



CHILD RIGHTS SYMPOSIUM 2022 SUMMARY OF PRESENTATIONS





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OPENING REMARKS BY CHILDREN'S OMBUDSPERSON

BY NIUMAATH SHAFEEG

Praise be upon Allah the most merciful, who entrusted us with the gift of children as a responsibility to care for and protect, and for which we will be questioned on the day of judgment.

Peace be upon our Prophet (SAW), who lived an exemplary life on being kind and caring towards children.

The President of the Maldives, his Excellency Ibrahim Mohamed Solih, dignitaries of the state, our partner agency in this symposium, UNICEF, Deputy Representative Mr. Paulo Sassaraao, keynote speaker, Child Protection Regional Advisor of UNICEF Ms. Amanda Bissex and dear participants.

Welcome to the Child Rights Symposium.

The Child Rights Protection Act has shown us that the responsibility of protecting children and ensuring their full rights has not been entrusted to one institution. On the contrary, the law has assigned the legal responsibilities of ensuring children's rights upon

multiple institutions. It is evident that all institutions must work together towards the best interest of the child.

Our office was established under the Child Rights Protection Act, with a vital mandate. To this day, our focus has been to fulfill these responsibilities to our utmost capacities. As such, one of the first initiatives I took upon as the Children's Ombudsperson was to assess the situation of the country in terms of protecting the rights of children.

A baseline study was conducted to understand the context of the child protection system in Maldives. We collected data from institutions mandated to implement the Child Rights Protection Act in 5 atolls in addition to Male. The baseline study guided our institution in moving forward and in strategizing our work with a better focus.

In addition to this, 17 child rights audits have been carried out in different atolls across the country to date. Out of this, six audits were conducted as commu-

nity audits. As part of the community audit, all institutions mandated to work in the interests of the child are audited. These institutions include, Family and Child Service Centers, Islands Councils, Maldives Police Service, Courts, Health Centers, Schools and Rehabilitation Centers (if established). With each community audit, we have conducted stakeholder forums with the relevant institutions based on our findings. The main objective of these forums is to promote and facilitate inter-agency coordination through discussions aimed at long-term solutions and to address the issues highlighted through the audits. Through these discussions, it has shown us that the main challenges faced by the institutions can be overcome through effective coordination amongst the institutions. As you may see, every case lodged for investigation is an indication that a child has been subjected to an act of violence or an infringement on their rights. Our work has shown us that working with better coordination and cooperation in a timely manner could have prevented a lot of these problems from rising.

With regard to these efforts, the need to create a platform to advocate for better coordination deemed crucial. Hence, the main objective of the symposium is to promote all institutions to adopt a preventative approach and work towards the common goal of protecting children from being victimized and exposed to further risks.

The responsibilities under the Child Rights Protection Act have been entrusted collectively to the community and the state as a whole. Therefore, we must identify the issues relating to children in our society, take necessary proactive measures and develop policies to prevent further harm to children. It is time we stop tackling issues with a firefighting approach and instead identify and address the root causes.

The change we want to bring is for the protection of children to never be compromised, to never infringe upon their dignity, to ensure justice and redress for the victims (if such a situation arises) through a well-established mechanism. As children are an integral part of society, we must prioritize to promote and protect their physical, mental, spiritual, social and intellectual well-being.

Should all institutions mandated to work for the rights of children coordinate to ensure full implementation of their preventive role in the spirit of better collaboration, we can guarantee a better future for the children.

All of us together are working towards the same goal with the same objectives – for the future of our children. For their welfare. To make sure they grow up to be resilient, strong and confident. Ensuring that they grow up with the love and protection of the entire community. Realizing the best interest of children and the responsibility of providing them with

care and protection undoubtedly befalls on every single member of the society.

I would like to take this opportunity to thank his Excellency President Ibrahim Mohamed Solih for accepting our invitation to inaugurate our symposium. Your presence here is proof of your dedication towards protecting the rights of children.

I would also like to extend my gratitude towards all the invitees and participants of the symposium. My hope is that this symposium becomes a platform where constructive ideas are exchanged and is an overall success.

Thank you!



BACKGROUND

The Children's Ombudsperson's Office was established under Article 113 of the Child Rights Protection Act (CRPA) (No. 19/2019) on 20th November 2019 to monitor its implementation by the relevant state institutions.

The Act mandates the following responsibilities to the Children's Ombudsperson.

- Monitor and enforce all state institutions to ensure that they adhere to the CRPA.
- Monitor and enforce all state institutions to ensure that they adhere to United Nations Convention of the Rights of the Child (UNCRC).
- Monitor and evaluate the performance of state institutions and employees under the purview of the CRPA.
- Investigate and review actions of state institutions and employees, concerning the rights and welfare of the child.

Maldives is party to the UNCRC and ratified its first Child Rights Act in 1991.

However, the level of knowledge about the Act and the CRC varies among stakeholders. The baseline study conducted by the Children's Ombudsperson's Office in 2020 in Atoll and Island Councils, Family and Children's Service Centers (FCSCs), Maldives Police Service (MPS), Health and Education Sectors identified areas in which the implementation of the CRPA and UNCRC could be strengthened. This included the need for inter-agency coordination and collaboration between relevant stakeholders, ensuring better implementation of their subsequent responsibilities per the CRPA and the need for general public awareness on their rights and responsibilities according to the CRPA.

The rights agenda has been highlighted in the Sustainable Development Goal (SDG) agenda adopted by the UN General Assembly in September 2015. Implementation of the CRPA and UNCRC is important for the sustainable development towards child's rights and strengthening the structures for good governance. Therefore, this symposium

aims to build on the momentum generated by the SDGs and ensure that all state institutions adhere to the principle of the best interests of the child, with a common understanding of what this means as per the UNCRC and the CRPA.

Goal

The goal of the symposium is to identify ways to implement a stronger child-centered national level dialogue to strengthen the accountability of stakeholders, by increasing awareness and improving the inter-agency coordination and collaboration to ensure continuity in promoting and protecting the rights of children, especially the vulnerable .

Objectives

The main objectives of the conference are;

- Providing relevant stakeholders the opportunity to share their experience in protecting child rights through existing child protection systems.
- Creating awareness of the stakeholders and a common definition to focus their every decision regarding children on the best interests of the child.
- Providing an active learning forum that connects and builds networks between key practitioners, policymakers, and civil society actors across the country and internationally.

- Improving child participation in decisions related to child rights.

- Identifying current efforts and ways in which the state could strengthen the accountability of all relevant stakeholders and ensure continuity in promoting and protecting child rights.

- Identify where we are now and how the state could strengthen the accountability of all the stakeholders and ensure continuity in promoting and protecting child rights.

Child Participation

Child participation is one of the core principles of the Convention on the Rights of the Child (CRC), which asserts that children and young people have the right to freely express their views, and that there is an obligation to listen to children's views and to facilitate their participation in all matters affecting them within their families, schools, local communities, public services, institutions, government policies and judicial procedures. Hence, students from selected schools will be invited to the symposium, where they will be given the opportunity to share their views in these discussions.

Main areas of discussion

- Best interests of the child
- List of issues and recommendations put forward by UNCRC committee in 2016
- Care system reform to end the institutionalization of children - preventive measures
- Mechanism to identify at-risk children – preventive mechanisms
- Protection of children's rights in a digital age – preventive mechanisms
- Current efforts and future plans to ensure mental health services for children
- Required changes to the child protection system - adolescent's perspective
- Current efforts and future plans to ensure restorative justice for Children
- Current efforts and future plans to address substance use in children
- Integrating child-centered approach to national policy planning
- Inter-agency co-ordination and cooperation for a better child protection system

Outcome

Following are the outcomes that will be achieved from the symposium.

1. Participants have a common definition for the best interests of the child inspired from global good practices and will be reflected in the implementation,

coordination mechanisms and mutual accountabilities in the protection and promotion of child rights in their work.

2. Identified the works done by relevant stakeholders in the area of child protection, for some of the most vulnerable groups of children, and how the principles of the best interest of the child are integrated into the works of the institutions.

3. Learn good practices from international/local experts and establish links and networks between institutions working on child rights.

4. Based on the discussion of the symposium present a paper to the state on how the state could strengthen the accountability of all the stakeholders and ensuring continuity in promoting and protecting child rights through improved coordination and collaboration.

5. Current efforts and future plans to address substance use in children
Current efforts and future plans to protect vulnerable children who come into contact with the law

Your excellency Ibrahim Mohamed Solih, President of the Maldives

Ms. Niumaath Shafeeg, Children's Ombudsperson of the Maldives

Distinguished Ministers, Senior Government Officials and Guests, Children and young people

Agenda Of the Symposium



TIME	DAY 1	TIME	DAY 2
0900 - 1000	Opening ceremony	0900 – 0930	Current efforts and future plans to ensure restorative justice for Children by Department of Juvenile Justice Hawwa Zimna
		0930 - 0945	Questions and Answers
1000 - 10 45	BREAK	0945 - 1030	BREAK
10 45 – 11 15	Implementation and monitoring of the UNCRC by Attorney General's Office Faena Fayyaz	1030 – 1100	Current efforts and future plans to address substance use among children by National Drug Agency Maryam Shama Naseer
11 15 - 11 30	Questions and Answers	1100 - 1115	Questions and Answers
11 30 – 1200	Care system reform and alternatives to institutionalization of children by Ministry of Gender, Family and Social Services Mohamed Shihab	1115 – 1145	Integrating child-centered approach to national policy planning by President Office Dr.Aishath Shafina
1200 - 12 15	Questions and Answers	1145 - 1200	Questions and Answers
12 15 - 13 30	BREAK	1200 - 1315	BREAK
13 30 – 1400	Preventive mechanism to identify at risk children within the education system By Ministry of Education Fathimath Azza	1315 - 1400	Inter -agency coordination and cooperation for a better child protection system by UNICEF Mohamed Naeem
1400 - 14 15	Questions and Answers	1400 - 1415	Questions and Answers
14 15 – 14 45	Current efforts and future plans to ensure mental health services for children By Ministry of Health Aminath Shahuza	1415 - 1500	Panel discussion; It takes an island to raise a child - Accountability of all stakeholders and ensuring continuity in promoting and protection of child rights Moderator : Dr Aly Shameem Panelist: Jeehan Mahmood, Dr Arif Mohamed, Shujau Ali
14 45 - 1500	Questions and Answers	1500- 1530	Questions and Answers
1500 – 15 30	Current efforts and future plans in working with children at - risk and in conflict with law By Maldives Police Service Rahma Saeed, Fathimath Naheeda Thohir	1530 - 1545	Required changes to the child protection system - adolescent's perspective (Day 2) By students: Aaishath Raya Ali, Hawwa Zaain Zameel, Mohamed Mishaal Mushahid
15 30 - 15 45	Questions and Answers	1545 - 1600	Wrap up and closing By students: Aaishath Raya Ali, Hawwa Zaain Zameel, Mohamed Mishaal Mushahid, Mohamed Zayan Abdul Latheef, Hawwa Yashfee Mohamed, Saraa Shihaab
15 45 - 1600	Required changes to the child protection system - adolescent's perspective (Day 1) By students Mohamed Zayan Abdul Latheef, Hawwa Yashfee Mohamed, Saraa Shihaab		
16 00 -16 30	REFRESHMENTS	1600 - 16 30	REFRESHMENTS

KEYNOTE SPEECH

BY AMANDA BISSEX

Best Interests of the Child

Assalaam Alaikum and Good morning

It is a great pleasure to be with you here today at this Child Rights Symposium. I would like to extend my thanks to the Children's Ombudsperson for inviting me to speak today about an important topic, and that is the Best Interests of the Child. The Best Interests of the Child is a fundamental principle of the Convention on the Rights of the Child and underpins all our considerations in implementing the Convention.

The principle of the best interest of the child is implemented in Article 3 (1) **Convention on the Rights of the Child (CRC)**, which provides that "in all actions concerning children, whether undertaken by public or private social welfare institutions, court of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration."

The CRC does not offer a precise defi-

nition, nor does it explicitly outline common factors of the best interests of the child so is open to some interpretation. It does however, stipulate that: the best interests must be **the determining factor for specific actions**, notably adoption, covered by Article 21 and separation of a child from parents against their will, covered in Article 9;

the best interests must be a **primary** (but not the sole) consideration for all other actions affecting children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies (Article 3).

A couple of other notable considerations when interpreting the best interests of the child are, that it includes all actions both directly and indirectly affecting the child; there is no limitation on the application of the principle as 'all actions' is a broad term and includes both commissions of action as well as direct actions; the term, "a primary consideration", pro-

vides for special protection of children in any context and acknowledges their unique vulnerability; and applies to a group of children or an individual child.

The principle is of **non-derogable nature**, which means it does not allow for limitations even in times of emergencies.

The intention is that the principle of best interests be the determining factor when balancing competing interests. The CRC Committee highlights the objective to find a harmonized balance between the interests at stake with an explicit awareness and weight of the interest of the child in that situation, taking into consideration the vulnerability of the child as an individual.

In practice the term “best interests” broadly describes the well-being of a child. Such well-being is determined by a variety of individual circumstances, such as the age, the level of maturity of the child, the presence or absence of parents, the child’s environment and experiences.

Given the broad scope of the principle and its application, let’s consider in which circumstances we need to apply it and how we can go about it.

Best interests of the child should be considered in a wide variety of actions of duty bearers including State and legislative bodies. It is applicable in data collection, planning, resource allocation, project implementation, monitoring, and

development of guidelines and policies. The best interests principle requires that due attention is given to children’s specific situation and protection risks.

Measures to implement the best interests include: consultation with children through participatory assessments that are systematic, age-appropriate and gender-sensitive; the collection of data by sex and age; giving primary consideration to the best interests of the child in resource allocation; the insertion of child-specific aspects national development plans, guidelines, policies, standard operating procedures; and many others. Put simply we should think about the best interests of children when making decisions that affect them.

This includes paying attention to a child’s views and opinion, and making sure they have the things they need:

- a safe environment
- family and close relationships
- development

I would like to now turn to its application in practice, picking up from a few of the topics that will be discussed here today and which are particularly relevant here in the Maldives.

As discussed, the “best interests of the child” is a right, a principle and a rule of procedure based on an assessment of all elements of a child’s or children’s interests in a specific situation. The ultimate purpose of the child’s best interests should be to ensure the full and

effective enjoyment of the rights recognized in the Convention and the holistic development of the child.

The Committee on the Rights of the Child recommends the following elements be considered when determining best interests:

The **child's views**, considering the children to express their views in every decision that affects them. Any decision that does not take into account the child's views or does not give their views due weight according to their age and maturity, does not respect the possibility for the child or children to influence the determination of their best interests. The fact that the child is very young or in a vulnerable situation (e.g. has a disability, belongs to a minority group, is a migrant, etc.) does not deprive him or her of the right to accommodate the child's particular circumstances to ensure they can express their views.

The **child's identity**. Children are not a homogeneous group and therefore diversity must be taken into account when assessing their best interests. The identity of the child includes characteristics such as sex, national origin, religion and beliefs, cultural identity, personality. Children share universal needs but the expression of those needs will vary and we need to take this into consideration. For example, when considering placement of a child in alternative care, whether it be kinship care or foster care, the child's cultural, linguistic and

religious background should be considered when determining the placement. When developing the care reform agenda and alternatives to deinstitutionalization in the Maldives it is important to ensure suitable placement options are available for a diverse range of children including children with disabilities.

Preservation of the family environment and maintaining relations is also a critical consideration for determining best interests. The family is the fundamental unit of society and the natural environment for the growth and well-being. To ensure preservation of family, the State should provide support to the parents in assuming their parental responsibilities and restore or enhance the family's capacity to take care of the child, unless separation is necessary to protect the child. Economic reasons cannot be a justification for separating a child from his or her parents. We must, therefore, ensure that families have a range of services available including parenting programmes, social protection including cash transfers where appropriate, access to mental health services for both children and their caregivers, and specialized services to support health and welfare concerns. The Community Social Groups also known as IBAMA which is being rolled out throughout the country is perfect opportunity to integrate best interests of the child into a comprehensive community based programme for family strengthening.

Care, protection and safety must also

be considered. It is important to note “care and protection” means ensuring the child’s “well-being” and development. Children’s well-being, in a broad sense includes their basic material, physical, educational, and emotional needs, as well as needs for affection and safety. Safety includes a child’s right to protection from violence, abuse and exploitation. Applying best-interests approach to decision-making means assessing the care, protection and safety of the child at the current time as well as possibility of future risk and harm.

It goes without saying that it is in the best interests of the child to have , to have **access to quality education**, including early childhood education, non-formal or informal education and related activities, free of charge. In order to promote education, or better quality education, for more children, States parties need to have well-trained teachers and professionals, as well as a child-friendly environment and appropriate teaching and learning methods for children of different ages and with different learning abilities. In the current context this includes access to online learning and teaching 21st century skills that support children to be adequately skilled and prepared for emerging employment and entrepreneurial opportunities. In the Maldives this also means a risk informed and climate resilient education system. 420 million children in South Asia were impacted by school closures due to COVID-19. Addressing the learning loss from the prolonged school closures

is urgent to ensure the best interests of the child are met by the education sector.

These are a few, but not all of the elements to consider when applying the principle of best interests of the child. Other considerations include health and specific vulnerabilities of a child or children.

Balancing the elements in the best-interests assessment is not always easy or straightforward as elements may conflict. For example, preserving family must be weighed against protection of children from violence in specific situations. So, in weighing the various elements, one needs to bear in mind the purpose of assessing and determining the best interests of the child which is to ensure the full and effective enjoyment of the rights recognized in the CRC and its Optional Protocols, and the holistic development of the child.

Applying best interests can be complex so to help in the application some **child-friendly procedural safeguards** should be put in place and followed. This includes formal processes, with procedural safeguards, designed to assess and determine the child’s best interests for decisions affecting the child, including mechanisms for evaluating the results. Safeguards should be transparent and objective processes for all decisions made, especially in areas which directly affect the child or children.

It is also important that professionals making decisions on behalf of children, including legislators, judges, administrative authorities, have capacity to understand and apply the best interest principle.

The Child Rights Protection Act as well as the Juvenile Justice Act of the Maldives provides excellent foundation for the application of the best interests of the child, with the principle firmly embedded in both pieces of legislation. The challenge of course is in the implementation and by taking steps to develop capacity of professionals, design procedural safeguards, and critically ensure we listen to the voices of children on all decisions that affect their wellbeing, we can move closure to ensure the best interest principle is well understood and applied.

I would like to thank you for this opportunity to discuss the best interests principle with you, and look forward to the next two days of deliberations on child rights.

Thank you.



