



OMBUDSPERSON FOR CHILDREN

ANNUAL REPORT 2021-2022

A loving home for every child

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List of Acronyms

ACE	Adverse Childhood Experience
ACRWC	African Charter on the Rights and Welfare of the Child
AOMF	<i>Association des Ombudsmans et des Médiateurs de la Francophonie</i>
art.	Article
AU	African Union
BPF	<i>Brigade pour la Protection de la Famille</i>
BSMHCC	Brown Sequard Mental Health Care Centre
CAB	Citizen Advice Bureau
CRC	Convention on the Rights of the Child
CSO	Civil Status Office
CSU	Citizen Support Unit
CYC	Correctional Youth Centre
DOH	Department of Health
ECCEA	Early Childhood Care and Education Authority
EPO	Emergency Protection Order
FCAC	Foster Care Advisory Committee
FCU	Foster Care Unit
FWPO	Family Welfare Protection Officer
GACC	Guidelines for the Alternative Care of Children
HIV	Human Immunodeficiency Virus
IPO	Interim Placement Order
LRC	Law Reform Commission
LPSES	Licensing of Place of Safety and Enforcement Section
LTCO	Long-term Care Order
METEST	Ministry of Education, Tertiary Education, Science and Technology
MFARIIT	Ministry of Foreign Affairs, Regional Integration and International Trade
MFEPD	Ministry of Finance, Economic Planning and Development
MGEFW	Ministry of Gender Equality and Family Welfare
MHW	Ministry of Health and Wellness
MITD	Mauritius Institute of Training and Development

MSISSNS	Ministry of Social Integration, Social Security and National Solidarity
MQA	Mauritius Qualifications Authority
NAFCO	National Delegates of the National Forum for Colleges
NCC	National Children's Council
NCIPC	National Center for Injury Prevention and Control
NEF	National Empowerment Foundation
NGO	Non-governmental organisation
NICE	National Institute for Health and Care Excellence
NSIF	National Social Inclusion Foundation
OC	Ombudsperson for Children
OCA	Ombudsperson for Children Act 2003
OCO	Ombudsperson for Children's Office
para.	Paragraph
PAS	Probation and Aftercare Service
PIO	Preventive Intervention Order
PMO	Prime Minister's Officer
PO	Placement Order
PSC	Public Service Commission
PSEA	Private Secondary Education Authority
PSI	Parenting Support Intervention
RCI	Residential Care Institution
RYC	Rehabilitation Youth Centre
SBC	Serious Behavioural Concern
SeDEC	Le Service Diocésain de l'Education Catholique
SEN	Special Education Needs
SO	Supervising Officer of the Ministry of Gender Equality and Family Welfare
SRM	Social Register of Mauritius
UN	United Nations
UK	United Kingdom
UoM	University of Mauritius
US	United States
WHO	World Health Organisation

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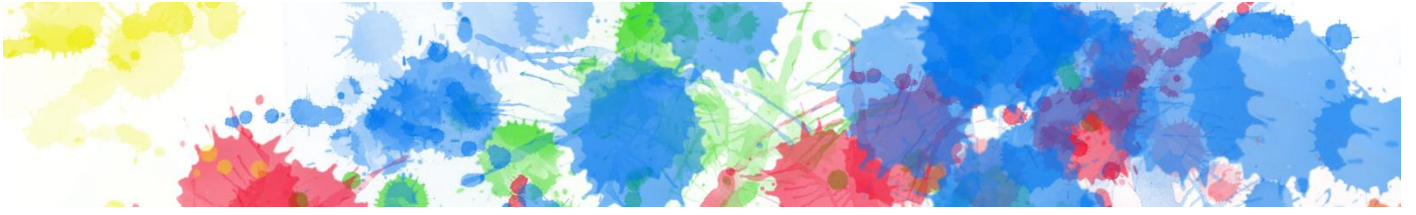
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CHAPTER 1:

General Introduction





“It takes a community to protect a child and it is clear that society has a role that is more important than ever before to protect those children within it who are at risk of, or who have suffered from, significant harm. The challenge for these people and organizations responsible for resourcing societies is what weight they will place on the importance of positive childhood experiences and what resources will be provided to allow children to maximize their potential.

The challenge for communities and the societies in which they function is whether or not they are prepared to accept the responsibility that society clearly has in protecting children for if they do not, and protecting children is seen as someone else’s business, how can we expect things to improve for the children who live within those communities?”

*~ Paul Tonnessen, Executive Director,
Friends of the Children's Justice Center of Maui (2017)*



***Broken children are at
high risk of becoming
broken adults***

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Broken children are at high risk of becoming broken adults

During the reporting year 2021-2022, my staff and I, the Ombudsperson for Children (OC), have been working very hard to fulfill our purpose. Guided by the Convention on the Rights of the Child (CRC; United Nations [UN], 1989)¹ and the African Charter on the Rights and Welfare of the Child (ACRWC; African Union [AU], 1990)², the Ombudsperson for Children's Office (OCO) advocates for the protection and promotion of children's rights in the Republic of Mauritius. On 29 October 2021, I initiated a systemic investigation to assess the local situation of children deprived of parental care, which lasted nearly one year. Simultaneously, my office handled more than 450 complaints, delivered sensitisation talks across towns and villages, conducted a series of field visits, responded to more than 100 media enquiries, carried out a mission in Rodrigues, attended workshops and meetings proposed by different stakeholders, and organised workshops and meetings for several audiences including an important colloquium on the deinstitutionalisation of alternative care in our country. In addition to reporting on the general activities carried out at and by the OCO in the current document, as well as a selection of cases handled by us this reporting year, I primarily focussed my present annual report in an in-depth and detailed manner on the subject of alternative care of children (see [chapter 2](#)).

