**Institutionalised Children in the Context of the Convention on Child Rights**

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Article 20 of the CRC refers in very specific terms to the rights of institutionalized children, laying down the specific child rights issues, and provides particularly relevant recommendations. The Monitoring Committee on the CRC, raises issues with State Parties on this basis, and frames concluding observations to ensure that the rights of these children. They remain a largely neglected group, whose rights continue to be violated due to circumstances in their families and communities as well as the institutions they are placed in.

The CRC does not refer to institutionalized children. Rather, the CRC refers to children deprived of a family. This is an important distinction which must guide all deliberations related to this particular group of children. To term such children institutionalized children is also a form of stigmatization which though unintentional, is a common term used for such children.

I would strongly advocate that such children should be described as children deprived of their families. This reorientation of terminology is important as it then influences the attitude towards such children. This in turn can influence the manner in which their circumstances are viewed, and what needs to be done for them. In this context, what such children need is a protective environment, a similar as possible to the one provided by a family. This is their right as well articulated in the CRC. Thus such children are entitled to special protection and care by the state.

States are also responsible for ensuring alternative care.

This includes foster placements, adoptions, and if necessary, placement in a suitable institution. The child’s ethnic, religious, cultural and linguistic background must be taken into consideration in determining this solution.

Article 20 of the CRC refers to social work programmes and welfare departments, and, foster caregivers, adoptive parents, and voluntary organizations which provide alternative care. States recommended to establish a registration system for such institutions, based on specific criteria. There should also be registration system, to ensure that standards on quality of care are maintained. Regular monitoring is essential, and should be undertaken in an independent manner, with a confidential complaints mechanisms for children to report.

The CRC clearly refers to a family, and not only to parents. Thus, even if it is in the child’s best interest to remove him/her from parents, there is an obligation in the CRC for state authorities to first seek placement in the child’s wider family. This includes relatives. Other options are fostering and adoptions. It is only if these are not possible that placement in an institution must be considered. The hierarchy of options is important when dealing with a child deprived of parents.

In South Asia as well as many other regions of the world including, developed and developing countries, institutionalized are growing in numbers to many millions. The causes include chronic poverty, single parents, domestic violence, loss of a home, living in streets, migration for work, particularly of mothers. Another is disabilities and children with behavior problems parents cannot handle. State authorities need pay greater attention to identifying such issues and undertaking interventions to support such vulnerable families in difficulties and prevent the institutionalization of children. This is not only in the best interest of the child which the state is obliged to uphold, but, is also cost effective as opposed to more institutions for such children, as the numbers keep rising.

It is essential that in the placement of children without families, an independent and informed review be undertaken to deal with placements .The review must be conducted in accordance with CRC policies and principles. In the case of children with behavioral problem, or those with special needs, the state needs to plan and develop more community based interventions and targeted family support, to enable such children to remain in their families.

It is important that placement of children in alternative care be individualized, as every child in unique. Children deprived of a family have greater needs than those who do. Alternative care should not be an automatic nor first and only option.

The loss of a family could greatly jeopardize the physical and emotional development of children. In addition, unless the institution concerned safeguards their rights, mistreatment, abuse and neglect are often possible. These occur in poorly regulated and monitored institutions which are unfortunately widely prevalent due to poor supervision and monitoring.

A comprehensive data base on children without parents and family should be established by state authorities. This should also include the causes for institutionalization, including information on whether they have one or both parents or none. Other essential information includes, children in foster families, adoptions both in country and inter country, and numbers reunited with parents once they leave the institution.

Active efforts are needed to promote smaller institutions, in home style settings. A lesser number but better trained professionals are to be encouraged to work in institutions, as opposed to untrained or inadequately trained staff, poorly trained and paid. Regular supervision is essential to maintain standards of quality of care.

All children in institutions need access to health care on a regular basis. This also includes access to regular schooling. Nutritional levels need to be monitored and that they practice hygiene. Access to mental health services is essential .The World Health Organisation (WHO) defines health, as a state of compete physical, mental and social well being, and not the mere absence of disease. It can be determined by socio economic factors, in this context institutionalized children are particularly vulnerable, many of whom may have been abandoned, lost contact with parents and family, or do not have a family, and are deprived because of such circumstances.