PAPERS FROM INSTITUTIONS

Implementation and monitoring of the United Nations Convention on the Rights of the Child

by Attorney General's Office

Overview of the Convention of the Rights of the Child

The United Nations Convention on the Rights of the Child (“CRC”) was adopted by the General Assembly resolution 44/25 of 20th November 1989, and entered into force on 2nd September 1990. Currently the CRC has 196 State Parties to the Convention. CRC comprises of 54 Articles covering all aspects of rights of children below the age of 18 years.

Maldives signed the CRC on 21st August 1990 and ratified the Convention on 11th February 1991. Furthermore, Maldives has ratified all three optional protocols under the Convention: Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (“CRC-OP-SC”) on 10th May 2002; Op-

tional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (“CRC-OP-AC”) on 29th December 2004; and the Optional Protocol to the Convention on the Rights of the Child on a communications procedure (“CRC-OP-IC”) on 27th September 2019.

CRC aims to cover all rights pertaining to children universally. For the purposes of the Convention, any person under 18 years of age is recognised as a child. The main obligation of State Parties as per Article 2 of CRC, is to respect and ensure the rights set forth in the Convention to each child without discrimination of any kind. States Parties are also obligated to ensure that all appropriate measures are taken to protect children from all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child’s parents, legal guardians or family members. Furthermore, as stipulated in Article 4 of CRC State Parties are obligated to implement the rights recognised in the Convention through

legislative, administrative and other measures.

The CRC recognises a plethora of rights inherent to children, including among other things, non-discrimination; life, survival and development; birth registration, name, nationality, care; protection and preservation of identity; privacy; freedom of expression, thought and association; health and health services; social security; adequate standard of living; education; leisure, play and culture; and protection from abduction, sale, trafficking, violence, abuse, neglect, child labour, drug abuse, sexual exploitation, and inhumane treatment and detention.

Reporting Cycles

Parties to the CRC are obliged to submit regular reports to the Committee on the Rights of the Child (“Committee”) , on the steps taken to put the Convention into effect and on the progress in the enjoyment of children’s rights in their territories. States are to consider the reporting process, including the preparation of State Reports, as a way to ensure compliance with their international obligations. The initial reporting cycle under CRC took place in 1993 and a reporting cycle has taken place every 5 years.

The Committee, which comprises of 18 independent experts, is the main body responsible for the monitoring of implementation of CRC and its Optional Protocols. Reports submitted by State

Parties are evaluated by the Committee, through an interactive review session before Concluding Observations are issued.

The Committee has made a simplified reporting procedure available to State Parties whose periodic reports are due from 1st September 2019 onwards through quarterly invitations. Those State Parties who have accepted the simplified reporting procedure, receives a request for specific information, known as List of Issues Prior to Reporting (“LOIPR”) containing up to 30 questions. The State Party’s replies to the LOIPR constitute the State Party’s Report to the Committee. Differently from the standard reporting procedure, under the LOIPR, State Parties are no longer required to submit to the Committee both a State Party Report and written replies to a list of issues, thus reducing the two reporting steps to one.

Maldives was invited to accept the simplified reporting procedure in 2018. However, since Maldives did not respond then, it was interpreted that Maldives chose to stick to the standard reporting procedure. For this reason, the State Report for the current cycle was submitted through the standard reporting procedure.

Under standard reporting procedures, the State Party is required to submit a State Report containing status of implementation of concluding observations of the last review cycle and report on de-

velopments since the last review. After the submission of the State Report, List of Issues are identified by the Committee and the State Party must formulate responses to the List of Issues. These responses along with the State Report, submissions from stakeholders and compilation from UN agencies are reviewed at the review session. Following this interactive dialogue between the Committee and the State Party, the Committee compiles its concerns and recommendations to the State Party in the form of Concluding Observations.

State Parties are then obligated to implement the recommendations in the Concluding Observations throughout the next cycle, and report on its implementation at the end of 5 years. Since becoming a party to the CRC, Maldives has taken part in 4 reporting cycles, with combined reports submitted at 3 of these cycles as detailed below:

Reporting Cycle I

Maldives submitted its Initial Report for the 1st Reporting Cycle under CRC on 19th March 1996³. The Report covered general measures of implementation of CRC undertaken by the Maldives to improve the condition of children in the Maldives, with a particular focus on child survival and basic education. The State Report highlighted that despite the constraints of available resources and infrastructure, Maldives has made considerable progress to ensure the quality and equity of children. Important measures

towards this included the enactment of Law No: 9/91 (Act on Protection of Child Rights) which domesticated the rights enshrined in the CRC.

The Committee in their Concluding Observations issued on 5th June 1998, raised concerns on the reservations made to Article 14 (freedom of thought, conscience and religion) and Article 21 (adoption) of CRC. Moreover, the Committee raised concerns regarding the lack of financial and human resources available for the implementation of all rights recognised by the CRC and other measures taken to ensure adequate progress in the improvement of children, such as in relation to participation in the civil society, awareness of the CRC, lack of clarity on the status of children aged between 16 and 18 years, lack of full consideration of CRC in legislation, administrative, judicial decisions and policies relevant to children.

Reporting Cycle II - III

Maldives submitted its combined 2nd and 3rd Periodic Report to the Committee on 1st March 2006⁴. The State Report provided a more comprehensive and detailed account of the initiatives undertaken by the Government towards the implementation of the Convention and addressed concerns and recommendations raised in the Concluding Observations of the previous cycle.

The issue on reservations made to Articles 14 and 21 of CRC were addressed,

whereby Maldives noted that it cannot be lifted without amending the Constitution of the Republic of Maldives. Maldives also acknowledged the challenges it faced due to lack of disaggregated statistical data of children living in the Maldives.

On a positive note, Maldives reported on updates of implementation of the CRC through legislative, administrative and judicial reforms. The Report also highlighted a survey conducted in 2003 to assess what Maldivian children perceive as respecting and protecting their rights and what they consider as violations of their rights, as well as a survey that was conducted to identify the effects of the 2004 tsunami on children in the Maldives.

The Committee in their Concluding Observations adopted on 8th June 2007 recommended, among other things, that Maldives continue its efforts to enact a law on Juvenile Justice which complies with the provisions and principles of the CRC, to allocate sufficient human and financial resources to full and effective implementation of the National Plan of Action for the Well-Being of the Maldivian Child, to establish a national central database on children, and to systematically disseminate information about CRC among children and stakeholders.

Reporting Cycle IV - V

Maldives' Combined 4th to 5th Periodic Report under CRC was submitted on

21st February 2013³⁵. Maldives reported on progress of implementation of the recommendations issued in the previous cycle. This includes information on regulating the employment of minors, updates on relevant legislations ratified and proposed bills, actions taken to provide disaggregated data for plans and policies, awareness conducted on CRC, cooperation with the civil society on child rights issues and developments in implementation of each Article of CRC.

In the Concluding Observations issued by the Committee on 29th January 2016, the Committee reiterated some of the recommendations from the last reporting cycle and issued a total of 87 recommendations. These include recommendations to establish mechanisms to ensure efficiency of the distribution and allocation of resources for implementation purposes, improve our data collection system, increase role of civil society, review and repeal legislation that contradicts equal protection of children, enshrine principles of best interest of the child in the legislative framework, enact legislations prohibiting harmful practices, ensure an allinclusive policy for children with disabilities, access to proper healthcare and special protection measures for children.

Reporting Cycle VI – VII Combined 6th to 7th Periodic Report of Maldives

The Combined 6th to 7th Periodic Report of the Maldives was submitted to the Committee on 1st November 2021³⁶.

Maldives had a total of 87 recommendations to report on, to which status of implementation were obtained from all relevant stakeholders.

The Report was submitted at a very key and transformative juncture for child rights in the Maldives. Maldives reported on the newly enacted Law No: 19/2019 (Child Rights Protection Act) which came into force in February 2020, replacing the outdated 1991 Act on Protection of Child Rights. Law No: 18/2019 (Juvenile Justice Act) was also enacted along with the Child Rights Protection Act, which came into force in November 2020. These significant reforms to the child rights protection system took centre stage in the Report, with the acknowledgment that a lot of effort is still required to ensure complete implementation of these important legislations.

Maldives further highlighted other important legislative measures enacted during the reporting period related to the protection of children's rights, such as amendments to the Law No: 4/2000 (Family Act), amendments to the Law No: 12/2013 (Anti-Human Trafficking Act) and the enactment of Law No: 24/2020 (Education Act).

Furthermore, Maldives highlighted the formulation of significant developmental plans of the Government and reported on how child rights, along with social protection are prioritised in these plans. To that end, the Government's Strategic Action Plan (2019-2023) comprises of

a number of policies aimed at the betterment of social protection services to marginalized communities, prevention and addressing violence against children, provision of better care to children with special needs and policies aiming at youth on improving the quality of family units and services afforded to them.

The Report also seeks to highlight key provisions of the newly enacted Child Rights Protection Act that resulted in full enforcement of specific Concluding Observations. As such, Section 4 of the Act sets forth a definition for children as any child from its conception to the attainment of 18 years of age after birth, Section 30 reaffirms the right of children to be protected from torture, inhumane and degrading treatment, and Section 25 of the Act expressly prohibits child marriages. Section 29 of the Act prohibits the infliction of death penalty against minors and allows for commutation of a death sentence to the next degree of punishment.

Maldives also reported on the various mechanisms established by the Act in enhancing the governance framework in the child rights protection system of Maldives. As such, Maldives highlighted the establishment of the Council for Protecting the Rights of the Child, the Child and Family Protection Service, and the Children's Ombudsperson as an impartial and independent appointee, mandated to oversee the implementation of the Act and the overall child rights protection system.

In terms of administration of juvenile justice, enactment of the Juvenile Justice Act and establishment of the Department of Juvenile Justice were highlighted as significant milestones. Maldives noted that the Juvenile Justice Act creates a distinct track in the criminal justice system for children in conflict with the law, by safeguarding children from the negative impacts of being exposed to the standard criminal justice system, and mandating the State to devise a national plan and strategy to prevent children from offending and extend assistance to at risk children are important features of the law.

The Report also highlighted the establishment of the Presidential Commission to conduct an inquiry into violations of child rights in February 2020. The mandate allocated to the Commission includes assessing the capacity of State institutions in addressing issues relating to children particularly those maintained under State care; identify the obstacles to securing convictions by assessing the quality of investigations, legislative limitations and conduct of trials; assess the extent to which State institutions comply with the set standards of procedures, guidelines and protocols; identify the efforts required to enhance public confidence in State bodies entrusted with child rights protection and propose recommendations to that effect.

Majority of the progress presented in the State Report relates to policies and the legislative framework pertaining to child

rights. However, Maldives did report on work done in consultation with multilateral partners on strengthening the institutional response to violence against children and building community resilience and awareness on issues that infringe child rights.

Despite having reported on a number of programmes that were conducted by primary mandate holders in the protection of child rights, a gap was observed in the services provided to children with disabilities within Government institutions and at the communities. Gaps were also observed in rehabilitating children in conflict with the law and the widespread influence of substance abuse amongst youth and children. Adequate information was not available on nationwide programmes conducted to empower children and family units to capture vulnerable children succumbing to criminal behaviours. These are areas that can be further strengthened with more cohesive and collaborative implementation of policies.

The National Mechanism for Reporting and Follow-up and AGO's experience during the report compilation process

Prior to November 2020, Maldives has been carrying out its international human rights reporting obligations on an ad hoc basis, with Committees convened for the purpose of formulation of reports when it is time to compile a State Report under a treaty, and disbanded

soon afterwards. This has resulted in incoherent reports being submitted with no institutional memory captured.

As a measure to counter this, the Maldives National Mechanism for Reporting and Follow-up (“NMRF”) was established by the President on 5th November 2020. This standing inter-ministerial mechanism consists of the CRC Reporting Subcommittee, which undertook the formulation of the combined 6th to 7th Periodic Report of the Maldives under CRC.

As the co-lead of the report formulation, the Attorney General’s Office noticed that utilizing the NMRF structure made it easier to collect the relevant information and collate information shared by the institutions. Owing to the previous reporting cycles, particularly the Universal Periodic Review process done through the NMRF structure, we noticed that institutions were more aware of the reporting process, ultimate objectives and enabled them to share information that were relevant to the report.

Despite the comparative ease of report formulation during this cycle, it was not devoid of challenges. Even though agencies were provided with a matrix indicating the Concluding Observations allocated to their respective mandates, we observed that institutions provided very fragmented information in terms of the programmes conducted and policies in this area. This could be because of a gap in data management within the

institutions.

As a result, we were unable to present coherent information in the report even though many activities may have been well planned and executed to improve the condition of child rights in the Maldives. In terms of the information presented in the Report, we observed that the programmes implemented by institutions were operating in individual silos and lacked an informed and common goal that mandate holders were striving to achieve in this area. This was exacerbated by the lack of real time data that was maintained, particularly regarding the success or impact of policy implementation.

Information shared by agencies also indicated that sector specific plans did not take into account the broader benchmarks set by the Concluding Observations. Concluding Observations are issued by the Committee based on the information presented in the State Reports. These Concluding Observations if effectively integrated into the planning processes within the sector, can provide effective targets to be achieved in terms of enhancing child rights within different spheres in Maldives. Lack of strategic planning as such, inhibits cohesive presentation of information in the reports. Additionally, it was also observed that sectoral planning does not acknowledge the significant role that can be played by civil society organisations in bridging the gap between remote communities. This may be extrapolated by

the international community in to State agencies' perceived reluctance to take on board the expertise of civil society organisations.

Way Forward

Establishment of the NMRF has undoubtedly enhanced the reporting and follow up process on Maldives' convention obligations. Work is currently underway to formally introduce the process of implementation into the NMRF structure, to empower the NMRF committee to actively follow implementation of the Concluding Observations.

As for the CRC, Maldives is currently awaiting the List of Issues and the Review Session at the Committee, following which implementation of recommendations may begin. That said, Maldives must utilise this opportunity to identify areas where more information could be given to the Committee, develop more programmes in weaker areas and enhance tracking success of programmes that are being implemented. This time could also be used to fulfil the voluntary commitments in the Report.



Care System reform and alternatives to institutionalization of children

by Ministry of Gender, Family & Social Services

Overview

Institutional Care or Alternative care was introduced to the Maldives in 1995, with the belief of providing immediate protection and temporary shelter to children under the age of 9. Children were then institutionalized at Kudakudhinge Hiya established in Villimale. Kudakudhinge Hiya was established on 11th May 2006, with a maximum capacity of 45 children and an in-house warden was appointed to provide the children with a parent figure. Children taken into state care were placed with people who volunteered to raise and provide a protective environment for these children. In addition, children were also placed with extended family members who were willing to be guardians.

With each passing year, children taken into state care increased. This increase was significantly observed in the year 2015 due to a death of a child who was experiencing abuse at home. This incident spread an immediate urgency across the country, and with the prosecution against the civil servants, and the gaps within the child protection system, the distress increased, and everyone involved working in the child protection

system opted to institutionalize children rather than taking further risks.

As the number of children taken under state care dramatically increased, a policy decision was taken to transfer the children below the age of 13 to Fiyavathi, which is situated in Hulhumale'. This decision led to the separation of families and the disruption of sibling bonds. Fiyavathi was formally established in February 2016.

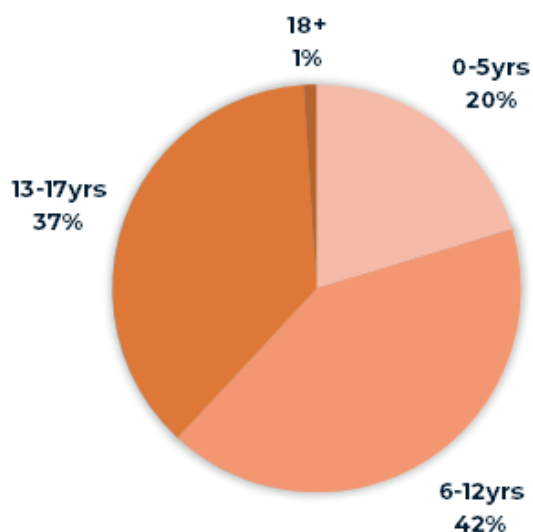
In 2019, the Child Rights Protection Act (19/2019) was enacted, and Child and Family Protection Service was established. With careful consideration for the best interest of the child, two policy changes were made with the ratification of this Act. These changes included formalizing the process of deinstitutionalization through the reintegration of children back into their families, or assigning legal guardianship to someone outside the family, through fostering.

Statistics of Children in State Care

Shelter/Centre	Girls	Boys
Amaan Hiya	3	0
Fiyavathi	38	53
Home for People with Special Needs	1	1
HA. Amaan Veshi	10	7
HDh. Family and Children Service Centre	4	0
SH. Amaan Veshi	8	12
N. Amaan Veshi	10	0
B. Amaan Veshi	7	10
LH. Family and Children Service Centre	0	1
M. Family and Children Service Centre	0	2
DH. Family and Children Service Centre	0	6
L. Family and Children Service Centre	0	6
GDh. Family and Children Service Centre	0	1
GN. Amaan Veshi	6	11
Total	87	110

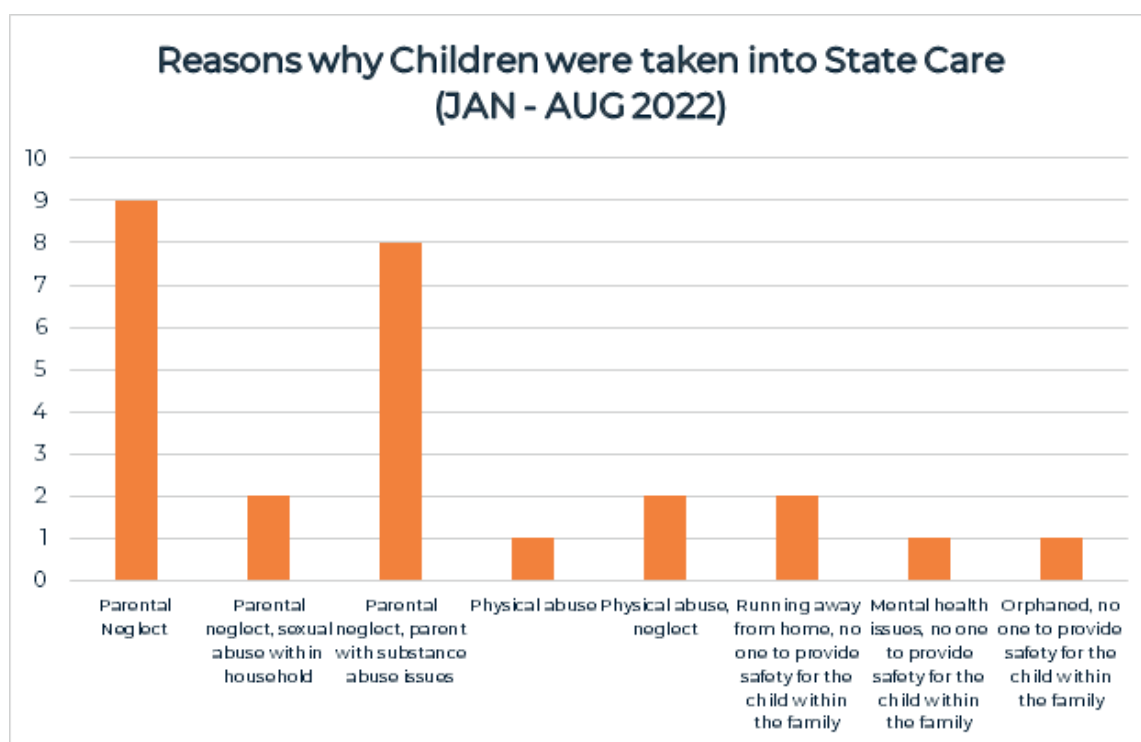
Number of Children in State Care by July 2022	
Girls	Boys
87	110
197	

NUMBER OF CHILDREN IN STATE CARE BY AGE



Reasons for institutionalization

The key concept of institutionalization was to provide a temporary shelter to keep a child safe until a more permanent solution was sought. Over the last 8 months, a total of 26 children were institutionalized to provide protection under state care. Various protection issues act as the reason for the removal of children from their home environment. In some cases, it was also observed that there was more than one issue that was the grounds for removal. The chart below represents the grounds on which the above-mentioned 26 children were removed from their environment and placed in institutionalized care.