In the period from October 2021 to September 2022, in the context of my investigation on alternative care of children, I interviewed several children living in all residential care institutions (RCIs) in the Republic of Mauritius, and 27 previous residents of RCIs. I also spoke, after receiving parental consent, with various school mates of children living in RCIs. The latter group provided me with insightful information on children currently living in those facilities, whom they referred to as their 'shelter friends'. For the first time I realised how valuable their thoughts and knowledge were in better understanding the life and concerns of children in RCIs. I must say that I learnt a lot from them on the childhood experiences of their 'shelter friends' who often did not want to go back to their RCIs and who at times solicited their help to buy alcoholic drinks and cigarettes with their pocket money.

¹ United Nations (1989). *Convention on the Rights of the Child. Resolution adopted by the General Assembly 44/25*. Geneva: Author.

² African Union (1990). *African Charter on the Rights and Welfare of the Child*. Ababa, Ethiopia: Author.

Moreover, as I mentioned earlier, I personally spoke with 27 previous residents of RCIs. Without their valuable inputs, the present report would have been incomplete. It is amazing how their inner child is still very much alive. During our conversations, many could not contain their emotions and broke out into tears. Care leavers who are now adults were still struggling to understand why they have been rejected by their mothers and fathers, and by the whole world! Jane³, a 22-year-old mother of three young kids blamed me for not having ‘rescued’ her from her ‘shelter’ and she felt that NOBODY understood her predicament as a child and the psychologist there held sessions with aggressive residents only. *“Everyday, I used to cry silently and felt very depressed, and around me the staff used to talk about me as a very good girl who does not need to be seen by a psychologist. I was very angry about this and I still am!”*

Another care leaver, 25-year-old John, told me very confidently that he knows how RCIs operate better than me (I agree). He explained to me his survival strategies and how, as he grew up, he made things difficult for the RCIs’ staff:

I have been abandoned by my whole family since I was a baby. I have nobody, no father, no mother, no grandmother, no grandfather, no brothers, no sisters, no cousins, no uncle, no aunts...I have nobody. I am nobody. For a long time, I could not attend school because I did not have a birth certificate. All my friends at the shelter went to school, not me, until I decided to ‘kraz partou’ (damage the whole environment). I became violent and out of control. ‘Zot tu inn tranble’ (Everybody was scared) and the police came. Surprisingly, all the police officers from the Brigade pour la Protection des Mineurs (now known as Brigade pour la Protection de la Famille) were very nice to me. I explained to them that I was giving everybody a hard time because I wanted to attend school, but the staff failed to listen to me. I remember this day very well. The three police officers spoke with the Officer-in-Charge of the shelter who said that I should be sent to the Rehabilitation Youth Centre (RYC). But within 3 days, I could attend school! ‘Monn dres zot’ (I took them to task). The impossible became possible all of a sudden and at school the teachers loved me. They gave me all school materials and food for free. The Headmistress, a beautiful lady, gave instructions that staff should take good care of me. I was a little prince for several months until the Officer-in-Charge of my shelter informed me that the Child Development Unit (CDU) will transfer me to

³ Names used in this chapter are pseudonyms to protect the identities of the individuals.

another place! Madam, I am today 25 years old and I will never forget the day I had to leave my primary school for another one! Today, I work in a hotel and, whenever I have some spare time, I pass by my primary school and remember my head mistress, the teachers and my friends. A few days ago, I listened to you on the radio. You were talking about children with serious behavioral concerns. There are no such thing as bad kids. They are only kids who suffer from abandonment. These children like me need love and affection. You have the duty to promote ‘move zanfana so drwa a lamur ek lafeksyon !’ (‘bad’ children’s rights to love and affection).

Even today, I still observe a critical mass of adults with them insisting heavily that children are being given too many rights and those who misbehave should be deprived of these rights. During the reporting year 2021-2022, my office has organised more than 90 meetings and workshops aiming at the promotion and protection of children’s rights and this was a great opportunity for me to take stock of participants’ common perception that the responsibilities of children were being overridden by their rights. Some even queried whether I, the OC, condone the behaviours of children who abuse adults. “What about our rights?”, teachers argued, “many children break rules, cause problems and persistently misbehave”. Police officers often complain, “some children shout and threaten police officers, we need to show them who is in control”. A group of night caregivers working in an RCI stated to me that certain children should be deprived of their rights because their behaviours towards staff members and other children are unacceptable. Overwhelmed with anger on a daily basis, their only wish was that the troublemakers are removed from the RCI so that they can work peacefully with more deserving child residents. They tried their best to convince me not to protect naughty and mischievous children.

