, and should be more flexible when the children are offered good opportunities for their future, i.e. spending some time abroad.
8. Children in well-funded institutions have more opportunities to achieve their aims, thanks to good education, vocational training, workshops and exposure, in comparison to NGOs with little funds. The **government** should **partner with NGOs** to assure high standards of education for all.

ANNEX IV

About Udayan Care

Udayan Care, registered in 1994**,** is a Public Charitable Trust, working for the quality care of disadvantaged children and women and youth for over 20 years.

Vision: To regenerate the rhythm of life of the disadvantaged.

Theory of Change: There are millions of orphaned and abandoned children in India; in addition, girls from weaker sections of society do not get an equal opportunity to continue their education; professional skills and attitude are lacking among disadvantaged communities to become economically self-reliant.

Udayan Care provides homes to orphaned children while it also gives girls financial and developmental support to continue higher education; it helps communities to train themselves in vocations, by engaging socially committed individuals, who provide a transformative, nurturing and mentoring environment, to help them realise their full potential.

Mission: A nurturing home for every orphaned child, an opportunity for higher education for every girl and for every adult, the dignity of self-reliance and the desire to give back to society.
Our various innovative Programmes are:

1. **Udayan Ghars:** Based on the belief that a loving home and family are rights of every child, *Udayan Ghars*, long term residential homes, nurture children, who are orphaned or abandoned, in a simulated family environment through a strategy called L.I.F.E – Living In Family Environment. There are single and multi *Udayan Ghars*, wherein 12 children (6-18 years), constitute a unit to give individual attention to each child. This 'Group Foster Care' model ensures children love and care by a group of Mentor Parents – socially committed individuals (volunteers), who groom these children with a team of social workers, care givers and supervisors. *Udayan Ghars* are located in middle class neighbourhood to help children reintegrate with mainstream society. Children receive quality education in some of the best schools. Once they reach the age of 18 years, they move into our aftercare facilities and continue higher education or vocational training. Since inception in 1996, *Udayan Ghars* have nurtured 352 children. Presently, 198 children and young adults live at our 13 *Udayan Ghars* and 2 aftercare facilities, across Delhi & NCR, Kurukshetra and Jaipur. With a vision to reach out to more children, more homes are in the offing.

   Udayan Care's After Care Programme is a pioneering effort in providing young adults the opportunity of independent living within the security of their Udayan Care's family umbrella. The aim of this programme is to provide a secure stepping stone towards self-reliance for the young adults. They are supported through their higher education needs, career guidance, as well as encouraged to take up part time jobs and evenmanage an independent kitchen in order to equip them for the future.

2. **Udayan Shalini Fellowships (USF):** The situation of education for girls in India is abysmal, the biggest hurdle being faced during transition from high school to secondary levels and then to college where dropout rates increase dramatically. Making a conscious choice to support higher education of girls, Udayan Care began *Udayan Shalini* Fellowships (USF) in 2002, in Delhi with 72 girls. Since inception, USF has supported over 3000 girls. Today, many of our girls, whom we call *Shalinis* (Dignified Women), are pursuing fields like Engineering, Medicine, CA, and Computer Science, among others.

Some of the unique features of USF are mentoring and regular motivational workshops to create a force of sensitive, trained and enlightened citizens. To become socially aware and responsible, *Shalinis* fulfill 50 hours of mandatory social work. USF is now present in 9 cities – Delhi, Kurukshetra, Aurangabad, Dehradun, Kolkata, Gurgaon, Haridwar, Phagwara and Jaipur – with Jaipur as the most recent Chapter.

3. **Udayan Care Information Technology and Vocational Training Centres (IT&VT):** Based on Udayan Care's mission to enable every adult the dignity of self-reliance, Udayan Care IT&VT Centres were initiated in 2006 to enable under-served youth and adults improve their livelihood options. Our Centres offer Certificate courses in basic computer knowledge as well as Diploma and Advanced courses in Computer Application and courses in stitching and beauty therapy. Spoken English and life skills trainings are also a part of the curriculum to make students job ready. Since inception, our 8 IT&VT Centres have equipped over 9000 students across Delhi & NCR with the dignity of self reliance.