Care System Reform with reference to International Good Practice

Although the current shift in the establishment of Amaan Veshi has been proven as a considerably good initiative for the children in state care, we cannot refute the fact that children still need to grow within families to be able to develop emotionally and socially. The importance of family bonds and the different dynamics of relationships within families is of utmost importance to the growth of a child. Therefore, to reform the current existing care system in the Maldives, we should look at alternatives to institutionalization.

Countries such as Rwanda are setting an example of closing down children's in-

stitutions and improving the child care system. In Rwanda, now orphans and abandoned children are placed within family-based care. In 2013, a program by the name of (TMM - Let's Raise Children in Families) was launched in Rwanda, to ensure that all children living in institutional care in Rwanda are reunited with their families or placed in suitable forms of family-based alternative care. The activities of this program included strengthening and developing national standards and guidance on children's care, recruiting and training social workers and psychologists, providing support packages to the families of re-integrated children, care leavers, and foster carers, and preventing further institutionalization by raising awareness and the use of short-term emergency foster care, enabling community volunteers to monitor vulnerable children and families, to help prevent unnecessary separation and to reintegrate children into family care, transforming residential care facilities into centres for community outreach that support reintegration and prevention efforts and developing case management and monitoring and evaluation systems.

The outcomes of this program reported that

1. Over 70% of children in institutions were placed back in their families or foster care
2. Strengthening of Child Protection workforce by hiring trained social workers

and Psychologists as Civil Servants to provide adequate support for the children

3. Support was provided to children's biological families, kinship carers, and foster carers, ensuring that children leaving institutional care had different

4. Foster carers were trained through the program, and they received a social assistance package. Social assistance included educational support, medical care, counseling, clothing, and livelihood support. Many families were also supported by NGOs and through national social protection programs.

5. Transformation of Institutional Care to community outreach centers, providing family support, schooling, and early childhood development interventions.

6. Prevention of further institutionalization by the mass closure of institutions, a two-year mass media campaign, the development of emergency foster care, working with teenage parents and closely monitoring remaining facilities to ensure that new children were not placed in institutions.

The program in Rwanda also highlighted challenges that they faced such as requiring further support to reintegrate children with disabilities into their families, The workload of Social Welfare workers, the unavailability of social assistance packages to some families, Still more children being in institutions, and resistance to change to the new

care reform system.

Deinstitutionalization in Lithuania began with the approval of Strategic Guidelines for Deinstitutionalization (2012) and the subsequent action plan for the Transition from Institutional Care to Community-Based Services for the Disabled and Children Deprived of Parental Care by the Ministry of Social Security and Labor.

The reform of institutional care was aimed to create a system of services including community assistance, catering to the specific needs of each child and their guardian, creating the same system for adults with disabilities, and promoting a change of moral values, forming a positive public attitude towards restructuring of the system and ensuring the transparency of these processes.

Creating necessary conditions for the transformation included evaluating individual needs, determining the areas of professional development in terms of knowledge and skills required for the staff, developing a care plan for every resident in institutional care, and a plan for the transition of each institution and regional plans for the development of social care and infrastructure, preparing documents for the methods involved in the transition including legal documents and creating awareness amongst the public.

To develop sustainable conditions for the transformation, each municipality in Lithuania was tasked with the duty to

develop a network of care centers responsible for recruitment, training, and support of professional foster carers. In addition, small group home projects are piloted nationwide and have proved so far to be an effective measure for organized care provision.

Following the efforts of deinstitutionalization in Lithuania, the number of childcare institutions and the number of children in childcare institutions have decreased.

A desk review conducted by Flagothier (2016) on Alternative Child Care and Deinstitutionalization of Children in Asia, states that there is a lack of reliable data on children without parental care, and children in alternative care, in developing countries in Asia and according to a publication of UNICEF in 2008 on South Asia, indicates that the number of children without parental care is increasing.

This desk review explores the types of family-based care available within the Asian region. Such as:

1. Formal/Informal Kinship Care is where a child is placed within his/her extended family or with close friends of the family known to the child. It becomes formal when it has been ordered by an administrative body.

However, legal frameworks recognizing this form of alternative care in support of kinship care do exist. For example, the law in some countries specifies which

family members should take custody of children outside of parental care. In countries such as Bhutan, financial support is provided to the extended families caring for orphan children under the National Women's Association Orphans Scheme. In Malaysia, relatives who take care of related children may qualify for financial assistance and in Thailand, kinship care is included within the foster-care program.

2. **Formal Foster Care:** In Thailand foster care has been implemented by the government and non-government organizations. Children are fostered by both relatives and nonrelatives. According to UNICEF Thailand Situation Analysis 2011, data shows that 90% of children were placed in foster homes without being placed in institutions first. And data analysis also indicates that only 7% of institutionalized children in residential care found foster placements afterward.

3. **Kafala:** described as a concept similar to adoption but without the severing of family ties, the transference of inheritance rights, or the change of the child's family name. This concept is recognized under Article 20 of the Convention on the Rights of the Child. The concept Kafala can be beneficial as it offers family-based solutions. And can be considered more beneficial compared to adoption as it provides access to family allowances without depriving him/her of the rights towards the biological family as natural family ties are not irrevocably ceased.

4. **Guardianship:** defined by the reviewed literature as a practice whereby a child is placed in the care and custody of a person by the ruling of a court until the child reaches a certain age which can be at the discretion of a court while ensuring the child's knowledge of his or her paternity. It is practiced in Bangladesh, Thailand, Malaysia, India, Indonesia, Myanmar, and Pakistan.

The desk review also includes types of Residential Care options available within the alternative care system. One notable concept in residential care is the Family/Cottage system, where a group of children consisting of 8-10 children lives in a cottage, where they are cared for by married couples, according to their own ethnic, cultural, and religious practices. This concept is being practiced in Malaysia. The Family/Cottage system is supported by the private sector, local communities, and state agencies. Children are placed in a family/cottage system by court order, the Director-General of Social Welfare, or children's homes.

The Maldivian Context

Current programs and details of alternatives to institutionalization

There has been a shift towards deinstitutionalization across the globe with the recognition of the adverse impacts of institutionalization on children. Policy changes that many countries have adopted include strategies to reintegrate institutionalized children back with their families, as well as steps to prevent institutionalization of children in the first place. Additionally, these reforms also include efforts to provide children with

family-like forms of alternative care. There is also a global consensus that children should only be placed in institutions as a measure of last resort.

The most important factor in reducing the number of children taken to institutions is strengthening families. Emphasis is placed on taking the necessary steps to mitigate the risk factors in a family and build on the protective factors. Some of these steps include forming and activating support networks within the context of the extended family or even the island community. Additionally, in instances where the family environment does not pose an immediate threat or harm to the child, the children and families are supervised very closely, and extra efforts are put into strengthening the family unit.

Another alternative to institutionalization includes the placement of children in kinship care where there are serious safety concerns at home. Placing a child in kinship care includes the following steps.

- Mapping the extended family of the child
- Contacting the family members to check the possibility of placing the children in their care
- Conducting background checks of the family members to ensure safety for the child in the environment
- Placing the child in kinship care with a written agreement stipulating roles and responsibilities, and a monitoring plan made in collaboration with the caregiver and the child.
- Decisions regarding the placement of children in kinship care are made with the best interests of the child in mind. Social workers take the necessary steps

to ensure the involvement of children in this decision.

Current interventions and programs to deinstitutionalize children under state care

The movement of children from large institutions to Amaanveshi. In 2020, a policy decision was taken to move children belonging to the same families into the same shelters and to provide an opportunity for children to grow up as part of an island community. Thus, on 24th December 2020 the first decentralized shelter with the name of 'Amaan Veshi' was established in B. Eydhafushi by moving 17 children from Kudakudhinge Hiya and Fiyavathi.

Following this, Ha. Amaanveshi, Sh. Amaanveshi, and Gn. Amaanveshi was established in the year 2021. An additional shelter has been established this year in N. Manadhoo. There are currently 81 children living in Amaanveshi across the country.

Reintegration

The primary focus of deinstitutionalizing children in state care is to safely reintegrate the children into their families of origin. There have been multiple efforts over the years to strengthen the reintegration process. The Reintegration and Fostering Section within Child and Family Protection Service works specifically on reintegrating children in state care. This team works very closely with the social workers based in the atolls to explore the possibility of reintegration and in ensuring that the children are reintegrated safely. The reintegration process is outlined below.

- Social workers contact the families to check their status and discuss the possibility of reintegration.
- If a possibility for reintegration is identified, a family assessment is conducted. The family assessment is very comprehensive and considers the criminal records of everyone living in the household, the plans for the child once reintegrated, the relationship between the child and family member, and the views of the stakeholders within the island community.
- A child profile is prepared by the child's social worker
- The family assessment and the child profile is presented to the "Kudakudhinge alun ekudhinge aailaa aa havaal kurumaa beheh" committee.
- The committee decides to reintegrate the child into the family.
- The social worker prepares the child and family for the transition. This process involves family meetings and the preparation of a monitoring plan to provide support once the child is reintegrated.
- 34 children in state care have been reintegrated this year.

Foster Care System

If the "Kudakudhin ekudhinge aailaa aa havaal kurumaa beheh" committee decides that there is no possibility of safe reintegration within the family of origin, the child is placed in foster care. Long-term foster care provides the child and the chance to form long-lasting attachments to foster parents and/ or families. Placing a child under foster care involves the following processes.

- Assessing the foster parent applicants.
- Presenting the findings of the assess-

ment to the Reintegration Committee

- Once the Reintegration Committee approves the foster parents, the family will be matched with a child eligible to be fostered.
- A petition to transfer the legal guardianship of the child to the foster parents will be lodged in court.
- Once the court reaches a decision, the social worker prepares the child and family for the transition. This process involves family meetings and the preparation of a monitoring plan to provide support once the child is fostered.
- 8 children in state care have been fostered this year.

Plans and preventive mechanisms as an alternative to the institutionalization of children.

Establishing temporary foster homes for children in need of protection

- Temporary foster homes will be a short-term solution for children who need to be removed from their homes until a permanent placement can be found.
- The concept of temporary foster homes has been incorporated into the Foster Care Regulation which is currently being drafted.
- These foster homes will be pre-assessed for safety and steps will be taken to place the children in their island communities wherever possible.
- Developing a training program for foster carers to equip them with the necessary skills and knowledge to become foster carers

Establish and strengthen formal permanency planning policies for children in care

- Permanency planning involves assess-

ing and preparing a child under state care for long-term care. Permanency planning is conducted to place children in safe and secure environments where there is an opportunity for the child to develop lifelong bonds with a family.

- Permanency planning would ensure stability for the child and enable the social worker and caregivers to work towards a common goal.
- Training for caregivers and social workers on permanency planning.

More efforts toward the strengthening of families

As the primary objective is to keep families together wherever possible, families need to be provided services that would potentially help the families change the conditions that led to the institutionalization of children.

Child and Family Protection Service is currently working on researching the families of children who are in state care. Through this research, specific needs of families will be identified to better support these families in the hopes of successful reintegration. This research will also assist to identify the issues that exist within families where there is no protective environment for children and more resources can be allocated to help these families.

Importance of inter-agency coordination

The goal of strengthening the families will only be reached through collaborative work with relevant agencies. For an instance, as many parents of children under state care are substance users, the inter-agency collaboration will be needed to provide rehabilitative services to

these parents to ensure safe reintegration. Furthermore, as Family and Children Service Centers are located in the capital of each atoll, the social workers in the atolls rely heavily on stakeholder agencies established at the island level to provide services to vulnerable families. Inter-agency collaboration within atolls is of utmost importance to ensure successful reintegration. Agencies can play an important role in the monitoring of children who are placed back in their families. In addition, inter-agency coordination can play a vital role in supporting families who are vulnerable to avoid institutionalization of the children.

Over the past couple of years, there have been policy and practice changes to prevent children from being institutionalized and to reduce the number of children in institutions through reintegration and fostering. Furthermore, the changes that have been brought to the institutionalization process in line with the decentralization policies have also been successful whereby children in large residential facilities were moved to small group homes (Amaan Veshi). However, with reference to the research and publications, it is evident that there is more work to be done toward deinstitutionalization in the Maldives. Some of the current plans to achieve this include the establishment of temporary foster homes and research to identify the specific needs of the families of children in state care.

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PREVENTIVE MECHANISM FOR VULNERABLE GROUPS WITHIN THE EDUCATION SYSTEM

Paper from Ministry of Education

Introduction

Right to education for all children, is enshrined all our legal instruments starting from the Constitution (2016) to Child Rights Act (9/2019) and Education Act (24/2020).

Despite efforts and progress made over time, there are a certain number of children at-risk of dropping out or dropped out of school for various reasons. It is important that who is at risk of dropping out is looked into and the reasons why they are disengaged and dropped out looked into.

There is a broad consensus in literature that dropping out is followed after pro-longed absenteeism. USAID School Dropout Prevention Pilot Program (SDPP) (2011) found correlations with certain background and demographic factors to school dropout in children. They include;

Individual Factors	Family background characteristics
Higher age at enrollment	Low education levels of parents
Disability or frequent illness/poor health	Poverty or low socioeconomic status
Gender (boys are more likely to dropout)	Parent unemployed
Not living with both parents	Large number of siblings
	Family disruption (e.g. divorce, death)
	High Family mobility

Table 1: Individual and demographic factors associated with school dropouts

In this paper, attempt will be made to see the factors associated in the Maldivian context that could possibly explain risk of dropping out and disengagement from schooling. Further attempt will be made to highlight the interventions in place to address vulnerabilities. Further the paper will highlight preventative efforts in place in the system and challenges faced to address the issues faced by the children in vulnerable circumstances.

National Context

Ministry of Education has certain policy initiatives in place to address risk and vulnerable groups and their potential disengagement from schooling. The following are some of the policies in place;

- 1. The Attendance Policy
- 2. Behaviour Management Policy
- 3. Child Protection Policy
- 4. Anti-bullying policy
- 5. Cyber-safety Policy
- 6. Suicide Prevention Protocol

These policies stipulate the protocols and prevention systems that need to be set-up in order to attend to violence within the schools, vulnerabilities as well as manage other issues that can be presented with when children are faced with certain types or vulnerabilities.

Within the policy context, individual cases are mostly first attended by the schools, and when the schools through the referral system identifies a need to report to Ministry of Education they then refer to Ministry of Education.

As such following are statistics of reported cases;

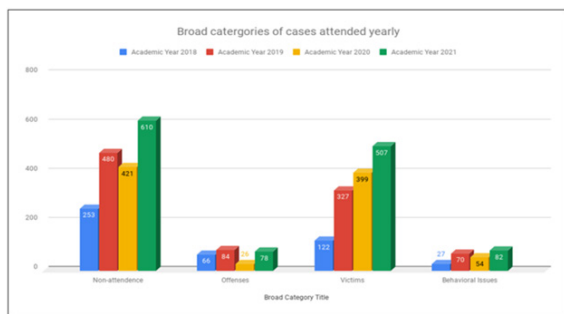


Figure 1: Broad Categories of cases of children attended to yearly

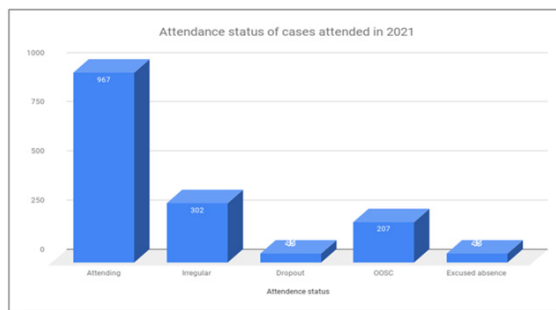


Figure 4: Of the attended cases, status of their schooling

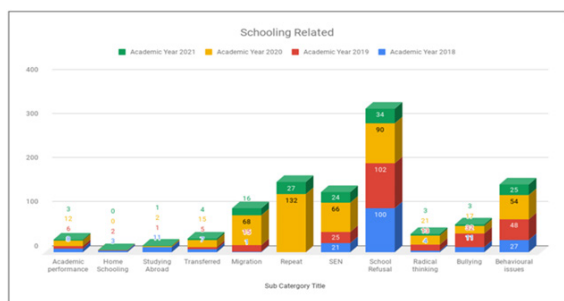


Figure 2: Amongst the cases attended, cases related to schooling

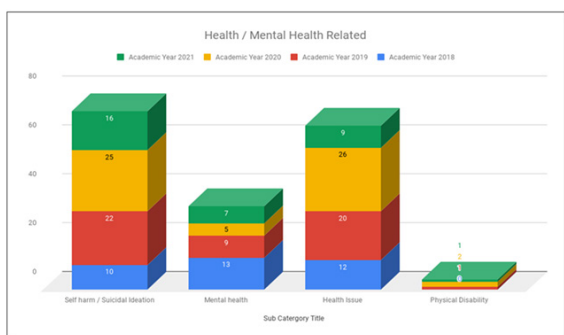


Figure3: Of the reported cases, number of children who had issues with health/mental health

According to reported cases in academic year 2021;

- 54% of cases of children reported as being victimized were girls and out of all the cases reported, 59% were reported from the atolls
- 62% of cases of children reported as issues with schools and schooling were reported from the atolls and there are more boys cases being reported than girls in this category.
- Mental health issues are reported more in girls than in boys and more boys are in conflict with the law than girls; In both situations more cases from the atolls are reported

Interventions

Non-specialist support in the form of school counseling programs are provided by the 61 school counselors in 56 schools across the country. In the academic year 2021, 797 girls and 924 boys, a total of 1721 students were attended by the school counselors. This is in addition to the external referrals made for specialist support. In addition to mental health support,

there are other mechanisms in place to attend to vulnerabilities. They include;

- Alternative Flexible learning Program
- Accelerated catch up bridge program.
- Condensed curriculum/ equivalence program.
- Vocational Education.
- Home-based learning.