During my different encounters with several stakeholders, I always engage them on children’s rights. In fact, many of my office’s workshops are aimed at encouraging a paradigm shift in thinking on the vulnerability of children and the necessity of promoting their rights. I have been, during these interactive sessions, very forceful about the CRC (UN, 1989) which is a legally-binding international agreement promoting the rights of every child. This Convention is the basis of all of the OCO’s work and section 5 of the Ombudsperson for Children Act 2003 (refer to [Appendix A](#) for the full legislation) clearly stipulates that the OC shall –

- (a) *ensure that the rights, needs and interests of children are given full consideration by public bodies, private authorities, individuals and associations of individuals;*
- (b) *promote the rights and best interests of children;*
- (c) *promote compliance with the Convention and the African Charter.*

Rights, I remind everyone, are universal, indivisible, interrelated and inalienable. This means that all children of the world should enjoy their rights on an equal basis without discrimination, and no one can take them away even if their behaviours are questionable or they commit an offence. The same principles apply to adults who also have human rights. When adults realise this point during my sensitisation sessions, I often notice that they become more receptive to the fact that children have rights too.

Rights come with responsibilities, this is a fact. The promotion of children's rights does not mean at all that we have to accept chaos and leave society in a state of anarchy. This is a wrong perception. It is important to realise that the protection of children's rights fundamentally promotes a culture of peace and consolidates values in a society. It is also necessary to understand that all children are rights holders and the State is the primary duty bearer together with non-State actors. I insist that respecting children's rights means responding to their basic and psychological needs, and promoting their well-being even when they have serious behavioural concerns or are in conflict with the law. I have seen children entering into crises over the smallest things, and bullying their friends, parents and caregivers in RCIs and RYCs. Children can hurt others and inflict harm and damage to their social and physical environments. I DO NOT AND CANNOT condone any form of violence by children. However, as the OC, it is my duty to remind all stakeholders that children who have serious behavioural concerns or who are in conflict with law have the right to quality rehabilitation by specialised professionals who have the adequate qualifications, skills and child's rights-based approach to deal with them.

Whenever we encounter children misbehaving, we must be able to see beyond their actions and attempt to understand what they are trying to communicate to us. In this context, a comprehensive psychosocial assessment of the child and his/her family before any decision is taken about the child is very crucial. The main aim is to establish the nature of the problems faced by the child, how they affect his/her development, and what are the ROOT causes of his/her behaviours. No effective rehabilitation is possible without proper assessments.

Paul Tonnessen, Executive Director of the organisation named Friends of the Children's Justice Center of Maui rightly stated (2017)⁴ that:


Behavior provides clues to the history of the child, their pain, their fears and their needs. Although we address misbehaviour directly and quickly, we also must address it sensitively and responsively as a clue to the deepest needs of the child.

We really need in our country qualified, trained and dedicated professionals who can make in-depth assessments of children who have serious behavioural problems or who are in conflict with law, and intervene at the most profound levels of the child's difficulties.

During my year-long investigation on the alternative care of children, I more and more realised the existence of **BROKEN CHILDREN** in our society, yes, broken by their difficult pasts of abandonment and rejection, abuse and neglect histories, social stigmatisation and mental health

challenges. Sometimes, we refer to them as having serious behavioural and psychological concerns, at other times, they fall under the category of children in conflict with law or at risk of committing an offence. However, all the time, they are broken children originated from broken families in dire need of intensive care, attention and therapy.

I want to emphasise that rehabilitation and policy formulation should be rights-based. In all processes of child protection and welfare of children without parental care, the CRC (UN, 1989), the ACRWC (AU, 1990) and the Guidelines for the Alternative Care of Children (GACC; UN,



**“OUR INTENT IS TO SEE BEYOND
MALADAPTIVE BEHAVIOURS TO THE
REAL CHILD WHO HAS BEEN HOLED UP
INSIDE A FORTRESS OF FEAR.”**

~ Paul Tonnessen (2017)

⁴ Tonnessen, P. (2017) *Broken children become broken adults*. Retrieved on 20 September 2022 from mauicjc.org/broken-children-become-broken-adults/

2010)⁵ must guide the concerned stakeholders. All too often I have noticed that people, including funding agencies who take important decisions for children deprived of parental care, fail to take into account the international legal framework related to alternative care. Many stakeholders are forceful about the necessity for caregivers to acquire skills and get trained. While it is essential that people who work directly with children on a day-to-day basis acquire proper training, it is equally important that policy decision-makers, funding agencies, staff of child protection services, supervising officers, RCI managers, medical and paramedical staff, mental health professionals, social workers and school teachers, among others, also get training in children's rights and, where relevant, specialised training in the rights of children living in alternative care. Officers who take decisions regarding children without having sufficient training in children's rights take the risk of impacting negatively on the children's welfare.

For example, I have visited different RCIs accommodating babies and young children which are licensed to operate as places of safety. Nevertheless, I have been many times surprised by the poor physical infrastructure and caregiving approaches at these facilities, which were clearly not conducive to the growth, development and rehabilitation of these young children. There were no indoor or outdoor play areas, unavailability of adapted furniture, no story books, no educational toys and no adapted games... nothing!