4. **Advocacy:** Udayan Care believes in people-centric advocacy that enables civil society members and organisations to take responsibility to improve the situation of vulnerable sections of society. Consistent efforts on this front have brought on board committed Mentor Parents, educationists, volunteers, corporate fraternity, medical experts and schools who willingly give their time and skills. We endeavour to ensure the protection of child rights, by organising and participating in conferences, seminars, NGO networks and developing policy recommendations. In 2005, we were instrumental in getting the 'Guardian' column included in the application forms of Board exams by filing and winning a PIL in the Delhi High Court; earlier the form only had 'Father' and 'Mother' columns, making it difficult for an orphaned children to fill it.

   In 2009 we conducted two conferences on 'Positive Mental Health and the Wellbeing of Children in Institutional Care' in Delhi and at the national level. In 2013, we conducted two symposia on Aftercare under the Juvenile Justice Act and ICPS, under the banner of a newly formed association "Justice for Children: a Policy Network" - an association of NGOs for protection and advocacy of child rights. Most recently in March 2014, we organised a two day seminar, "Institutionalised Children: Seminar on Standards of Care and Mental Health" the first initiative of its kind, in India, to bring together representatives from the South Asian countries from the domain of child rights, child protection and mental health, to focus on the issue of mental health, care and protection for children living in institutions. Here the academic bi-annual journal, "Institutionalised Children: Explorations and Beyond" was also launched. This ICEB Journal aims to address the gaps in research, knowledge and counselling practices, prevalent in working with institutionalised children, in the 8 South Asian countries.

5. **Volunteer & Internship Programme:** Udayan Care's experience has shown that no matter what one does or where one resides, each of us can make a difference to improve the situation of the disadvantaged. Udayan Care's Volunteer and Internship Programme engage civil society to share their time, skills and resources with less privileged children and youth. Through several volunteering opportunities we enable individuals and corporate in India and globally**,** to advocate for child rights and be a part of change. Udayan Care's Internship Programme provides a great opportunity for students to learn and gain on-the-job exposure to the not for profit sector. In 20 years, we have been fortunate to enjoy the support of 500 volunteers annually from India and various countries across the globe**.**

6. **Big Friend Little Friend Programme (BFLF):** Long term caring and equal accompaniment is a powerful gift one can give another. With this as the pivotal thought, Udayan Care introduced the Big Friend Little Friend Programme on 24th March 2010; in partnership with Mr. Randy Yeh, founder of New Path Foundation**.** The Big Friend Little Friend Programme is a unique initiative born out of our belief that adolescents (12-17

years) from underprivileged communities need emotional support and companionship. Since inception, we have matched 74 pairs of Big and Little Friends.

7. **Curricula on Life Skills & Health Education:** In 2004, Udayan Care published a set of books on health and life skills to be used as part of the curriculum for school children. Pedagogists, health consultants, school teachers and students came together under the umbrella of Udayan Care to formulate a series of books titled "Health is Fun". Satya Bharti Schools, run by Bharti Foundation, were the first ones to introduce these in their schools and are still using it. Motivated by its success, Udayan Care, keeping in mind the NCERT syllabus for Art of Healthy & Productive Living, created another manual catering to primary school children, titled "Together with Life: A Celebration" – a series of 5 books on health, life-skills, culture, civic awareness, heritage, etc, which are used by many schools in North India.

We are accredited by GiveIndia and Credibility Alliance, organizations that monitor and accredit non-government organisations for transparent and credible performance.

For 2 years in a row, Udayan Care had won the CSO Partners' Outstanding Annual Report Award within the non-profit sector for transparency and accountability. We are also recipients of the prestigious India NGO Award 2011 (medium category), the Karamveer Puruskar and the PHD Chamber of Commerce Awards for Excellence in Service, among numerous other awards.

Notes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A painting done by young adults in " Youth Consultation "

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