The following are the detail breakdowns of some of the programs;

Purpose	To support to students who have never attended school and bring them back to mainstream class.
Grade level	Key stage 1 and 2
Target groups	<ul style="list-style-type: none"> ❖ Not registered at any school. ❖ Children in conflict with law ❖ Students at risk. ❖ Students who are unable to perform at grade level. ❖ Children under state care ❖ Children who are not sent to school due to religious views of parents. ❖ Pregnancy ❖ Children who are unable to read and write.
How to conduct the program	<ul style="list-style-type: none"> ❖ Do an academic assessment ❖ If the student is unable to read and write work on functional literacy and numeracy ❖ Decide on the grade to be enrolled in ❖ Make Individual Learning Plan (ILP) for the first six months to bring the student up to grade level. Extend if required.
Curriculum	<ul style="list-style-type: none"> ❖ 80% of the national curriculum standards for the grade and 20% of the life skills.

Figure5: Details of the Condensed Curriculum / Equivalency Program

Purpose	To support to students who have never attended school and bring them back to mainstream class.
Grade level	Key stage 1 and 2
Target groups	<ul style="list-style-type: none"> ❖ Not registered at any school. ❖ Children in conflict with law ❖ Students at risk. ❖ Students who are unable to perform at grade level. ❖ Children under state care ❖ Children who are not sent to school due to religious views of parents. ❖ Pregnancy ❖ Children who are unable to read and write.
How to conduct the program	<ul style="list-style-type: none"> ❖ Do an academic assessment ❖ If the student is unable to read and write work on functional literacy and numeracy ❖ Decide on the grade to be enrolled in ❖ Make Individual Learning Plan (ILP) for the first six months to bring the student up to grade level. Extend if required.
Curriculum	<ul style="list-style-type: none"> ❖ 80% of the national curriculum standards for the grade and 20% of the life skills.

Figure6: Details of the accelerated / Catch-up / Bridge program

Challenges

Despite numerous efforts, and under the best of circumstances, it is extremely challenging work to keep the vulnerable and children at risk of dropping out of school interested in learning, and engaged. Given the circumstances, there are numerous challenges when working with these children.

Firstly, there is a profound lack of professional capacity and awareness in the system to deal with vulnerable groups of students. Even given the best of intentions, implementation of the policies in place and compliance to the policies by the schools can be testing because of lack of capacity within the system to manage and implement. Therefore capacity building is of utmost importance. Secondly, there are challenges beyond the education system that makes some children more vulnerable, like poverty, and family circumstances. These issues can only be tackled through adjustments in certain national policies.

Thirdly, challenges in dealing with groomers and exploiters is a huge problem as they come in various guises and we as a public need to be more aware of child safety issues.

Last but not the least, national referral systems need to be strengthened so that cooperation and collaborations between agencies are more efficient.

Conclusion

In conclusion, it has to be said that Ministry of Education recognizes its broader mandate of reaching every child and ensuring each and every child's right to education. In order to fulfil this obligation, special provision is in place to attend to vulnerable children who are at

risk of dropping out of school.

Numerous programs are in place within the system to attend to these children; however there are many more challenges in trying to address the issues these children face. These children need a whole of government, whole of society approach with efficient multi-sector collaboration and partnership to ensure their futures are better and brighter.

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Current Efforts and Future Plan to Ensure Mental Health Services for Children

Paper from Ministry of Health

1. Overview of the prevalent mental health problems faced by children nationwide (present with data reflecting age groups)

There is growing concern of mental health issues among children and young people in Maldives. However, with limited data in the field of mental health in Maldives, stating prevalence of mental health problems among children will not do justice to the current situation. According to Global School-Based Health Survey (2014), 19 percent of children had planned on how they would attempt suicide while 13 percent had seriously considered attempting suicide. The GSHS (2014) has also reported that 63 percent students felt lonely and 15 percent had difficulty in sleeping. Girls were significantly more likely to report both of the issues than boys. The report also reflects concern over the high level of pressure placed on children to achieve academically, which affects their mental health negatively. Qualitative interviews report that this pressure comes from both parents and teachers. Furthermore, additional causes of distress include bullying, parental conflict as well as dysfunctional family environments. The Child Development Center inaugurated at Hulhumale’ hospital on 15th March 2022 reports total of 257 registered till July 2022, out of which 173 are male and 84 are female patients. The report also states that there are 244

patients receiving treatment currently. Most common diagnosis include Hyperkinetic Disorder, ADHD/ ASD, Mixed Developmental Disorder, down syndrome, Autism Spectrum Disorder, Cerebral Palsy and E ilepsy. There are a total of 351 regis tered patients in the waiting list to receive treatment. This alone gives a glimpse of how dire the situation is with regard to service availability in mental health in the Maldives.

Table 1. Number of children (under 18) received/continuing services since the service initiating date (male and female, and age group if available)				
REGISTERED PATIENTS		CURRENT PATIENTS	DISCHARGED PATIENTS AFTER COMPLETION OF TREATMENT	
MALE	FEMALE		MALE	FEMALE
173	84		8	5
257		244	13	

Source: Records of Child Development Center, Hulhumale’ Hospital:

Table 2: CURRENT WAITLIST	
Psychology	110
Speech Therapy	81
Occupational Therapy	140
Physiotherapy	10
Orthotics/Prosthetics	10

Source: Records of Child Development Center, Hulhumale’ Hospital:

2. Current efforts in strengthening and expanding the mental health services provided to children (highlight on accessibility of services for all regions of the country)

The current Mental Health Policy (2017) notes the importance of providing childhood mental health services across the Maldives. This policy is reflected in the National Mental Health Strategy (2016-2021). Both documents note that pro-

vision of mental health services at the PHC level is critical, while also strengthening the secondary and tertiary level of mental health care across the country. The Center for Mental Health (CMH) was established in IGMH on 25th March 2019 as per the Government's 100 Days Action Plan, to initiate service provision to the population catchment in the Greater Male' Area Region. The center has become the central referral point as services expanded across 5 regions of the Maldives as per the Central and Regional Mental Health Services Plan (CRMHSP). The aim is to strengthen the center as a Center of Excellence in mental health service provision.

Additionally, Ministry of Health endorsed the Central and Regional Mental Health Services Plan on 17th March 2022, and set out the following directions to attain an optimal mental health system in the Maldives within a four-year period (2022-2025).

Island level

Mental health care of the primary level will be provided to patients in communities by existing teams of island health centers to address the challenge of limited resources in the health sector of the Maldives, and optimize usage of existing human resources to the fullest. To this date, mental health focal points have been identified at island level for coordination purposes with further support from Medical Officers, nurses, and public health workers. Additionally, Ministry of Health in collaboration with WHO contextualized the mhGAP program to fit the Maldivian requirements and needs, and initiated a training program for the contextualized MhGAP package for health care professionals on 22nd

May 2022 to 26th May 2022. Training programs on mhGAP package initially was started around 2014 by Mental Health Awareness Foundation (MHAF), a private organization which later had support from WHO as well as Ministry of Health resulted in 141 health care professionals being trained. However, due to a fragmented health care system and the high turnover rate of health professionals, many health professionals trained in mhGAP were not sustained within the sector.

PHC level services include

- Systemic identification of people who require support
- Referring those patients to higher level services depending on need
- Creating community awareness on mental health care .
- Organizing and implementing preventive programs depending on the needs of the community.
- Home visits

Atoll level

Mental health focal points at atoll level are identified to coordinate with the tertiary level hospital as well as carry out interagency coordination with Ministry of Gender Family and Social Services (MGFSS), Maldives Police Service (MPS), local council authorities and other relevant agencies.

The atoll level requirement for mental health includes:

- 2 beds allocated for patients requiring in-psychiatrist services
- Psychological interventions by mhGAP trained health care professionals and mental health professional team
- Social worker interventions
- Outreach services by healthcare professionals who are trained on mhGAP

and mental health team

Tertiary hospital at regional level (5 optimized hospitals at regions)

Ministry of Health initiated efforts in May 2022 to develop Mental health programs/centers at regional hospitals to provide the following services at minimum at the tertiary level.

- Specialist Psychiatry OPD (Assessments, diagnosis, and treatment, follow up and referrals)
- General Psychiatry OPD (by MH Gap trained MO or HW, basic assessment, treatment counselling, prescription renewal and follow up)
- Psychological OPD (Assessment, treatment and referral)
- Counselling (General/follow up counselling, under supervision by the psychologist)
- Social work services (Targeted interventions to patients and families, care coordination and referral)
- Home visit (By the public health worker)
- Case management by primary care professionals
- Inpatient Services (dedicated inpatient unit with at least 4 beds, and dedicated psychiatric ward at Addu and Kulhudhuffushi area, soon to be replicated at Thinadhoo, Ungoofaaru and Gan regional hospitals)
- Referrals: Regional Liaison Officer (RLO) who will coordinate with mental health service providers to refer patients to quaternary level care, also the RLO will lead the role of monitoring and following up of incoming referrals with support from primary health care professionals at this level.
- Outreach Clinics: Mental Health team will do scheduled outreach to the as-

signed catchment area depending on the disease burden among other factors. The RLO will coordinate with the Atoll Liaison Officer to organize these.

- Mental health professionals at this level should arrange a system to provide training and supervision to staff at atoll and island level within their respective catchment area.

Dhamanveshi (Urban Health Care Settings)

Two social workers have been recruited for the Dhamanaveshi in Male' in addition to the existing one counselor to strengthen mental health services in the urban setting of the Greater Male' Area. Initiating the service of a psychologist and two additional counselors is planned for next year. Mental health services provision in Dhamanaveshi Male' are limited due to limitations in infrastructure and human resources.

According to CRMHP (2022), urban mental health care units in regional Dhamanaveshis are expected to play important roles in supporting patients in urban communities. The units are expected to provide mental health care of primary levels to patients, including:

- Medication management
 - Home visits for patients with severe mental illnesses
 - Supporting patients who require further treatments at tertiary facilities
 - Supporting patients in assimilation to the community after being discharged from tertiary facilities
- Dhamanaveshi will also play a key role in
- Educating different groups on mental health conditions

- Early assessment and detection of mental health conditions
- Providing psychosocial support to the general public

Staff at Dhamanaveshi will be trained to provide further assistance to patients going through severe episodes of mental health conditions, through home visits and assisting patients to hospitals.

Level	Services
Island /primary care level	- Prevention and promotion of general mental health of the island population
	- Integrated mental health services at primary care level. Patient can be admitted if required until shifted to atoll or regional level for specialist care.
	- Support with treatment adherence and support to be active in the community
Atoll Hospital level	- Psychological and social work services
	- Physical outreach clinic
	- 2 beds allocated for admission of patients if required
	- Primary care services
Tertiary hospitals at 5 regions	- Full multidisciplinary services and OPD services
	- 4 bedded inpatient unit
	- Primary care services through Urban / Care Centers Dhamanaveshi
Tertiary hospital at greater Male' – (IGMH-CMH)	- Full multidisciplinary services and OPD
	- services 9 bedded inpatient ward
	- Primary care services through Urban / Care Centers Dhamanaveshi

Table 3: Summary of services provided at different levels of health care

In 2010, the Government of Maldives (GoM) introduced different types of health insurance schemes, that have been further enhanced over the past decade. Further enhancements were brought to the social health insurance scheme (Aasandha) by His Excellency, President Ibrahim

Mohamed Solih's administration, to cover more mental health inpatient and outpatient services. The priority of this administration is to establish mental health services regionally by 2022, introducing a mechanism of providing clinical care in

a decentralized manner as opposed to centralizing service provision and clinical care through CMH.

Although the Disability Act of Maldives (2010) defines disability as “physical, mental and intellectual impairments affecting someone’s daily functioning”, it was only in 2021 that NSPA revised and gazetted their Regulation on “Types of Disabilities” that covers illnesses that can be considered as psychiatric disabilities. Under this Act, once a person is registered as a Person with Disability (PWD) they can get access to disability allowance.

Furthermore, NSPA provides aid for therapy assistance, support with bringing medication and assistive devices. While we have made good progress in providing different types of assistance, accessibility to these services is a huge obstacle for people living with disabilities. A study conducted in 2020 on the prevalence of disability in the Maldives indicated that 75% of the population with a disability face many hurdles (mostly in registering as PWDs) before they are able to access government services for PWDs (Banks et al, 2020).

Referral system and coordination

The CRMHP (2022), provides guidance on referral and coordination to different levels. Currently, the referral mechanism is not properly established due to a lack of capacity. The role of IBAMA, community social groups play an important role in the coordination and support for the referrals.

3- Current efforts and future plans to develop technical staff (counselors, psychiatrists, psychologists etc)

Human resource capacity in mental health is one of the key areas which has been prioritized since 2018. Following collaborative efforts by the Ministry of Health, Ministry of Higher Education and the President’s Office, HEP announced 30 scholarship opportunities in the following areas.

1. Clinical psychology
2. Professional counselling and addiction studies
3. Psychiatry.

Ministry of Health plans to increase the technical capacity through formal education and informal training programs. Ministry of health plans to enhance and increase capacity building in the primary health care level mental health services by training health care professionals in mental health gap training package which will equip trainees with basics on how to intervene, provide support and make referrals to higher levels. The package also addresses the mental health of children and adolescents in addition to substance use interventions. Furthermore, the mental health program of the Health Protection Agency plans to train health care professionals on

1. Suicide/self-harm interventions
2. Basic counseling
3. Childhood protection
4. Assessing and identifying early signs of neglect or abuse and childhood mental health issues
5. Safeguarding and protection.

Allied Health Council plays a key role in providing, reviewing and updating licensing and registration pathways for Psychology and Counseling Professionals to increase the human resource capacity within the health sector.

4- Current efforts and future plans to monitor and ensure better regulation of mental health services (enforce standards set forth by international good practices)

Ministry of health has initiated the development of a health accreditation system. Henceforth the document used to register and license different grades of health facilities will include provision of mental health services in the list of services. There are ongoing efforts to include mental health units in all the hospitals. Furthermore, basic referral pathways for mental health services will include children and adolescents. There are plans to develop and establish basic referral pathways for services along with standards on how to deal with children and adolescents when providing mental health services.

5- Future plans to ensure equitable access to mental health services for children nation-wide

One of the barriers to obtaining mental health care is the inability to connect with mental health care providers. Fine tuning of the mental health act is underway, followed by policies that address the barriers of addressing the aforementioned issue.

The key priority area being addressed is the gap in workforce necessary for the provision of equitable mental health services. It is crucial to increase the capacity of healthcare providers and educators to support mental health services, education of children and creating referral pathways to psychosocial and mental health support when required. Therefore, relevant policies that

address the barriers in addressing the issue as well as technical trainings are being planned.

With primary health care reform, plans to create partnerships between primary health care level and mental health specialists are underway. This will ensure mental health services are made more accessible through referral pathways. Reviewing and addressing the cost of mental health services at private sector through Aasandha and NSPA are also underway. This will ensure affordable and equitable services to children and adolescent across the Maldives. Further plans to establish urban mental health care centers are in development, starting with the Dhamanaveshi in Male'.

This will enable the provision of much needed community based mental health care services to children and adolescents and provide them with a supportive mechanism.

6- Importance of inter-agency coordination (inter-agency procedures in place to work with children who face mental health problems nationwide)

The mental health policy and plans promote inter-agency coordination to establish not only a proper referral mechanism but to ensure support and access to mental health services nationally. Similarly, the CRMHP (2022) recommends establishing coordination pathways at different levels of health facilities as well as introducing an interagency coordination mechanism between institutions like MGFSS, MPS, local council authorities, etc. IBAMA or community social groups are expected to play a crucial role in interagency coordination and in supporting mental health patients across institutions.

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Current efforts and future plans in working with children at risk and in conflict with law

Paper from Maldives Police Service

1. Overview

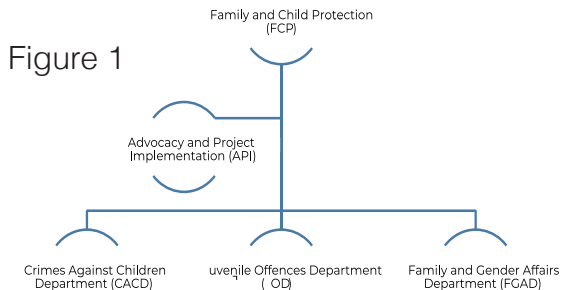
1.1. Organizational priorities of the Maldives Police Service

The “Strategic Plan 2019 -2024” is a comprehensive plan that focuses the strategic direction of the sworn and non-sworn officers of Maldives Police Service, the public and all relevant partners. It encompasses areas that transforms and aligns our strategic plans with the dynamics of the evolving society. The core components of the strategic priorities include (and not limited to):

- Organizational reform and transformation: Focuses on service oriented practices within the organization.
- Partnerships for community safety: This is one of the areas that is very heavily invested on. Undoubtedly, strengthening public confidence and constructing a stronger partnership is the most fundamental element of providing and maintaining a safer community for all.
- Operational readiness: Among the strategic objectives under the priority, a major focus is given for reviewing existing framework of investigation and developing capabilities. As well as developing multi-skilled and competent first responders.
- Local policing: by enhancing existing atoll policing model (decentralization), the aim is to develop manpower and capacity for specialized investigations.

1.2. Family and Child Protection

The Family and Child Protection Wing (FCP) under the Crime Investigation Command is divided into 3 Investigative Departments and one Advocacy and Project Implementation Department. (as shown in Figure 1).



The Investigation departments at FCP are divided based on the type of crime they are mandated to investigate. Each department has its set of clear roles and responsibilities defined. Similarly, the Advocacy and Project Implementation works with the main administration of FCP and works with other agencies towards building capacity of Police officers, conducting awareness and advocacy in the areas (not limited to) gender based violence and violence against children and managing Strategic priorities and its respect projects across Maldives.