**“PLAY IS THE WORK OF
CHILDHOOD.”**

~ Jean Piaget

Small children have the right to play, and, through play, they learn the skills they need for their cognitive, physical and emotional maturation. My heart sinks when I do not see swings, slides, climbers, jumping ropes, tricycles and green spaces in RCIs accommodating babies and young children. I remember the distress of a 5-year-old boy who

asked Father Christmas for a swing and believed he was not gifted one because he is a ‘bad’ boy. I spoke about this with the RCI manager. Until today, nothing has been done. Swinging enables children to develop gross motor skills and the child's body awareness is improved. This activity can calm children and help alleviate their distress and anxiety. At the same time, swinging is a great source of fun for children of all ages enabling them to exercise their body

⁵ United Nations (2010). *Guidelines for the Alternative Care of Children*. Resolution adopted by the General Assembly 64/142. Geneva: Author.

naturally. In fact, when children are given the opportunity to play, climb, slide and hang from the monkey bar, they grow healthier and happier.

I reiterate that play develops and boosts the creativity, brain and social development of children. Moreover, it is very important for babies and young children to interact with people in their environment. Some research has indicated that it is not advisable for young children to watch television or screens passively for long periods of time, which does not bring any educational, fun or developmental value to the child, and can even give rise to impairments such as language delays. During my field visits, I was shocked to find out that infants and toddlers were watching television on a regular basis and were hardly having any meaningful interactions with caregivers, a process so essentially linked to their healthy development. The American Academy of Pediatrics recommended that (as cited in KidsHealth; 2022)⁶

(...) babies younger than 18 months [should] get no screen time at all. The exception to this rule is video chatting with grandparents or other family members or friends, which is considered quality time interacting with others. Toddlers 18 months to 24 months old can start to enjoy some screen time with a parent or caregiver. Children this age can learn when an adult is there to reinforce lessons.

At the end of my report, I make a series of overarching recommendations to ensure that the best interests of children without parental care are taken into account in all actions and decisions that concern them. For me, the most important recommendation remains the deinstitutionalisation of alternative care in the Republic of Mauritius (refer to [sub-section 2.4](#) in the current document). I strongly believe that this transformational process in the out-of-home care landscape of our country can have a ripple effect that can impact positively on the lives, rehabilitation and social reintegration of children without parental care and on society as a whole. Deinstitutionalisation as an objective and a strategy is possible contrary to popular belief. The Honourable Dr R. Padayachy, Minister of Finance, Economic Planning and Development (2022)⁷, stated in his

⁶ KidsHealth (2022). Media Use Guidelines for Babies and Toddlers. Retrieved on 20 September 2022 from kidshealth.org/en/parents/screentime-baby-todd.html#:~:text=The%20American%20Academy%20of%20Pediatrics,quality%20time%20interacting%20with%20others.

⁷ Ministry of Finance, Economic Planning and Development (2022). *Budget Speech 2022-2023: With the People, For the People*. Retrieved on 05 September 2022 from budgetmof.govmu.org/documents/2022_23budgetspeech_english.pdf

Budget Speech 2022-2023 that he has earmarked an additional Rs 200 million to support the care of children in RCIs. This money can be used to convert large RCIs into small-group homes for children and create sufficient additional new small-group, family-like, facilities. I have also proposed in the current report a tentative monthly budget estimate for the operation of a small-group home for children designed to provide quality individualised care to not more than 12 children. It is laudable that the Honourable Dr. Padayachy has demonstrated his will to support one of society's most vulnerable groups of children. It is now the turn of the National Social Inclusion Foundation (NSIF), the funding body, to ensure that this fund is well allocated and managed by all relevant non-governmental organisations (NGOs) in the context of the deinstitutionalisation process.

Finally, I want to highlight that I have engaged this year in a long and complex systemic investigation which was challenging and time consuming. My team and I visited all 46 RCIs (including small facilities and large institutions) across Mauritius and Rodrigues. We did not content ourselves with visiting them once. Most RCIs received unannounced visits from our team more than twice, and at different times including day, evening and night. The best assessments we could make on the services provided by RCIs were during the evening and night visits. I make an appeal to all stakeholders to read my Annual Report 2021-2022 with an open mind. I have only one agenda as the Ombudsperson for Children – the protection and promotion of the rights of the children of the Republic of Mauritius, including those in alternative care. In the best interests of children, we must all join hands together.

Long Live Children Rights!