In this context institutionalizing children, unless there are active efforts to provide individualised and parenting type care, being sensitive to their needs, mental health can occur.

Planned efforts are necessary to maintain contact with both or one parent or relatives where possible, and avoid children getting isolated in institutions. The exception is when there are no parents .In cases of poverty as a factor in institutionalization, consideration should be given to provide a travel allowance for families to visit the child.

Active efforts are necessary to ensure that there is no violence against children in institutions. This includes the use of corporal punishment, in the name of discipline. Alternative non forms of discipline should be used on principle. This also includes eliminating verbal abuse and humiliation by staff and bullying among children, particularly the older ones and the younger and weaker. Prevention is important. A confidential complaint mechanisms for children to report such offences which are contrary the CRC should be set up, complaints investigated and appropriate action taken against those found to be responsible.

Neglect is often a phenomenon which must be detected and addressed in the context of institutions. Babies are most often the worst affected as they lie in cots unable to articulate their needs, with no human contact or stimulation for long periods of time .This can lead to severe forms of physical, mental and psychological damage. The same could occur to children with disabilities. Every effort is needed to prevent such situations if staff time is limited, volunteers should be sought to expand care.

All staff in institutions needs to adopt a code of standards for care, which is based on the CRC. It should be based on the CRC. It should develop towards making institutions “Child Friendly”.

The state may need to increase resources for children in institutions, including the costs available for food and other basic services as well as improving the salaries of staff.

Once minimum standards have been established by the state for institutions, these need to be regularly monitored. Both state supported as well as those run by NGOs and private institutions need to be covered. A registration system based on these standards is important.

Children in institutions should not have to wear a uniform, have their personal histories made public. They need to have access to leisure and recreation, privacy and must be treated as individuals.

Participation is an important child right, which is often neglected. Children in groups or as individuals should have opportunities to express their views. The necessary provision for this must be established.

A plan for the time when the child is 18 years and leaves the institution to lead an independent life needs priority. This is when contact with the immediate family, a relative, foster parents and the community is important. Children from institutions without any outside contact cannot function.

If it is financial incentives that are needed for family members or relatives to visit the child, these need to be provided in the best interest of the child. If family contact is not possible, a foster family should be identified.

Children need access to education, but also, vocational training, job skills and support to get into gainful occupation.

Children deprived of their liberty due to an offence should be separated from others who are there because of social factors. But even such children are entitled to proper care and protection, and need all the requirements cited for institutionalized children

The World Health Organisation (WHO) defines health as a state of physical, mental and social well being, and not the mere absence of disease. Mental health is greatly affected by socio economic and environmental factors, and can be considerably enhanced by the adoption of a primary health care approach.

There is more development mentally, socially and physically during the early years of life than any other period across the life span. In fact, what happens from birth to 3 years influences what happens during the rest of childhood and adolescence. A healthy start to life greatly enhances how the child will function in a school, with peers, in intimate relationships and with broader society as a whole.

This has bearing on children in institutions. The mental health needs of such children have to be addressed, bearing in mind the interactions with physical and social needs as well as the impact of deprivation of a family and social interaction outside the institutions. Rigid systems of rules and regulations need to change into a more family type environment which is social, child friendly, allows leisure play and recreation, and one in which each child receives individualised attention.

Parenting type care, sensitivity in responsiveness to their mental health needs are all essential. The child’s psychological wellbeing, developing cognitive skills, coping with stress, emotional resilience and sense of mastery are all affected by the care environment.

Finally in addition to Article 20 of the CRC, there are several articles relevant to children deprived of a family and in alternate care. These include article 2 on all rights to be recognized for each child in the jurisdiction without discrimination on any ground; Article 3 on Best interest as a primary consideration in all actions concerning children; Article 6 on right to life and maximum survival and development; Article 12 on respect for the child views on matters affecting the child. This includes the opportunity to be heard in judicial or administrative proceeding.