1.2.1. Crimes Against Children Department

The Crimes Against Children Department is mandated to investigate crimes committed against children including physical abuse, emotional abuse, sexual abuse, cases of missing children, child exploitation and threat. These cases will be then be forwarded to the Prosecutor General's Office for prosecution. The departments also work together with stakeholder agencies that work for children's rights and are also involved in

coordinating and providing assistance to cases lodged in the atolls that fall within the mandate of the department.

1.2.2. Juvenile Offences Department

The Juvenile Offences Department is mandated to investigate juvenile

delinquency issues and juvenile offences. The department also works closely with stakeholder agencies in providing counselling for at risk juveniles and offending juveniles. One of the main stakeholders is the Department of Juvenile Justice under Ministry of Home Affairs to assist in monitoring the status of these children.

The Juvenile Offences Department is also tasked with coordinating and providing assistance to cases lodged in the atolls that fall within the mandate of the department

3 Data and statistics

1.3.1 Data of children in conflict with the law

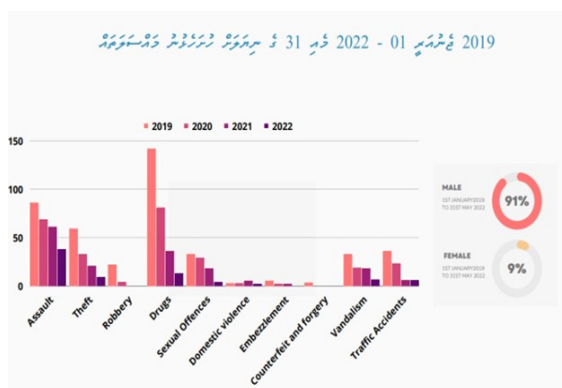


Figure 2

Figure 2 shows the data of children in conflict with the law that are grouped into different crime categories, dated from 2019 to 2022 (till end of May). As can be seen from the figure, the most alarming is the number of children in-

volved in drug law violations. The same trend is observed in in from 2019 to today. Drug law violations are followed by violence such assault (including group or gang violence). Similar trend is observed in the recent years. When looked further into it, among the children that are involved in these cases, the percentage of male is 91% while the female is at 9 %.

1.3.2 Juvenile crime rates across the nation

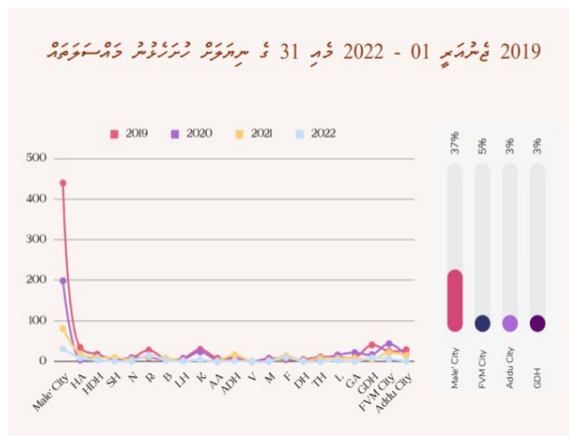


Figure 3

The figure 3 shows how the crimes rates are spread across the nation from 2019 to 2022 (end of May). The crime rate is significantly high in the Male' City region which is followed Southern Regions. The trend observed here is not unique and can be related to many other countries as well. The urban areas are often found to have higher crime rates when compared to the rural islands, regardless of the types of crime. However, this may not be the true representation of the crime status. To bring it to a more conceptualized and realistic picture, the of-

ficial police statistics (often depends on the reported cases) needs to be complemented with studies and collecting data from "victim perspective" or "community perspective" across the country, as well as the population distribution.

1.3.3 Gender comparison among children in conflict with the law

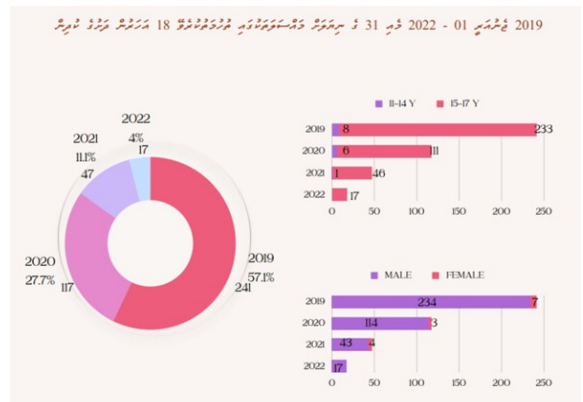


Figure 4

The figure 4 illustrates the gender comparison among children in conflict with the law and the respective age groups, from 2019 to 2022 end of May. The age group is divided into 2 categories; between 11 to 14years and 15 to 17years. As can be seen from the figure, there is a clear indication of the latter age group being more involved in conflicts with the laws. Comparing the genders, it is visible that the males are significantly higher than females.

2. Effectiveness of current preventive

efforts to reduce the exposure to risk factors

2.1. Risk factors

Risk factors may be divided into two major categories: Individual risk factors and social (environmental) risk factors. Individual risk factors may include personal tendencies, habits, cognitions, attitudes and emotions while the social risk factors are related to the social environment. The focus of this paper would be on risk factors associated with the social environment. There is an extensive amount of literature on risk factors that leads children into juvenile delinquencies. The majority of the factors are similar, but the prevalence may vary depending communities (Bobbio et al 2020).

The risk factors associated with the social environment include (and not limited to):

- dysfunctional families; parents involved in substance abuse and other crime, parents' education and employment state, having separated parents or single parent, lack of family planning awareness (Rathinabalan & Naaraayan 2017),
- low income families or the socio economic status of the families (Alnasir & Al-Falaij 2016),
- School environment and education system (Rathinabalan & Naaraayan 2017) and influence from peers. Often children and adolescents meet their peers at school and spends significant time with them (compared to the time spent with parents) and or at school. Anti-social behaviors and the quality of friendship play crucial parts in the de-

velopment of the child (Anjaswarni et al 2019 and Rathinabalan & Naaraayan 2017).

- Technological factors significantly influence juvenile delinquency. The technological era and the need to be accessible to information and communication via internet can be a detrimental factor if not properly monitored (Anjaswarni et al 2019).

The current preventive efforts to reduce the exposure to risk factors are:

2.2. Advocacy and awareness as part of community empowerment: there is a continuous process of educating children, parents, teachers and community members on the relevant laws and regulations. This makes each audience be aware of their rights and responsibilities. Being aware of the laws and having access to information may enable communities to feel empowered.

2.3. Community policing (neighborhood policing): Due to obvious reasons, such as the stigmatization and labeling, communities raise concerns when a child is brought into a police station. The police interactions with children are often seen by the public as a negative element and easily label the children as offenders. Therefore, to bring a positive perception and to counter the increasing rate of juvenile delinquency, community policing is now an integral part of MPS's response to crime prevention, detection and response. Police partnership with communities enable a path for early detection and intervention to reduce the exposure to risks.

2.4. Access to justice: is a fundamental right. Hence, it is of uttermost impor-

tance that the cases are investigated and/ or resolved effectively and timely. The philosophy of restorative justice is observed to be effective. Hence, MPS plays a crucial role in sharing the information of children who are identified as “high risk” to relevant authorities. This includes the children to be given a chance of rehabilitation and giving opportunities to start afresh and come back to the community.

At the same time, most juvenile cases do not follow the through the process of criminal court, the majority of these cases that are processed through the juvenile court and are adjudicated.

2.5. Detention facilities:

3. Effectiveness of current preventative efforts to ensure protection for children

To enable a path to ensure the safety of children, MPS is heavily invested on managing the data and statistics. The information stored in the databases are shared with relevant institutions to proceed with taking immediate action and response. Providing the social security and protection is not under the purview of the MPS, but plays a huge role in directing those in need. For examples, if there is any suspicion of parental negligence, the case will then be investigated and the identified risk factors surrounding the child will then be forwarded to relevant authority for the social support and security.

4. Effectiveness of the current system in place to identify children at risk

The existing system that is currently being used is the Maldivian Child Pro-

tection Data Base (MCPD). The MCPD is useful and allows the MPS to identify those children at risk. This is then communicated with the relevant stakeholder agencies to respond and intervene. The database is already designed to enable stakeholders to get access so that informed decisions can be made timely and effectively. (if required can give the in depth detail of how MCPD works)

5. Future plans for strengthening and improving the mechanism

The Strategic Plan (2019 -2024) and Operational and Corporate priorities (2022 -2023) is formulated and designed to address the alarming concerns pertaining to combating the increasing crime rate and to achieve a safer community together. Hence, a large fraction of the priorities are targeted on responding to prevent juvenile delinquency and to protect the rights of the child.

The future plans are, therefore, to address the cause of subjecting a child into a risk environment that subsequently leads to delinquent behaviors (as stated in section 2).

- The Juvenile delinquency is multifactorial risk factors identified, therefore the efforts to reduce it should also include a multi-sectoral approach. Each agency or stakeholder has a defined mandate. However, due to “grey areas” in the roles and responsibilities, the best effort to address an issue is often hindered. Therefore, clear and concise mandate with roles and responsibilities need to be formulated and communicated to all relevant parties.

- Development and rollout of Juvenile Crime Prevention programs: which includes formulating mechanisms for

monitoring child protection. The preventing the recruitment & exploitation of woman and children by violent extremists. - Strengthening and expansion of Maldivian Child Protection Data Base (MCPD). Extensive work has already been done, and further work is still required to strengthen the data management, communicating information and integrating a user-friendly interface, to enable making informed decisions in a timely manner. Additionally, it will also be instrumental for agencies to be held accountable.

- Developing the existing standards, procedures and guideline on Violence against Children (in accordance with the CRP Act and JJ Act).

- Capacity building by training existing practitioner level officers and new staff across within

Male' City and atolls.

- Continuously develop and update the content of the advocacy and awareness programs that are targeted for stakeholder agencies in topics related to prevention of child sexual abuse and exploitation, domestic and gender based violence within Male' City and atolls.

- Establishing Juvenile Detention facilities and training the officers stationed at these facilities in accordance to the laws and regulations that are already enacted.

6. Importance of inter-agency coordination

6.1. The principle of inter-agency coordination

Interagency coordination and collaboration is one of the core principles in a nationwide system that is directed to the protection of children from all forms of

abuse and exploitation. The extensive amount of studies done on the subject have evidently shown that the socio-economic status of communities being the major contributing factor in driving the crime rate in general. A healthy socio-economic status can be brought by work of all sectors (government, private sector, civil societies) working in the development of communities (Park et al 2018 and Aboobakuru 2016).

The Maldives, due to the nature of the geographical distribution of islands is a factor to consider (Aboobakuru 2016). This can be addressed as factor to build healthier communities rather than taking the isolated islands as a disadvantage.

Additionally, a child who is identified to be “at risk” (of exploitation, abuse and delinquency) goes through a series of stakeholder agencies in the system. The data shows that in most cases the children are from disadvantaged families. Especially from those with low income and dysfunctional family relationships (Davidson et al 2012 and Knaappila et al 2019).

In our current system, the critical areas that can intervene and respond to prevention of juvenile delinquent behaviour include, education, law enforcement, juvenile justice, health facilities and social support and services (Aboobakuru 2016 and Barnes et al., 2017). Therefore, the programs and projects held to reduce the impact, it is important to put in a multi-sectoral coordination, thereby the limited resources may also be utilized in a more efficient manner (Park et al 2018 and Aboobakuru 2016).

6.2 Socio-economic status of the Mal-

dives

To have a glimpse of the country's current socio-economic status; the Maldives has a population of approximately 540,000 people dispersed across 185 islands. The tourism sector is the main industry to contribute for economic growth of the country. The economy is greatly affected by the COVID-19 pandemic and more recently, due to the global conflicts. The fact that the Maldives is largely depending on a single economic sector (The World Bank, 2022) puts us at a vulnerable state when it comes to establishing a strong economy. However, according to the World Bank country overview of Maldives has stated two important facts: -

"A recovery in tourism has led to a strong economic rebound since quarter 2 of 2021 along with the economic recovery road". "After a sharp increase to 11 percent of the population in 2020, the poverty rate is estimated to have fallen to 4 percent in 2021 due to the economic recovery, and is expected to return to pre-pandemic levels by 2023" (The World Bank, 2022).

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Current Efforts and Future Plans to Ensure Restorative Justice for Children

By Department of Juvenile Justice

Introduction

Department of Juvenile Justice (DJJ) was established under the Juvenile Justice Act (JJ Act) (Act no. 18/2019) on 20th November 2019. With the purpose to act in welfare of children in conflict with the law and as a key institution in reintegrating such children into the community, the JJ Act mandates the following responsibilities to DDJ;

- When cases of children under 18 (eighteen) years of age are submitted by the police, carrying out the task of caseworks in collaboration with the rel-

evant institutions in order to protect the interests of such children, and conduct rehabilitation programs to reintegrate such children into the community;

- Appearing before the court to protect the interests of children who are summoned to court in the investigation stage and children who are being prosecuted;
- Conducting necessary studies to identify reasons for children committing offence;
- Organizing and conducting awareness programs in cooperation with the relevant institutions, to prevent children from committing offences;
- Organizing and conducting the diversion programs and community conferencing stipulated under JJ Act;
- In cooperation with the relevant institutions, organizing and conducting rehabilitative programs necessary for reintegrating children in conflict with the law into the community;
- Monitoring the conditions of the children detained in juvenile facilities, developing a mechanism for regular monitoring of detention centers and conducting regular monitoring;
- In cases involving children who have been or may be subjected to crime, providing psychological and social support, and observing whether the rights and interests of children are protected at every stage;
- Identifying and organizing training programs for persons who interact with children and / or have a role in taking action against children, within the juvenile justice system, and other relevant institutions to international standards and juvenile justice system;
- Conducting necessary studies to identify reasons for children committing offences and sharing such information with the relevant institutions;

- Maintaining statistics of cases submitted to the DJJ, by establishing and maintaining a database;
- Conducting awareness programs to familiarize the public to the juvenile justice system;
- Establishing and managing treatment centers and conducting rehabilitation program for children in residential facilities. (Juvenile Justice Act (Act No. 18/2019))

Juvenile Justice System of Maldives

With the commencement of the JJ Act the juvenile justice system has been formulated with 5 intuitions including DJJ to work together for the welfare of the children in conflict with the law. The other institutions apart from DJJ are Maldives Police Service, Juvenile Court, Prosecutor General's Office and Maldives Correctional Service.

The JJ Act stipulates the juvenile justice system to be based on 8 principles. Which are;

1. Non-Discrimination

A child in conflict with the law, no person shall discriminate based on the race, color, sex, language, political or other beliefs, country of birth, social standing, financial status, health condition, disability or any other aspect of the child or the child's parents or legal guardian.

2. Prioritizing the Best Interest of the Child

Any party, including government institutions which provide social protection, private parties which provide such services, courts of law and other institutions of the State, shall give the highest priority to the best interest of the child in

deciding matters with regard to a child

3. Appropriate Sanctions

In sanctioning a child in conflict with the law pursuant to this Act, the sanction imposed shall be appropriate in consideration of the severity of the accusation, surrounding circumstances and the educational, social and other resources necessary to be provided to the child.

4. Encourage Alternatives to Prosecution

In sanctioning a child in conflict with the law, preference shall be given, in so far as possible, to rehabilitate the child with the involvement of the child's family and the community and to take action through the Diversion Program by giving precedence to taking the most appropriate steps for social reintegration, rather than prosecuting the child.

5. Child's Right to be Involved

In deciding matters with regard to a child in conflict with the law at any stage, every child has the right to be involved in and have a say in such decision.

6. Enforcement Without Delay

A child in conflict with the law, matters shall be decided expeditiously, without delay and by removing factors which may cause delays

7. Presumption of Innocence

Every child has the right to be presumed innocent unless proven guilty beyond reasonable doubt in a court of law.

8. Arresting or Detaining as a Last Resort

A child in conflict with the law shall only be arrested or detained as a measure of last resort and even in that instance such child shall only be arrested or de-

tained for the minimum period required under such circumstances.

Overview of Cases Submitted to DJJ Regarding Children in Conflict with Law

Over the 12 years, there has been fluctuating cases reported of children in conflict with the law as represented in figure 1. From 2010 to 2015 there has been relatively low cases reported than the years ahead of it. However, from 2016 there has been an increase of the cases and in 2017 the highest number of cases were reported to DJJ over the past 12 years. A total of 404 cases was reported in this year. After 2017, the number of cases has been decreasing from year to year and in 2021 a total of 147 case of children in conflict with the law was reported to DJJ. This is a relatively low number of cases compared to the past 5 years.

Within the cases reported regarding children in conflict with law there is a gender disparity among males and females. In 2021, 17 female and 130 male children in conflict with the law were reported making male children to be 87.75% higher than female children.