Mrs Rita Venkatasawmy, OSK

Ombudsperson for Children

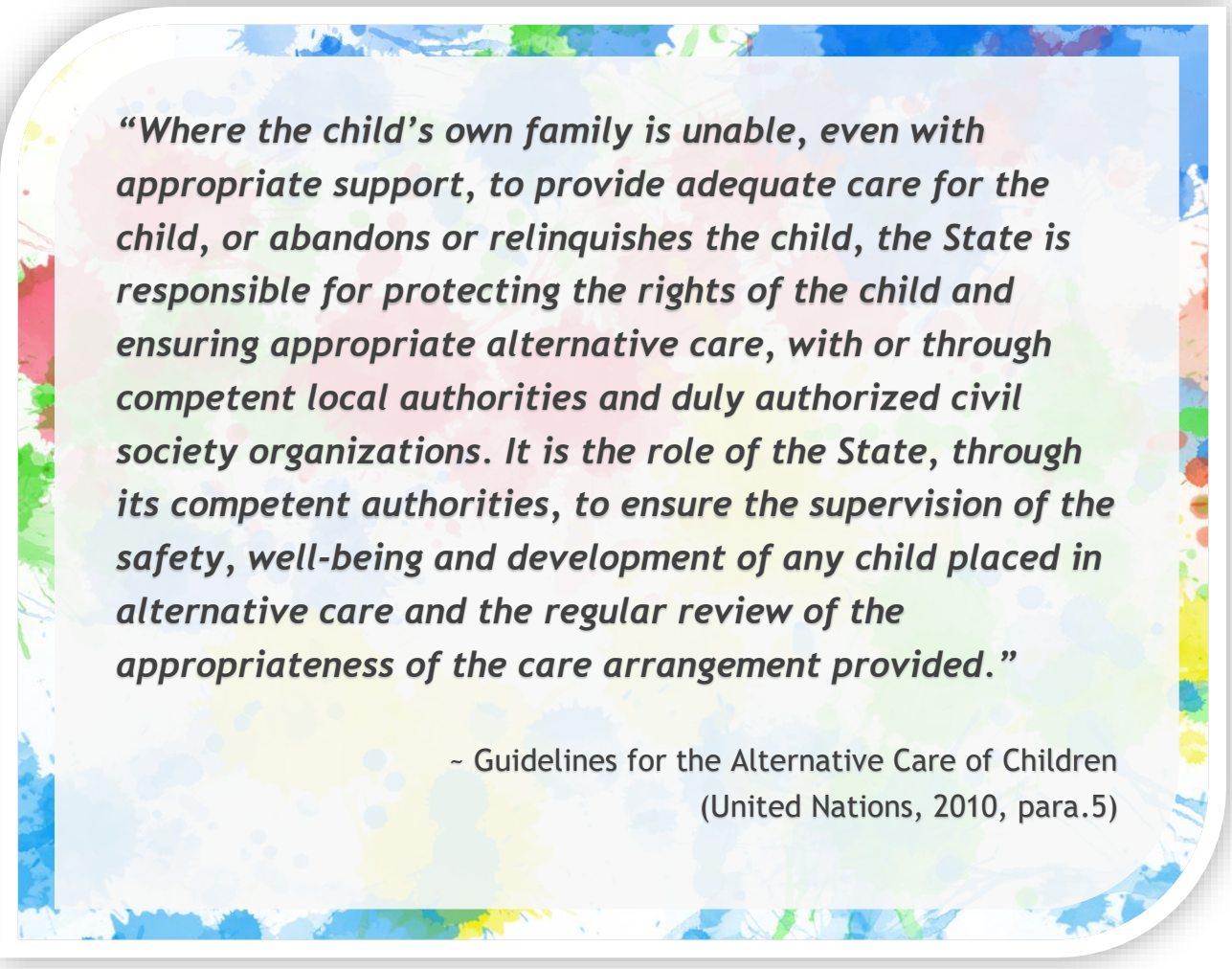
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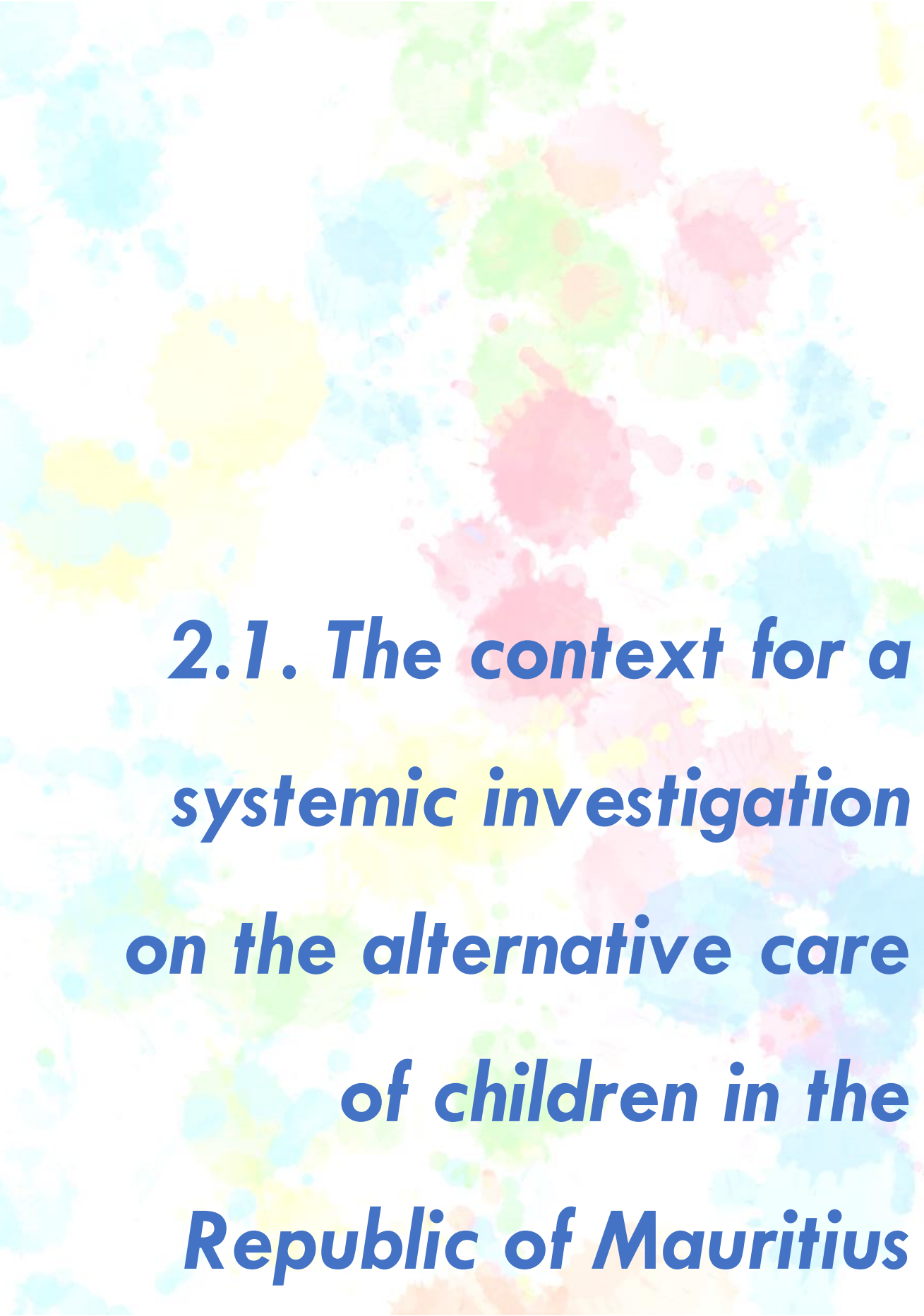
The Promotion and Protection of Children's Rights in Alternative Care in the Republic of Mauritius





“Where the child’s own family is unable, even with appropriate support, to provide adequate care for the child, or abandons or relinquishes the child, the State is responsible for protecting the rights of the child and ensuring appropriate alternative care, with or through competent local authorities and duly authorized civil society organizations. It is the role of the State, through its competent authorities, to ensure the supervision of the safety, well-being and development of any child placed in alternative care and the regular review of the appropriateness of the care arrangement provided.”


**~ Guidelines for the Alternative Care of Children
(United Nations, 2010, para.5)**



2.1. The context for a systemic investigation on the alternative care of children in the Republic of Mauritius

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2.1.1. Caregiving by parents: A fundamental right of every child



“THE FAMILY BEING THE FUNDAMENTAL GROUP OF SOCIETY AND THE NATURAL ENVIRONMENT FOR THE GROWTH, WELL-BEING AND PROTECTION OF CHILDREN, EFFORTS SHOULD PRIMARILY BE DIRECTED TO ENABLING THE CHILD TO REMAIN IN OR RETURN TO THE CARE OF HIS/HER PARENTS, OR WHEN APPROPRIATE, OTHER CLOSE FAMILY MEMBERS.”

~ Guidelines for the Alternative Care of Children (United Nations, 2010, para.3)

Every child has the right to grow up within a family, primarily with his/her mother and father. The role of the family in the physical, psychological, social, spiritual and moral development of children is undeniable. As the Ombudsperson for Children (OC), my main duty, as per the Ombudsperson for Children Act (OCA) 2003 (refer to [Appendix A](#)), is to promote and protect the rights and best interests of all children of our country, including those who are deprived of parental care or are at risk of being so. I also must encourage national compliance with the provisions of the Convention on the Rights of the Child (CRC; United Nations [UN], 1989; see [Appendix B](#) for articles 1-42 only)⁸, and the African Charter on the Rights and Welfare of the Child (ACRWC; African Union [AU], 1990, refer to [Appendix C](#) for articles 1-31 only)⁹. Both the CRC (UN, 1989, art.7(1)) and the ACRWC (AU, 1990, art.19(1)) strongly stipulate that the child has the right to know his/her parents and to be cared for by them. Both parents are recognised to have joint responsibilities in ensuring the growth and upbringing of their child (AU, 1990, art.20(1); UN, 1989, art.18(1)).

Ideally, a child must not be separated from his/her parents against his/her will. However, both the CRC (UN, 1989, art.9(1)) and the ACRWC (AU, 1990, art.19(1)) provide that such separation may take place if it is assessed by a judicial body, along with other competent authorities, that doing so shall be in the **best interests of the child**. A detailed explanation of

⁸ United Nations (1989). *Convention on the Rights of the Child*. Resolution adopted by the General Assembly 44/25. Geneva: Author.

⁹ African Union (1990). *African Charter on the Rights and Welfare of the Child*. Addis Ababa, Ethiopia: Author.

the ‘best interests of the child’ principle of the CRC (UN, 1989, art.3(1)) has been elaborated by the UN Committee on the Rights of the Child (2013)¹⁰ in the General Comment No.14, as given in [Textbox 1](#) below.