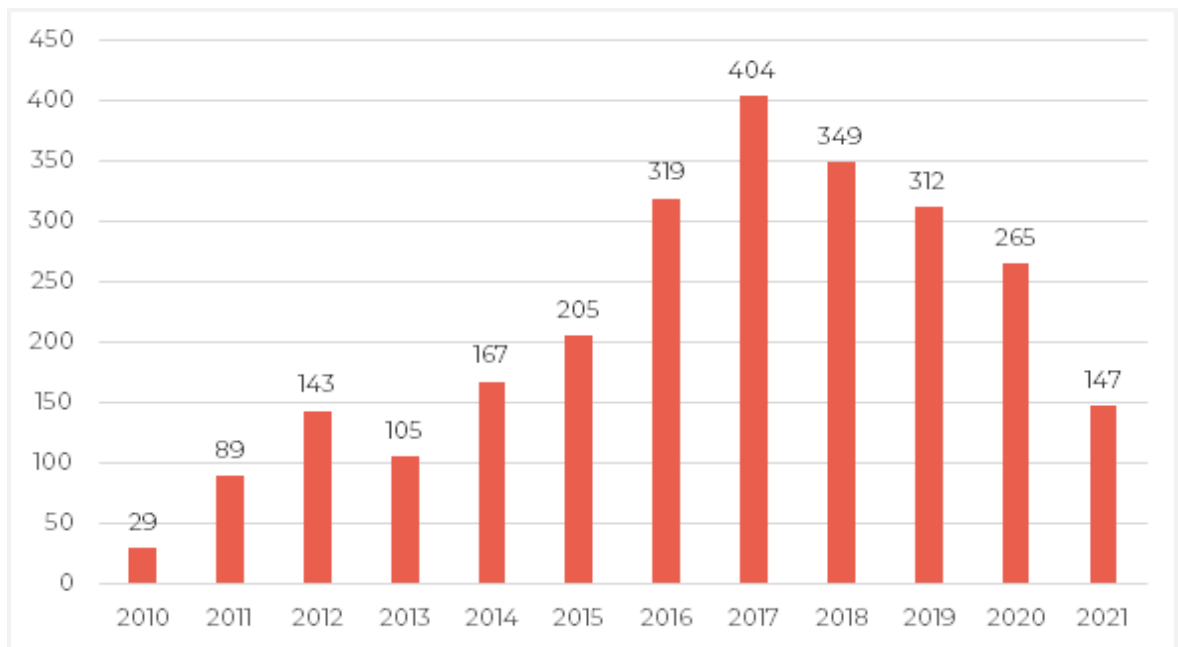


Figure 1 - Cases reported regarding children in conflict with the law to DJJ for past 12 years

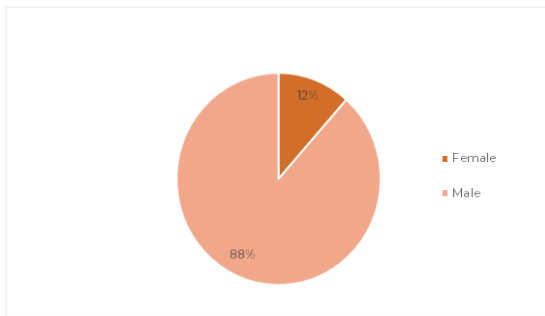


Figure 2 - Gender of cases submitted in 2021 regarding children in conflict with law

With the commencement of the JJ Act the minimum age of the criminal responsibility has been established as 15 years. Hence, the age group for children in conflict with the law falls above 15 years to the age of 18. In 2021, highest number of cases was reported for age 17 years. With a total of 55 cases. The least number of cases was for 18 years with a total of 4 cases.

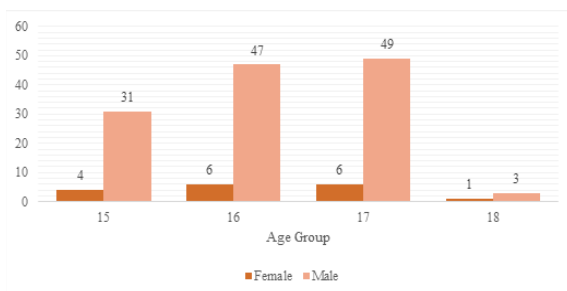


Figure 3
Age groups of cases submitted in 2021 regarding children in conflict with law.

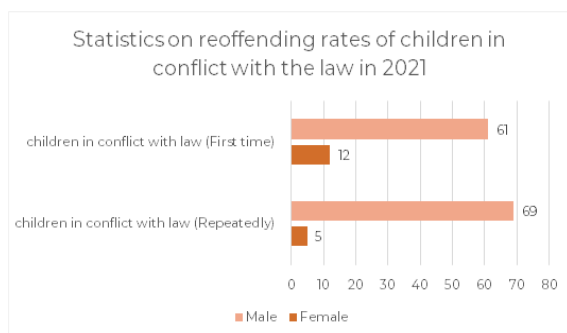


Figure 4
Statistics on reoffending rates of children in conflict with the law in 2021

In cases reported in 2021, there has been no significant difference between children in conflict with law first time and children in conflict with law repeated times. The total number of children in conflict with law first time was 73 children in conflict with law repeated times was 74.

In 2021, a total of 27 types of crimes was reported. The highest number of cases fall under the category of substance use, possession, trafficking of substances, assaults, theft, vandalism and sexual offences. Even in types of crimes a gender difference can be seen. Female children are being reported for cases related to vandalism, sexual offence, non-marital pregnancy, possession and use of substances, physical assaults, and self-harm.

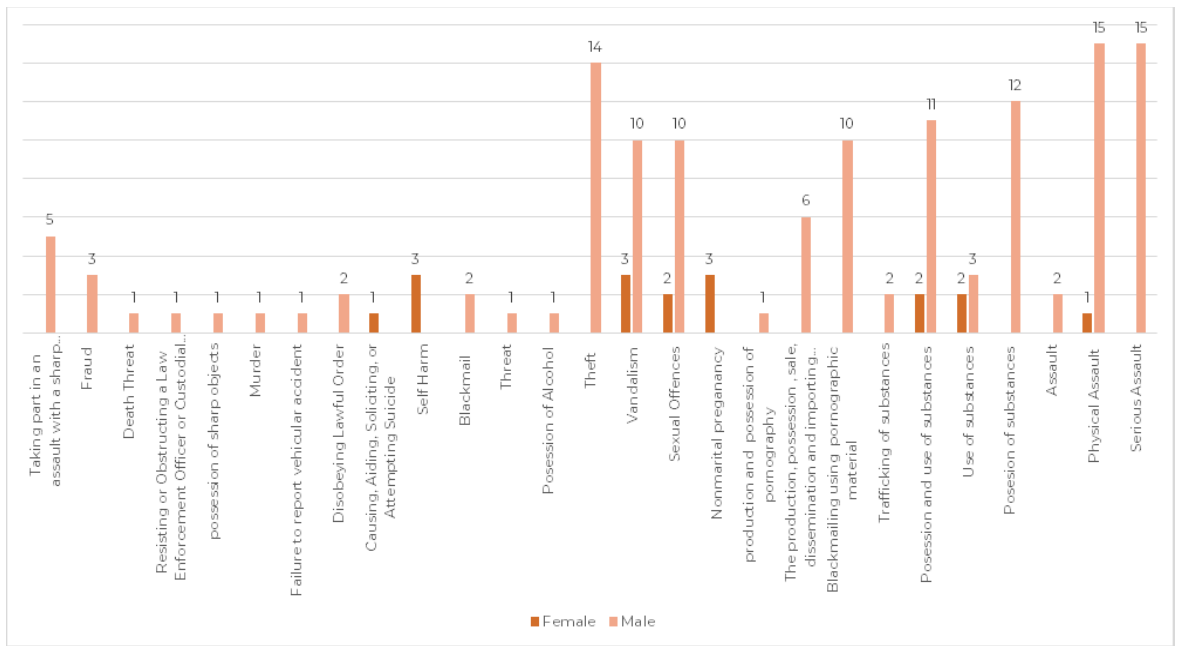


Figure 5
Types of crimes reported on 2021 regarding children in conflict with law

Concept of Restorative Justice and its Importance

Restorative Justice is an approach which involves the victim, offender, their supporting systems, institutions involved in the justice system and the community. It lies on the principle that criminal behavior is not only violating the law but also that criminal behavior has a huge impact on the victim and the community. Hence, restorative justice focuses on understanding the sentiments and needs of the victim and restoring harmony between the parties while also providing help and support required to both victim and offender. (United Nations Office on Drugs and Crime, 2006).

The restorative justice process provides opportunities for the community to participate in community engagement activities and allows to partake in decision making process surrounding restitution. This involvement helps in increasing societal involvement in preventing harmful behavior (Pavlastic, Kellum, & Schulenberg, 2021). In addition, restorative justice processes have been shown to have a higher satisfaction and lower recidivism rates for offenders than non-restorative processes (Latimer, Dowden, & Muise, 2005).

Restorative Justice has become increasingly common within schools, higher education and human resource settings apart from being incorporated into criminal justice procedures (Pavlastic, Kellum, & Schulenberg, 2021).

Current Efforts of Restorative Justice and its Effectiveness in Addressing Ju-

venile Offenders

Case Conferencing

In any stage of the juvenile justice system a case conferencing can be arranged with all relevant institutions. It is a meeting held with all relevant institutions for the purpose of providing the child with the most suitable support (Juvenile Justice Act (Act No. 18/2019)).

During these case conferences, the case is discussed with all the relevant institutions and their inputs, child's needs, condition, circumstances and all the other factors are discussed within them to decide best opportunities for the child. Based on these conferences, and the assessments conducted, are taken into consideration when deciding whether to bring charges against a child or to opt for diversion. As every child is unique the interventions decided are child oriented based on their needs. Additionally, due to all relevant institutions being involved in the case, and every institution or agency being aware of the case and their roles in it, makes the process easier and helps the child in conflict with law to be given the best opportunities.

Currently, case conferencing is practiced during the stages of investigation, prosecution and trial among stakeholders. This provides an opportunity to collectively work towards the best interest of the child.

Community Conferencing

Community Conferencing is a voluntary process involving everyone involved in and affected by an incident, for the purpose of rectifying the harm caused by the child (Juvenile Justice Act (Act No.

18/2019)). This process helps the child to take responsibility of the actions committed and understand the impact it has caused to other parties who were involved and provides the child in conflict with the law an opportunity to meet and apologize to the victims. The community conferences take place with a trained facilitator moderating the session.

Studies has shown that such community conferences have a reduced rate of reoffending when the offenders are remorseful, and have the opportunity to meet and apologizes to victims. The outcomes are decided by genuine consensus when the offenders have a memorable conference without being stigmatically shamed (United Nations Office on Drugs and Crime, 2006).

As per the JJ Act the community conferences can be held during the first stages of the juvenile justice system and it's another measure that can be taken to prevent entry of the child into the system in minor unlawful acts. However, the community conferences are held limited and relevant officers needs to be trained to carry out the conference effectively.

Diversion Program

The juvenile justice system encourages on giving alternative measures such as diversionary actions to children in conflict with the law rather than prosecuting the child. Diversion is a program which provides the child with opportunities outside of the legal justice system to aid reintegration of the child into society (Juvenile Justice Act (Act No. 18/2019)). The diversion system stipulated in JJ Act focuses on restorative justice principles and the main objectives of it is to ensure the following;

- Safeguard the child from the negative impacts of entry into The Criminal Justice System.
- Ensure positive development of the child and encourage individual responsibility.
- Ensure proper social reintegration of the child and ensure the child plays a constructive role in the community
- Encourage the child to accept responsibility for the illegal acts committed.
- While every child is under unique circumstances and has unique requirements, treat children and provide means for a solution in consideration of every child's specific circumstances
- Provide an opportunity for the victims to explain to the child the consequences of the child's illegal action by providing victim impact statements
- Ensure victims of the child's illegal acts are awarded with nominal compensation
- Provide an opportunity for the child and the victim or victims to acquaint and for the child to seek forgiveness for the child's actions
- Prevent the child from recidivating
- Prevent the child from obtaining a criminal record.

Under diversion 17 sanctions can be imposed on a child allegedly in conflict with the law. Following are the 17 sanctions;

1. Issue a verbal or written apology from the child to the victim
2. Order mandatory attendance at an educational institution for a certain period of time
3. Order to spend a certain period of time with family and/or a Guardian or a

custodian

4. Order to act in accordance with the behavioral standards as agreed between the child and the Guardian or Custodian in order to correct behavior
5. Order to report to a Probation Officer at a specified times and in a specified manner in order to monitor behavior
6. Order to participate in counseling, group counseling, and rehabilitative activities.
7. Monitor the behavior of the child under the supervision of a responsible adult
8. Order to participate in vocational training or rehabilitation program
9. Order to pay compensation for damage caused
10. Provide a service to the victim with the victim's consent
11. Order to pay a financial compensation to the victim.
12. Impose a fine
13. Order to participate in community service or a community service program
14. Order to participate in community conference
15. An action in accordance with the rehabilitative justice provisions stipulated in this Act
16. Care and welfare order
17. Conduct trainings related to responsible parenting

A child in conflict with the law can be directed to the diversion program during the stages of investigation and prosecution. Maldives Police Service, Prosecutor General's Office and an institution established as pursuant to a law and empowered to investigate criminal acts committed by Children has the discretion to direct the child in conflict with the law to diversion. If the child in conflict with the law meets a certain criteria and

conditions then a diversion plan and an agreement is formulated by the institution that decides to direct the child in conflict with law to diversion program.

The diversion program is a relatively new to the juvenile justice system in the Maldives and only few children in conflict with the law are in the diversion program currently.

Current Preventive Measures and its Effectiveness to Minimize the Number of Juveniles in Contact with Law.

Over the past 5 years, the statistics of juvenile offenders being reported to DJJ has been decreasing. In 2021, the number of juvenile offenders reported decreased by 28.6% from 2020. This decrease may be because of the criminal responsibility age for children being established with the JJ Act.

For children below 15 years a system has been established with key institutions such as, DJJ, Ministry of Home Affairs, Ministry of Gender, Family and Social Services, Child and Family Protection Services, Ministry of Education, Maldives Police Service, Councils, Civil Societies working for the welfare of children and Parents. The purpose of this system is to provide early intervention to children and prevent them from committing offenses and to provide rehabilitative aid in association with the above institutions.

Any child, whether reported as at risk of committing criminal offenses or are referred as child allegedly in conflict with the law, intervention plans for each individual child is developed exclusively based on their needs. Moreover, the intervention plan addresses the under-

lining factors contributing to the child's action preventing recurrence of such actions in the future. Such as providing them psychological aid if necessary. Children within the juvenile justice are routinely monitored at all stages of the juvenile justice system.

DJJ also carries out awareness sessions to parents, students and stakeholders to make the public aware of the juvenile justice act, restorative justice measures, parenting skills and rights and responsibilities of children. These sessions help the public to be aware of the alternative measures that can be taken for children rather than introducing them to the formal legal justice system.

Future Plans to Ensure Effective Restorative Justice Approaches for Children.

One of the key responsibilities mandated to DJJ is to conduct trainings for the officials involved in the juvenile justice system. With being it as a key responsibility of DJJ one of the future plans is to train staffs involved in the juvenile justice system to international best practices of restorative justice with assistance from stakeholders and other donor agencies.

As instructed in the JJ Act, the juvenile justice officers working in DJJ needs to have a continuous supervision, and additional training skills necessary to be working with children in conflict with the law and children at risk of committing offenses. Such as providing restorative justice practices, diversionary program and early intervention and other additional trainings and skills has always been a priority of DJJ.

Any child, whether reported as at risk of

In order to prevent the children from recidivism and involving in the justice system, a broader range of services to children and the quality of the services needs to be improved. Hence, DJJ has been working with other relevant stakeholders to carry out different programs and services required to rehabilitate children to provide them opportunities to train and improve their skills. Moreover, DJJ has been seeking support and formulating memorandum of understanding with various stakeholders to carry out the diversion programs effectively. In line with the prevention of children from involving in unlawful acts, sensitizing all stakeholders and public of the juvenile justice system and roles of the institutions are to be carried out in the future more frequently than now. Furthermore, DJJ has been contributing in formulating a parenting training of trainer's program with relevant institutions. Which we hope that it will help our staffs to be trained in carrying out such parenting sessions to the parents in preventing children from offending and re-offending.

Over the years, DJJ or formerly known as JJU has been mostly operating and providing services in the capital of Maldives, Male' City. However, with the JJ Act, DJJ has been focusing on to decentralize the services of DJJ as per the JJ Act, and governments Strategic action plan 2019-2023 (SAP) and National resilience and recovery plan 2019-2023. In line with decentralizing our services, DJJ has signed an MOU with Fuvahmulah City Council in establishing a DJJ desk in Fuvahmulah City this year. As well as the work of establishing centers in areas of the Maldives is also underway. Under the JJ Act three different types of Juvenile Residential Centers

need to be established. Which are residential treatment centers, Juvenile Shelters or Halfway houses and Long-Term Residential Care Facility. These centers are established in consideration of every child's condition, to identify the type of rehabilitation required by the Child, provide such treatment to the child and to serve as residences for those Children for the period of such treatment/rehabilitation. DJJ has been working with guidance from Ministry of Home Affairs to establish and operationalize these centers as mandated in JJ Act. As such, in near future a temporary Juvenile Residential Treatment Center is to be operationalized in Th. Veymandoo and a permanent Juvenile Rehabilitation and Treatment Center work is underway to be established in Dh. Kudahuvadhoo. The Halfway house work is also scheduled to be built in Ha. Hoarafushi.

As mandated in JJ Act and the government's SAP, work of establishing an interoperable juvenile justice data management system with the relevant stakeholders is also in DJJ's plan for the future.

Multi-Agency Coordination and its Importance

In all areas of the juvenile justice system, coordination and cooperation among different agencies in the systems is vital. It helps both children and justice system as a whole to be an effective system for children. Coordination and cooperation among inter agencies helps to prevent unnecessary, harmful and repetitive interviewing of the child by different agencies hence reducing the chance of the child to go through secondary victimization. It also guarantees that the child

has full access to the services or assistance they require. Helps to understand child's background and circumstances thus leading to proportionate responses to a child's offending behavior. Improves the strength of the evidences gathered. Facilitates transmission of relevant information among inter agencies encouraging a better continuous care to the child throughout the justice process (United Nations Office of Drugs and Crime, 2021).

Current practices of multi-sectoral coordination and collaboration in the juvenile justice system includes, development of risk assessment and social inquiry reports, referral mechanism to protect children from violence, multiagency meetings, case conferences, sentencing conferences and community conferences.

A risk assessment of a child is developed during the early stages of juvenile justice system when a law enforcement officer meets a child allegedly in conflict with the law or when a child's case is lodged. This is conducted to measure the child's risk of recidivism prior to taking any action against the child (Juvenile Justice Act (Act No. 18/2019)). It helps the law enforcement officers to determine whether to take action against the child under diversion or to investigate and raise proceedings for a criminal prosecution against the child.

In certain cases, if it is decided to proceed with an investigation instead of taking a diversionary action against a child allegedly in conflict with the law, and decides to send the case to Prosecutor General's Office for prosecution, a report on the child's mental health and

social conditions, and details of the opportunities given to the child while under investigation, and the diversionary actions taken against the child needs to be presented. In such cases a social inquiry report is developed (Juvenile Justice Act (Act No. 18/2019)).

In both processes of the development of risk assessment and social inquiry report the juvenile justice officers of DJJ gain access to information about the child from the child and family along with various other agencies and seek guidance on an appropriate intervention from other agencies (Ministry of Education and Ministry of Gender, Family and Social Services) including the agencies in juvenile justice system. Additionally, in the process of rehabilitation and reintegration of children in conflict with law multi-agencies are involved. Whether it's the process of taking rehabilitation programs to the children in conflict with law or monitoring them afterwards includes collaborative works within various government, non-governmental agencies and independent (United Nations Office of Drugs and Crime, 2021).

With the JJ Act a Juvenile Justice Oversight Committee has been established to monitor the development and capacity of all relevant actors in the juvenile justice system. This committee is comprised of all the five institutions in the juvenile justice system. This makes the coordination and cooperation to be easier in carrying out trainings and other developments needed for the institutions.