Textbox 1: Understanding the ‘best interests of the child’ principle

“The Committee underlines that the child's best interests are a threefold concept:

- (a) **A substantive right:** The right of the child to have his or her best interests assessed and taken as a primary consideration when different interests are being considered in order to reach a decision on the issue at stake, and the guarantee that this right will be implemented whenever a decision is to be made concerning a child, a group of identified or unidentified children or children in general. Article 3, paragraph 1, creates an intrinsic obligation for States, is directly applicable (self-executing) and can be invoked before a court.
- (b) **A fundamental, interpretative legal principle:** If a legal provision is open to more than one interpretation, the interpretation which most effectively serves the child's best interests should be chosen. The rights enshrined in the Convention and its Optional Protocols provide the framework for interpretation.
- (c) **A rule of procedure:** Whenever a decision is to be made that will affect a specific child, an identified group of children or children in general, the decision-making process must include an evaluation of the possible impact (positive or negative) of the decision on the child or children concerned. Assessing and determining the best interests of the child require procedural guarantees. Furthermore, the justification of a decision must show that the right has been explicitly taken into account. In this regard, States parties shall explain how the right has been respected in the decision, that is, what has been considered to be in the child's best interests; what criteria it is based on; and how the child's interests have been weighed against other considerations, be they broad issues of policy or individual cases.”

~ Committee on the Rights of the Child, 2013, para.6

Textbox 1. Understanding the 'best interests of the child' principle.

¹⁰ Committee on the Rights of the Child (2013). *General comment No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration (art. 3, para. 1)*. Geneva: United Nations.

One commonly known example is when parents are alleged or known to be harming their children through abuse and/or neglect. In such a case, two fundamental rights of the child become opposed, namely, the right to family life or to be cared for by his/her parents, and the right to be protected from all forms of abuse whilst in the custody of his/her parents. Determining whether the child should or should not be separated from his/her parents in his/her best interests, whilst taking into account all other associated circumstances and factors, requires the relevant stakeholders, including the child and his/her parents, the competent authorities, judiciary bodies, civil society organisations, where applicable, and any other person(s) involved in the child's case, to engage in rigorous, sensitive, non-judgmental, rights-based and multidisciplinary assessment, evaluation and decision-making processes.

2.1.2. Children growing up in the absence of their parents

Children growing up in the absence of their parents are referred to as '**children without parental care**' in the **Guidelines for the Alternative Care of Children** (GACC; UN, 2010)¹¹. The GACC was a resolution adopted by the UN General Assembly in its sixty-fourth session on 24 February 2010 *"intended to enhance the implementation of the Convention on the Rights of the Child and of relevant provisions of other international instruments regarding the protection and well-being of children who are deprived of parental care or who are at risk of being so"* (UN, 2010, para.1).

Children without parental care is defined in the GACC (UN, 2010, para.29(a)) as *"all children not in the overnight care of at least one of [his/her] parents, for whatever reason and under whatever circumstances"*. The Committee on the Rights of the Child (2021, p.2)¹² estimated that *"millions of children worldwide continue to grow up deprived of parental care, separated from their families, and institutionalized as a result of poverty, disability, discrimination, violence, trafficking and other forms of exploitation, the death or illness of a parent, lack of access to education, health, and other family support services, the impact of wars, humanitarian emergencies and natural disasters"*. As a specific example, the country of England alone registered 80,080

¹¹ United Nations (2010). *Guidelines for the Alternative Care of Children*. Resolution adopted by the General Assembly 64/142. Geneva: Author.

¹² Committee on the Rights of the Child (2021). *2021 Day of General Discussion. Children's Rights and Alternative Care: Outcome Report*. Retrieved on 17 August 2022 from www.ohchr.org/sites/default/files/2022-06/13Jun2022-DGD-Outcome-report-and-Recommendations.pdf

looked-after children or children without parental care as at 31 March 2020, many of whom (65 per cent) were in care due to abuse or neglect (National Institute for Health and Care Excellence [NICE], 2021)¹³.

It is important to note that the scope of the GACC does not cover children or young people who are in conflict with the law and deprived of their liberty by a judicial authority, who have fully been adopted, or who stay at relatives' or friends' places for recreational purposes or reasons not associated with parents' inability or reluctance to provide adequate care (UN, 2010, para.30).

2.1.3. What does 'alternative care of children' mean?

A child without parental care often finds himself/herself in **alternative care**. According to the GACC (UN, 2010, para.29(b)), alternative care of children can be broken down into **formal care** (as ordered by a competent administrative body and judicial authority) or **informal care** (not ordered by any authority and arranged privately by relatives, friends or other individuals, at the initiative of the child, his/her parents or others). The GACC (UN, 2010, para. 29(c)) also added that alternative care of children might be provided in **a range of environments**, irrespective of whether they are formal or informal, including:

- family-based settings (e.g., living in the homes of relatives, extended family members or close family friends known to the child, or within the domestic environment of a family who is unrelated to the child such as foster parents or others);
- family-like care placements (e.g., in small group living arrangements resembling a family);
- non-family-based group facilities for short-term or long-term residential care (e.g., places of safety for emergency care, transit centres in emergency situations or group homes, among others); and
- supervised independent living arrangements for children.