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Current efforts and future plans to address Substance use among children

by National Drug Agency

OVERVIEW

The current Drug Act 17/2011 was established in the year 2011, this law aided in the legal establishment of organizations like the National Drug Agency (NDA) and the first Drug Court in the Maldives. The Child Rights Protection Act 19/2019 was established in the year 2019, and, 6 (a), (b) no child shall be discriminated. This Act, chapter 2, (8), also highlights in working on the best interest of the child.

In 2021, NDA completed 26 indicative assessments for children and 5 children completed the community rehabilitation program (NDA Annual Report, 2022). Currently, there are 4 children undergoing the community rehabilitation program at the NDA. One indicative assessment was conducted in 2022.

Counsellors of NDA treated adolescents and children after customizing community programs designed for adults prior to 2018. The rehabilitation program used for children and adolescents today, was initiated in 2018 and was developed by NDA in collaboration with the Department of Juvenile Justice (DJJ). However, there are limitations in the provision of a child-specific program, especially in connotation with trained human resources and location/centre dedicated to children and adolescents. The main goal of this program is to protect children from substance use. The program



was developed to educate children and adolescents on drugs through classes and address their psychological needs through individual counselling sessions. The program consists of the following components: -

1. Life skills education
2. Monitoring
3. Testing urine samples
4. Parental support sessions

The program also focuses on educating parents on drug addiction and attachment models of parenting.

The Drug Situational Analysis 2021 shows that main risk factors that lead children or adolescents to initiate substance use are peer influence, curiosity, recreational purposes, family issues, and life stressors. Major risk factors that lead children to substances use include lack of attention and care from parents/guardians, not knowing ways to cope with stress, easy accessibility to narcotic substances, peer pressure, exposure to peers or family members who abuse substances.

The last study on children/adolescent use of drugs was conducted prior to 2018 in collaboration with UNICEF. As the scale of drug use has increased and types of substances imported into the Maldives has diversified after the study, a new assessment is required to have a more thorough and updated understanding of current risk factors that lead children/adolescents to substance use.

EFFECTIVENESS OF THE CURRENT EFFORTS ON ADDRESSING THE SUBSTANCE USE

At the moment, out-patient (communi-

ty-based) services and community rehabilitation program are provided for children. Initially, each child is assessed by trained counsellors before preparing their treatment plans. Treatment plans should be designed with a multi-dimensional perspective in such a way that it meets the psychosocial, legal and religious needs of the child. Currently, these treatment plans are designed to meet the needs of clients at best utilizing the limited resources available. Furthermore, throughout treatment each child is provided with the psychological assistance they need and monitored continuously. At the moment, NDA doesn't have a separate in-house rehab centre for children. However, services for children are available from some of community service centres located in the atolls of the Maldives and this is directly monitored and assisted by the community service centre located in Male'. The children were handled by the counselors who are trained under the juvenile justice training.

To strengthen inter agency coordination while working with children NDA is currently working on strengthening and building a referral mechanism among stakeholders. Additionally, while children are in the process of assessment and treatment, counsellors coordinate with department of juvenile justice case workers and work together to prepare the treatment plan and during the treatment process monthly updates are shared between counsellors and caseworkers. NDA also participates in case conferences held to update and inform all relevant stakeholders of the inter-agency cases. This inter-agency coordination facilitates effective communication and information sharing; shared goals to

achieve during treatment and effective planning and organization, with clearly defined treatment structures and shared protocols.

NDA also provides technical assistance in conducting individual counselling sessions and drug education classes in the rehabilitation program run for children by Maldives Correctional Services (MCS).

NDA is in the process of developing a procedure manual for counsellors that include guidelines for child-specific programs in line with the newly ratified and implemented child rights laws.

Since NDA's movement into Ministry of Health, policy and programs have been drafted treating substance use disorder as per its classification in ICD-10 – a mental health disorder. And programs have been updated to ensure effectiveness of treatment, continuation of services, and provision of an aftercare program to prevent or reduce relapses. The situational analysis and subsequent assessments show that it is crucial for clients to have access to Drop-in Centre's or support services within their residential community. Ideally, Drop-in Centres are systems for information sharing between relevant stakeholders, a route to further treatment where necessary and a safe space for clients to spend their day productively.

NDA is also working with health centres, councils and community service centres located in various atolls to improve accessibility to treatment across the country. For clients whose risk factor is their environment, NDA facilitates their rehabilitation in a safe environment by providing treatment and a space for recovery through a residential facility. To

assure the quality and effectiveness of these programs national drug agency's quality assurance department visits the centres to monitor the programs / treatments regularly and works for the benefit of the children.

Presently, the assessment tools used to assess children have been reviewed and validated. These tools (ASSIST-BI & T-ASI) are evidence-based tools designed to screen and assess children of different age groups and will facilitate better screening and treatment planning for children. Likewise, adolescent treatment program (substance abuse treatment and rehabilitation services for adolescents) developed by UNICEF in 2019 is currently being reviewed before implementation and in the process of adoption.

EFFECTIVENESS OF THE CURRENT PREVENTIVE MEASURES

Research shows that the earlier someone starts using substances, the greater their chances of developing a substance use disorder (SUD), and the more severe their illness is likely to be (Carney & Myers, 2012). This highlights the importance of the prevention programs in different stages.

Treating the substance use is more difficult than preventing from the risky behaviours which could lead into the substance use. The preventive measures are categorised into three levels of programs; primary, secondary and tertiary programs.

PRIMARY PREVENTION PROGRAMS

The primary prevention programs are; sensitization programs for parents and

teachers were held across country throughout each year.

These programs aim to make the public more aware of various ways to approach to seek help and improve the accessibility to treatment across country. Moreover, it also clears a lot of misconceptions, doubts and rumours regarding certain drugs and the work of NDA. Likewise, it strengthens drug abuse prevention measures within communities and enhances the knowledge of the community regarding the types of treatment options available at NDA. These sensitization programs were also developed to assist parents and teachers in early identification and intervention to reduce the harms associated with substance misuse, to reduce risky behaviours before they lead to injury, to improve health and social function and to prevent progression to a behavioural disorder and subsequent need for specialty substances use disorder services. These prevention programs help communities to identify the risk factors and protective factors in the community and create a safe environment for children. However, due to the lack of human resources and Covid-19 pandemic, sensitisation programs were discontinued in 2020. NDA is currently reviewing the sensitisation programs with UNICEF and UNODC as per the needs and the demands of the community and data from DJJ and drug situational analysis.

Currently, NDA is conducting an assessment in collaboration with Journey NGO, LGA, island councils and WDC members of island communities to identify the risk and protective favours within different island communities. The aim is to develop custom prevention programs as per the need of each island commu-

nity. Prevention interventions are most effective when they are matched to their target population's level of risk.

The aim of these primary prevention programs is to prevent and protect the children who hasn't got into substance use. These prevents the risks towards the children within the society. Also, it helps to make the surrounding of the child aware and educated in a manner that

they can identify the early symptoms of the children. This would make ways for the parents and teachers as to help the children stay away from substance use.

SECONDARY PREVENTION PROGRAMS

NDA has trained a batch of trainers in ASSIST-Brief Intervention during last quarter of 2021 and 1st quarter of 2022. These trainers were selected from NDA, Faculty of Health Sciences and School of Nursing. The aim of developing master trainers is to train individuals from different sectors, i.e., health sector and the education sector. Also, by training educators from the respective departments of the Maldives National University, NDA aims to initiate a curriculum review for counsellors, nurses, primary healthcare workers, etc. The goal is to train students from FHS and School of Nursing in skill-sets and tools from ASSIST-BI as part of their official tertiary-level program.

ASSIST-BI is a screening tool utilized in screening substance use and severity of the problem, this will in turn lead to early identification of drug misuse which is essential for early intervention and preventing a development of drug dependence. The secondary prevention

programs are to prevent children who are at risk of getting into substance use. These programs are mainly targeted for selective groups of people.

TERTIARY PREVENTION PROGRAMS

As to this, currently in NDA, awareness sessions on drug addiction and skills such as assertiveness and drug resistance skills are carried out for clients in rehabilitation programs to prevent chances of relapsing in the future. These sessions are organized in a manner of educating the parents from whom the children need support mostly. As they can work on their issues related to co-dependency and understand the clients' situation better. The aim of the tertiary programs is to prevent the children who are struggling in substance use disorder. These programs will help the children strengthen their recovery and learn the strategies to identify cravings and the triggering factors. Also, it would help the children learn about how drug addiction changed their life and how they had to face the negativity of life.

DEVELOPING TECHNICAL STAFF

Training and capacity building is vital for the staff of this agency since it is the only place providing treatment and rehabilitation services for SUDs currently. NDA is constantly working on providing opportunities to the technical staff to gain the required skills and further knowledge by seeking assistance from international organizations. Similarly, training opportunities were made available for evaluation and monitoring of the existing programs.

To promote professional development, NDA initiated clinical supervision for counsellors to maintain the ethical practice, capacity building and skill development in a systematic and planned manner. This also aids in improving staff morale and retention.

Additionally, following establishment of the Child Rights Protection Act 19/2019, DJJ conducted a training with relevant authorities to ensure that counsellors of NDA are trained to handle cases that involve children. To ensure the best interest of clients, treatments and services are being tailored towards a trauma informed care approach. Technical staff and counsellors working in service delivery are encouraged to participate in the information sessions and trainings for trauma informed care and encouraged to incorporate the core values of Trauma Informed Care in their service delivery model.

Currently, counsellors have been trained to conduct recently endorsed assessment tools such as Teen-Addiction Severity Index (T-ASI), Alcohol, Smoking and Substance Involvement Screening Test (ASSIST 10-14 & 15-17) & University of Rhode Island Change Assessment Scale (URICA). Likewise, counsellors will be trained in the near future before initiating the substance abuse treatment and rehabilitation services for adolescents developed by UNICEF.

As recovery from addiction involves the utilization of various types of psychotherapies in the treatment plan, clients may benefit from one over the other. Hence, training counsellors for group facilitation with assistance from a UNODC consultant, and an addiction counsellor, will be

facilitated during the month of August. This will enable counsellors to conduct group sessions for children with the sessions offering a social aspect of treatment.

FUTURE PLANS ON ADDRESSING THE SUBSTANCE USE

Adolescent substance use occurs with varying degrees of severity. The degree of substance involvement is an important determinant of treatment, as are any coexisting disorders, the family and peer environment, and the individual's stage of mental and emotional development. This information will be used to refer the client to appropriate treatment.

Treatment interventions fall along a continuum that ranges from minimal outpatient contacts to long-term residential treatment. All levels of care will be considered in making an appropriate referral to treatment. NDA is planning to enhance treatment approach to a treatment that includes supporting the adolescent's larger life needs, such as those related to medical, psychological, and social well-being, as well as housing, school, transportation, and legal services .

To enhance the treatment made available for children, an in-house rehabilitation centre for children is to be established by NDA. The purpose is to increase the accessibility, screening and early intervention for children and adolescents. In terms of conducting prevention and awareness in communities, targeted prevention programs are being developed with client needs as the priority.

Provision of ongoing clinical supervision, training on evidence-based approaches (traumafocused CBT, Family Support Therapy, MBT etc.), training health care staff and teachers on IBAMA, and routine training arranged for counsellors to upskill on addiction and working with children and adolescents are some of the few but impactful programs planned. Furthermore, collaboration work with other relevant authorities is being planned in order to address the prevention and treatment of substance use for children. Such as, formulating and initiating ageappropriate drug awareness and prevention programs for children of primary school age. Formulating and initiating awareness programs for early intervention and prevention of drug use especially for at-risk children and children who uses. Formulating and initiating awareness program on substance use prevention, early intervention, safe mental health practices and good parenting for parents. Initiating life skills programs and mentoring services for out-of-school adolescents and youth. Initiating training of trainers for teachers/school health staff to initiate "life-skills on drug education" program at all schools and developing a data sharing mechanism to identify number of SUD screenings and mental health related referrals of children, adolescents, and youth within the education sector.

CHALLENGES

There are various challenges in addressing substance use amongst children. The challenges are:

1. Lack of human resources – leading to overworked staffs (especially counsellors), counsellors having to involve themselves in multiple positions/tasks,

counsellors experiencing burn out. There is a critical need to train and recruit more technical staff.

2. Limited resources available to provide treatment and prevention across the country – currently NDA doesn't have a separate facility to provide treatment services for children, this makes it very tough to provide services to children while catering their needs. While there is a special community-based program for children, evidence shows that each child needs an individualized treatment plan in order for the treatment to be successful. There are plans to develop interagency treatment matrixes that fits a child's needs.

3. Lack of support from some parents – stigma related to substance abuse has decreased significantly over the years, however, it is still a problem area. Due to the stigmas, parents feel ashamed of the child or get fed up of the child. Though for a child one of the most important things is the approval and support of the parents and family, very few families are supportive. Stigma could be one of the main reasons behind it.

4. Lack of trained professionals – There are few counsellors who are trained under the JJ training. From the limited professionals in NDA, the professionals trained for handling the children are very few. This limits the service provided by the National Drug Agency. This challenges in widening the service for children throughout different regions of the country.

INTER-AGENCY CORDINATION

To exchange and share the required in-

formation with relevant authorities and organizations, a data sharing and referral mechanism needs to be established in a way that would safeguard the information of children. This will enable everyone to attend to the cases involving children in a timely manner and provide the service that is required from this agency. When working in the inter-agency coordination, the child can be guided to rehabilitate in a safe environment. Also, it helps to provide the client a safe environment and protect the child from the risk factors which could lead them into substance use. The client can be treated in a welfare system through inter-agency coordination. In addition, the inter-agency coordination would make the roles of the relevant authorities clearer in protecting the rights of the children and enable working on the best interest of the child.

Moreover, to facilitate the successful implementation of timely interventions based on the current situation, data flow between sectors is an important initiative. The situational analysis and subsequent sector-based mapping activities point out that effective multisectoral collaboration and efficient service delivery require both service providers and policy makers to have access to the most recent information. The strategy also encourages the adoption and application of case conferencing SOPs, which provides different sectors with a mechanism for information sharing and the ability to develop multisectoral treatment plans based on the most up-to-date data. Furthermore, activities will be carried out to sensitize policy makers on substance use problems and its consequences. Since the policy makers are to make policies regarding substance use

and the implementation of the treatment program, they need to understand the facts and issues the children face.

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INTEGRATING CHILD-CENTERED APPROACH TO NATIONAL POLICY PLANNING

By President's Office

Integrating Child-Centered Approach to National Policy Planning

The Maldives was one of the first countries to sign and ratify the United Nations Convention on the Rights of the Child (UNCRC) in 1991, as well as ratified the country's first Child Rights Act. Over recent years, the Maldives has made further strides in the country's efforts to strengthen child rights and protection. Article 12 of the Convention recognizes the importance of hearing children's voices, stating that children who can form their own views have the right "to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child." This official declaration of the need to safeguard children's rights to speak for themselves was the result, in part, of significant societal changes in the way children are understood and treated. The Child Rights Protection Act (19/2019), ratified by the Government of Maldives, further guaranteed the right, stating that all children have the right to be heard and express their views on decisions that affect them. Also, the act makes sure that the children's opinions are taken into account and that their participation in all matters that affect them is taken into consideration before decisions are made for them.

Importance of Child-centered approach in Policy planning



A child-centered approach to policy planning means the individual needs and abilities of every child are considered during planning and designing all aspects of the policies, and the child is kept in focus when making decisions about their lives and working in partnership with their families and support teams. The 'child's voice' needs to be heard throughout, and priority should be given to the preferences of the child. This is fundamental to safeguarding and promoting the welfare of every child. Taking a more child-centered approach benefits the organization, the children themselves, and the wider community. A child-centered approach towards policy planning strengthens the child protection and welfare system to provide a more holistic approach from all sectors. This also allows disadvantaged families to access help and support when necessary. Further, the institutions are able to access the unique ideas, skills, and perspectives of the child and come up with more responsive policies, services, and programs. By involving and considering the child's opinions during the decision-making process, the children gain a sense of inclusion, civic participation, and the ability to provide constructive feedback on an ongoing basis.

Child-centered approaches integrated into policy planning and implementation

The Strategic Action Plan (SAP) was formulated in 2019 by the current administration as a medium-term policy tool for the period 2019 to 2023. The SAP is a medium-term development tool that includes policies, strategies, and time-bound actions across 33 subsectors grouped under five broader the-

matic areas, which include Blue Economy, Caring State, Dignified Families, Jazeera Dhiriulhun (island life), and Good Governance. However, due to the COVID-19 pandemic, SAP was revisited to formulate the National Resilience and Recovery Plan (NRRP), the pathway to recovery from the economic downturn following the COVID-19 pandemic. Both SAP and NRRP took a child-centered approach in formulating the policies and strategies that constitute various activities under the Caring State, Dignified Families, and Good Governance.

Maldives has made significant steps over the years towards creating an effective childcentric protection and care system. Good examples include the enactment of the new Child Rights Protection Act, the Juvenile Justice Act, and the Education Act, and the consequent regulations that followed. Such changes align the international legislation, especially with the UNCRC, and ensure such an approach is taken by the agencies. Recently, a Child Rights Ombudsman's Office was established in accordance with Act 19/2019 and their role is to independently monitor the areas of protection of children's rights. The office developed audit tools in relation to the internationally recognized child safeguarding policies to audit the children's homes and provide recommendations and assist in improving the services. The current administration has worked on decentralizing social services through establishing state care facilities in atolls and forming community support groups. The main policies and activities of the government under the social sector, such as education, health, and higher education sector policies, embraced a child-centric approach directly or indi-

rectly in some cases. Furthermore, the establishment of Family Court, Juvenile Court, and Juvenile Justice Unit (currently Department of Juvenile Justice) are all significant milestones in this regard for the Maldives government.

Effectiveness of current monitoring mechanisms

The SAP and NRRP are monitored mainly at the subsector level. Each subsector has a results matrix, which is the main monitoring tool, and the subsector is monitored against two measures: at the action level, implementation will be monitored against the timeline provided, and at the policy level, implementation will be monitored against the targets in the subsector.

The formulation and implementation of government policies are overseen by the Policy

Office of the President's Office, which consists of Policy Research and Alignment, Policy Coordination, Monitoring & Evaluation, and Rapid Action. The office coordinates and tracks progress and public perception of the implementation of the SAP/NRR, and receives input from lead coordination and reporting agencies.

Importance of Inter agency coordination

The current act, 19/2019, on the Protection of the Rights of the Child clearly states that the Minister of Gender, Family, and Social Services (MoGFSS) is the governmental authority responsible for the implementation of the stated act. Aside from the MoGFSS, other state/government institutions have a leading

role in specific areas of child protection and ensuring the rights of children as well. For example, the Ministry of Home Affairs is in charge of issues related to combating juvenile justice, anti-terrorism, human trafficking, and other general public security; the judiciary system is in charge of justice for minors; the Ministry of Education is responsible for education and a safe school environment; the Ministry of Health for identifying and treating violence and abuse cases upon children and finally, the Ministry of Finance for resource allocation and so on. However, the institutional level coordination between ministries has not been clearly defined in any formal sense. Therefore, this needs to be strengthened through policy frameworks. Although a Child Protection Council has been established under the CRPA (19/2019), its role is advisory-limiting them from making policy-level decisions. Therefore, interagency collaboration on a technical level among institutions promoting child welfare requires strengthening to fully function to its capacity. All key line institutions, such as the Ministry of Home Affairs, the Judiciary, the Ministry of Education, and the Ministry of Health, must ensure that their sectoral policies in the area of child protection include clear policy goals, actions, roles, and duties. To ensure policy execution, the ministries should also develop monitoring and accountability procedures within their structure.

The formation of Community Social Groups (CSGs) is a multi-sectoral mechanism across the Maldives, comprising members of relevant stakeholder institutions, to protect and promote the rights of vulnerable people and

provide a well-coordinated, holistic and multi-sectoral response to emerging social issues within the community. This is a landmark achievement towards the institutionalization of social protection systems at the community level and will enable a collaborative multi-sectoral effort to identify and address vulnerable social groups and individuals in the community.

Future plans to incorporate Child-centered approaches

The Maldivian government has made significant strides amongst agencies in coordinating its newer policies in child-centric welfare states. But the stakeholders and the community as a whole need to be more involved and work together better.

A multidisciplinary and systemic framework integrated into the national planning process, rooted in the UNCRC and bringing together all stakeholders, represents the most effective approach in policy planning and implementation and ensures the rights of the child. The adopted strategies should establish priorities with realistic and time-bound targets, have measurable outcomes, and be supported with adequate human and financial resources. Further, these approaches should be child-centered, family-focused, multidisciplinary and oriented towards fulfilling children's and families' needs. The proposed strategy should focus on improving cross-sectoral cooperation and coordination amongst the health, education, and social sectors and the agencies responsible for planning and budgetary appropriations for the same. It should also place importance on the involvement

of law enforcement authorities and the justice system. An organization whose main goal is to keep children safe from violence should play a key role in coordinating and keeping an eye on things.

To further streamline and unify, as well as to have a quantitative measure of the efficacy of state policies, it is recommended that policy indicators be introduced. If there was data that was focused on the child, the child and an adult stakeholder would work together to make the outcome more reliable. The indicators are observable signs against which change in relation to specific issues or objectives can be assessed. These indicators can be either subjective (e.g., feelings of safety) or objective (e.g., official mortality and morbidity rates). They are useful for describing what something is like right now, in a particular place, or assessing whether or not something has changed across time and space. Importantly, indicators "are not ends in themselves but a political tool to be used to challenge the status quo". They are frequently aspirational in that they aim to capture 'how we would like things to be'. When indicators are widely used by actors and organizations with the power to make changes, they help focus attention and resources on making certain changes.

Furthermore, it is important to perceive children as situational in time and place, grounding them in history and culture, as opposed to viewing them as universal beings unaffected by time or place. For this Maldives-specific idea to work in real life, it would have to take into account the different childhoods of people from different parts of the Maldives. Individualistic understandings of children's

lives are crucial as opposed to the generalized standards that are currently being applied. Demographically, the instability demonstrated in a typical Maldivian family form, especially owing to the high rate of divorce, tends to leave innumerable children vulnerable. These children may be at risk of being neglected, abused, or exploited by people in their family or by people they meet in their daily lives. These threats can come in many different forms, such as sexual, physical, and emotional abuse, neglect, domestic abuse, including controlling or coercive behavior, exploitation by criminal gangs and organized crime groups, online abuse, sexual exploitation, and the effects of extremism that lead to radicalization. No matter what kind of abuse or neglect it is, the needs of the child should come first when deciding what to do. With a child-centered approach, the partnership agencies can keep the child in focus when making decisions about their lives and work in partnership with them and their families to safeguard and promote the welfare of every child in a safer environment.



Inter-agency Coordination and Collaboration for a Better Child Protection System

By UNICEF

Introduction

Child Protection is often referred to as the interventions for prevention and responses to cases of violence against children. Child protection system, therefore, can be seen as the way how the different prevention and responses services are connected.

This paper looks at what child protection means in the Maldivian context and how it functions and the ways for improving the system.

Child Protection

Globally child protection can mean the interventions or responses to an incident of violence against children. UNICEF uses the term child protection' to refer to 'prevention and response to violence, exploitation and abuse of children in all contexts. This includes reaching children who are especially vulnerable to these threats, such as those living without family care, on the streets or in situations of conflict or natural disasters'.

It defines the Child protection systems as a system that 'connect children to vital social services and fair justice systems – starting at birth. They provide care to the most vulnerable, including children uprooted by conflict, poverty and disaster; victims of child labour or trafficking; and those who live with disabilities or in alternative care. Above all, protecting children means protecting their physical, mental and psychosocial needs to safeguard their futures'.

In Maldives, child Protection covers

what we do to prevent children from getting harmed to the ways in which we respond to when children get harmed. It comprises of a combination of three main areas of work, mainly:

- (a) Violence against Children; abuse, exploitation and neglect
- (b) Juvenile Justice; children in contact and in conflict with the law
- (c) Children in Alternative Care; children in care institution, foster care

International Commitments and Legal Framework

Maldives was among the first batch of countries to become a party to the Convention on the Rights of the Child. It ratified the convention in February 2011. By ratification the Maldives is committed to ensure that children, anyone below 18 years, grow, learn, play and develop in a protected environment where they can flourish with dignity. Special attention should be given to the following articles that sets scope for child protection and child protection systems:

Principles: Article 2; Non-discrimination and Article 3; Best interest of the child

Alternative care: Articles 9- Keeping families together; Article 10- Contact with parents across countries; Article 20- Children without parents; Article 21- children who are adopted; Article 25- Review of child placement

Violence and harmful practices: Article 19- Protection from violence; Article 32- Protection from harmful work; Article 33- Protection from harmful drugs; Article 34- Protection from sexual abuse; Article 35- Prevention of sale and traf-

ficking; Article 36- Protection from exploitation; Article 38- Protection in war

Children in conflict with the law: Article 37- Children in detention; Article 39- Recovery and reintegration; Article 40- Children who break the law.

The international commitment is clearly reflected in the Child Rights Protection Act ratified on 20th Nov 2019. The act lays down 5 broad purposes; (a) protecting and ensuring the rights of children; (b) determining the duties of families, parents or guardians, community, state and other parties in provision of care and protection; (c) facilitates the provision of assistance and cooperation to children and families who in need; and (d) establishing a national mechanism for provision of care and protection to children. The following legal provisions in the Child Right Protection Act are the most important for child protection and child protection system:

- Article 10: Care and Protection,
- Article 11: Protection from sexual exploitation and sexual abuse,
- Article 12: Protection from violence, abuse and negligence; and
- Article 13: Protection from immoral matters of social and cultural nature.

Child Protection System in the Maldives

One of the first attempt to define the child protection system in the maldives was during the National Child Protection Conference held at Bandos Tourist Resort in February 2011. The stakeholders attending the conference agreed to the following definition. 'The child protection system operates within the framework of the law and a coherent framework

of policies, procedures and guidelines, providing a multi-sectoral approach to support the prevention of and response to protection risks and violations, including violence, abuse, neglect and exploitation. Typically, one ministry or department, such as ministry of social welfare or its equivalent, interactions with all other sectors, such as justice, education, health and security, to lead and coordinate affective child protection responses .’

In the first phase of the mapping and assessment exercise, stakeholders again attempted to define the child protection system in the Maldives. Two main questions were discussed in the attempt to define it:

- (a) What is the child protection system?
- (b) What does the child protection system do?

The discussion resulted in: ‘The child protection system in the Maldives is a set of actors from State, Communities, Private organizations, Para-statal organisations, Private Organisations and Civil Society Organisations, with appropriate coordination mechanisms and adequate capacities and resources to fulfil their responsibilities in protecting children. It ensures a safe, secure and healthy environment, it reforms on the child rights to protection, it provides children families and communities with all the necessary knowledge, skills, capacities, quality services and other interventions, including social protection, to prevent and respond to violence, abuse, exploitation and neglect, and it promotes child protection sensitive social transformation through behavioural change.’

Emphasising the system, the definition, clearly sets five main results:

- (a) Deliver a safe, secure, and healthy environment for children
- (b) Provide children families and communities with all necessary knowledge, skills and capacities, quality services and other interventions, including social protection, to prevent and respond to violence, abuse, exploitation and neglect
- (c) Adequate capacities and resources to fulfil their (all actors) responsibilities
- (d) multi-sectoral actors collaborating together and responding in a coordinated manner
- (e) Collaborating to prevent violence through transformation of social and cultural norms and behaviour.

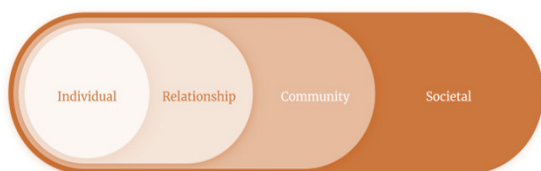
A quick conclusion from both the instances can be that an appropriate co-ordination mechanism is integral to the effective functioning of the child protection system. Articles 66 to 68 of the Child Rights Protection Act lays the foundation for establishing a mechanism for the protection of care and protection to children. More specifically the article 67 of the law states that under the act a regulation that includes procedures for protection of children's rights and ensuring that it is a procedure that would work

Coordination, Collaboration or Cooperation?

We all agree that the best way to protect children is to prevent violence from occurring. To do this the children, families and communities across the country need to build their capacity. Most of the families and parents have this capacity, but some parents in some situations may need support to keep children safe. However, some families or parents will

need statutory child protection services.

A child protection system is generally agreed to be comprised of human resources, finance, laws and policies, governance, monitoring and data collection as well as protection and response services and care management. It also includes different actors – children, families, communities, those working at sub-national or national level. Most important are the relationships and interactions between and among these components and these actors within the system. It is the outcomes of these interactions that comprise the system. Another way to look at this is through the socio-ecological model which examines the complex interplay and collaboration between individual, family, community, and societal factors – an example of this model in violence prevention is illustrated below:



Source: <https://www.cdc.gov/violenceprevention/about/social-ecological-model.html>

Individual or the child: The first level identifies biological and personal factors that increase the likelihood of becoming a victim or perpetrator of violence. Some of these factors are age, education, income, substance use, or history of abuse. Specific approaches may include conflict resolution and life skills training, social-emotional learning, and healthy relationship skill programs.

Relationships: The second level examines close relationships that may increase the risk of experiencing violence as a victim or perpetrator. A person's closest social circle-peers, partners and family members-influences their behavior and contribute to their experience. Prevention strategies at this level may include parenting or family-focused prevention programs and mentoring and peer programs designed to strengthen parent-child communication, promote positive peer norms, problem-solving skills and promote healthy relationships.

Community: The third level explores the settings, such as schools, workplaces, and neighborhoods, in which social relationships occur and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of violence. Prevention strategies at this level focus on improving the physical and social environment in these settings.

Societal: The fourth level looks at the broad societal factors that help create a climate in which violence is encouraged or inhibited. These factors include social and cultural norms that support violence as an acceptable way to resolve conflicts. Other large societal factors include the health, economic, educational, and social policies that help to maintain economic or social inequalities between groups in society. Prevention strategies at this level include efforts to promote societal norms that protect against violence as well as efforts to strengthen household financial security, education and employment opportunities, and other policies that affect the structural determinants of health.

Provision of prevention and responses is multi sectoral, some working specifically for prevention of violence while others may focus on responding to instances where children face violence. Those working for protection or responding to cases are sometimes defined as social service workforce. We define the workforce as including a wide range of professionals, para-professionals, meaning those who are trained and tasked with a social service role but without a formal professional qualification, and volunteers.

Recently much has been written about coordination, with a number of definitions. Some authors tried to differentiate between coordination, collaboration and cooperation, with each term used to describe the increased level of partnership (McDonald & Rosier, 2011). Coordination is described as ‘a way of organization of the different elements of a complex body or activity so as to enable them to work together effectively’, while cooperation is defined as ‘the action or process of working together to the same end’ and collaboration as ‘the action of working with someone to produce something’.

For discussion purposes the words coordination, cooperation and collaboration will be used as a formal collaborative partnership between agencies or practitioners that involves working together to keep children and families safe and to respond to when there is a case of violence. Literature shows that there is a strong shift towards working together ‘the shift towards collaboration represents an acknowledgement of limitation of siloed service system. Agencies that work alone (i.e., in “si-

los”) cannot tackle significant intractable problems as effectively as agencies that work in collaboration. Furthermore, a siloed service system typically cannot meet the needs of families with multiple and complex problems as effectively as agencies that work collaboratively’.

The child protection and child welfare services support the society’s most vulnerable children and families. Reviews of child protection system in different countries have repeatedly indicated that strained relationships and poor coordination or collaboration between different partners and services as one of the main causes for poor outcome for child protection system.

An effective child protection system needs ‘interdependent connections, frequent communication, strategic information sharing, collective resource sharing, negotiated shared goals, and sharing of power between organisation’ the elements of effective collaboration. The most common barriers, according to Price-Robertson et. al, (2020), for effective collaboration include:

- System-level barriers: inadequate resources; different conceptual framework aims and practices; different confidentiality policies and practices; lack of organisational support
- Practitioner-level barriers; mutual lack understanding; lack of clarity about when and how to collaborate; and ineffective communication

Collaboration is at its best when there is:

- Clear understanding of the differences between the sectors
- Clarity on the roles and responsibilities

and possibilities for collaboration

- Communication that nurtures collaborative relationships; space to develop shared understanding; sharing of strategic information; means to address differences and conflicts; and ability to reflect on collaborative practices
- Organisational culture; policies and procedures; leaderships; professional development; supervision and feedback

Strengthening child protection system

Most practitioners in the child protection system are aware of the effect of these barriers can have on the working relationship, and the impact on the quality of work and outcome or results for the vulnerable children and families. Both vertical coordination (from Central / National level to Sub-national / Community level) and horizontal coordination (across agencies and institutions at various levels) needs to be improved. It can be concluded that the following areas important and need serious improvement:

- Strengthening of legal framework, more specifically the regulations and policies, guidelines and standard operating procedures pertaining to working together, for both the prevention of and responding to child protection cases.
- Strengthening the governance structures, including the case management, referral pathways and supervision systems
- Improving human and financial resource allocation
- Formal data sharing mechanisms and systems across agencies.
- Improving organisational culture including effective leadership and poli-

cies and practices

- Establish a mechanism for regular monitoring and evaluation of the results for children and the effectiveness of the child protection system.

A number of practitioners believe that the most effective way to improve collaboration is through combined or multi-sectoral trainings. These areas for improvement should not be looked in isolation but as a whole for the child protection system.

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helpful in understanding the issues within our communities. Early identification and intervention programs could help to minimize the exposure of risks for children and adolescents. Moreover, these programs and assessment tools should also be reviewed periodically to identify areas for improvement.

Reflecting on to all the presentations, we believe that more awareness and sensitization programs for children, parents and other stakeholders and evaluation of current programs are necessary to improve the child protection system. Moreover, more resources need to be allocated within the atolls to improve the implementation of child protection policies in islands as well.



Required changes to the child protection system - adolescent's perspective



By Students

Through the Child Right's Symposium, we were able to gain more knowledge on the child protection system in the Maldives and how these policies and practices work to ensure our rights. While different institutions have different responsibilities, it is important that they work in a collaborative manner to implement these policies.

To be able to fix an issue, it is important to find its root cause. We believe that tailored prevention and treatment programs and assessments could be

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56	Ahmed Athif	Chief Superintendent of Police, South Police Division	Maldives Police Service
57	Rahma Saeed	Chief Inspector, Juvenile Offences Department	Maldives Police Service
58	Hishmath Ibrahim	Head of Advocacy and Project Implementation	Maldives Police Service
59	Fathimath Naheeda Thohir	Chief Inspector of Police, Crime Against Children Department	Maldives Police Service
60	Fathmath Muna	Director General	Media Council
61	Ahmed Moosa	Member	Media Council
62	Ibrahim Shaheem	Principal, Meyna School	Ministry of Education
63	Nazira Hassan	Principal, Izzudhdeen School	Ministry of Education
64	Aishath Athiya Naseer	Minister of State for Education	Ministry of Education
65	Fathimath Azza	Director General	Ministry of Education
66	Akram Hussain	Deputy Director General	Ministry of Gender Family and Social Services
67	Zaufishan Abdulla Kamaaludheen	Permanent Secretary	Ministry of Gender Family and Social Services
68	Dr.Abdul Malik	State Minister	Ministry of Gender Family and Social Services
69	Mohamed Suaadh	Senior Executive Director	Ministry of Gender Family and Social Services
70	Dr. Mariyam Jenyfa	Senior Medical Officer	Ministry of Health
71	Dr Ahmed Ashraf	Director General of Health Services	Ministry of Health
72	Abdul Shukoor Abdul Hakeem	Deputy Minister of Health	Ministry of Health
73	Maimoona Aboobakuru	Director General of Public Health	Ministry of Health
74	Aminath Shahuza	Director	Ministry of Health
75	Aishath Noora Mohamed	Inspector of Correctional Service	Ministry of Home Affairs
76	Ali Nazeer	Minister of State for Home Affairs	Ministry of Home Affairs
77	Zeeniya Ahmed Hameed	Permanent Secretary	Ministry of National Planning, Housing and Infrastructure
78	Dr. Shafiya - Moderator	Assistant Professor, Faculty of Education	MNU
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80	Maryam Shama Naseer	Assistant Director	National Drug Agency
81	Mariyam Asviyau	Senior Counselor	National Drug Agency
82	Abdul Azeez Yoosuf	Director General	National Integrity Commission
83	Aminath Nafha	Assistant Director	National Social Protection Agency
84	Jeehan Mahmood	Speaker, Human Rights and Gender Committee	People's Majlis
85	Faruhath Habeeb	Legal Officer	People's Majlis
86	Aishath Fazla	Deputy Director	People's Majlis
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88	Abdulla Rabi	Assistant Prosecutor General	Prosecutor General's Office
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98	Paulo Sassarao	Representative, Officer-in-Charge	UNICEF
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100	Mohamed Naeem	Child Protection Specialist	UNICEF
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