¹³ National Institute for Health and Care Excellence (2021). Looked-after children and young people: NICE Guideline NG205. England: Author. Retrieved on 17 August 2022 from www.nice.org.uk/guidance/ng205/resources/lookedafter-children-and-young-people-pdf-66143716414405

2.1.4. Child legislation in the Republic of Mauritius

2.1.4.1. Children in need of care and protection

The Republic of Mauritius ratified the CRC (UN, 1989) and the ACRWC (AU, 1990) in the years 1990 and 1992 respectively. As a State, we bear the duty of implementing all necessary measures to safeguard the fundamental rights and overall welfare of our country's children. All local child rights activists had long waited for a more comprehensive and consolidated legislation for better protecting our children, and the year 2022 marked the proclamation of three new laws, namely the Children's Act 2020, the Children's Court Act 2020 and the Child Sex Offender Register Act 2020. These laws and their respective regulations are more harmonised with international treaties, in particular with the CRC (UN, 1989), and brought some important national reforms in the lives of children, including:

- No child can marry before reaching the age of 18 years.
- The minimum age of criminal responsibility has been set at 14 years.
- The detention of a child remains a measure of last resort.
- The Children's Court is a reality and works in the best interests of the child.
- The child has a legal right to participate in matters and decisions that concern him/her.

In addition, the Children's Act 2020 provides for better assistance to children in need of care and protection, including those who are without parental care or at risk being so. In part IV, sub-part I, section 31 of the said Act, **a child is considered to be in need of care and protection** in the following circumstances:

- (a) *the child is abandoned or orphaned;*
- (b) *the child lives in, or is exposed to, circumstances which may seriously harm his physical, mental or social well-being;*
- (c) *the child is neglected or ill-treated;*
- (d) *the child has been, is being, or is likely to be, exposed to harm;*
- (e) *the child is exploited or lives in circumstances which expose him to exploitation;*
- (f) *the child is found begging or receiving alms; or*

(g) the child's parent is convicted of an offence under this Act or under section 249 or 250 of the Criminal Code.

Most children who are reported to be in need of care and protection generally continue to remain with their parents and family, if it is determined after assessment by the supervising officer or through an authorised officer of the Ministry of Gender Equality and Family Welfare (MGEFW) that it is in their best interests to do so (Children's Act 2020, part IV, sub-part I, section 33). However, if the authorised officer has reasons to believe that a child is not deemed to be safe within his/her family environment, he/she may apply for relevant care and protection orders (Children's Act 2020, part IV, sub-part II, sections A, B & D, sub-sections 36, 37 & 39) at the Protection Division of the Children's Court for the removal of the child from that environment. More details on the process of a child being placed in alternative care and the relevant court orders are provided in [sub-section 2.2.1](#) of the current chapter.

In such cases, only if this is in the best interests of the child, the Magistrate may issue an order for the latter to be separated from his/her parents and placed for a specified duration either with another family member who is willing and able to take care of the child, or within a place of safety as defined by the Children's Act 2020 (part I, section 2), including “a foster home, a convent, a residential care institution, a charitable institution, an educational institution and a hospital”. When the original reasons that led to the removal of the child from his/her family environment appear to have been resolved, and there seems to be no indication that the child would be at risk of any further harm, the Magistrate may upon application from an authorised officer, the child concerned or the parent of the child, discharge the order, again if he/she determines that it is in the best interests of the child.

2.1.4.2. Alternative care in our local context

It is important to highlight that the Children's Act 2020 defines alternative care, in relation to a child, as “care given to the child by a person or facility, other than the child's parent or family member” (part I, section 2). Compared to the broader concept of alternative care of children as described in the GACC (UN, 2010; refer to [sub-section 2.1.3](#)), it can be interpreted that alternative care in the Republic of Mauritius is only limited to **formal care** (as ordered by a judicial authority) within the following environments:

- family-based settings with an individual or family who is not related to the child (mainly foster homes); and
- non-family-based group settings for short-term and long-term care of children (mainly residential care institutions [RCIs]).

I think the definition of alternative care must be reviewed in the Children's Act 2020 to recognise and regulate the wider range of placement options for children without parental care as provided by the GACC (UN, 2010). I also emphasise that kinship care (family-based care within the child's extended family, with close friends of the family, or with other people known to the child, whether formal or informal in nature) must be more formally recognised as a form of alternative care in our country as provided by the GACC (UN, 2010, para.76):

With a view to ensuring that appropriate conditions of care are met in informal care provided by individuals or families, States should recognize the role played by this type of care and take adequate measures to support its optimal provision on the basis of an assessment of which particular settings may require special assistance or oversight.

2.1.4.3. National regulations on alternative care

With regards to alternative care, two regulations have been made by the Minister of Gender Equality and Family Welfare on 28 January 2022 under section 71 of the Children's Act 2020, namely, the **Child (Foster Care) Regulations 2022**, and the **Residential Care Institutions for Children Regulations 2022**. For information, [Textbox 2](#) below provides a legal definition of a 'regulation'.

Textbox 2: What is a 'regulation' in legal terms?

"A rule of order having the force of law, prescribed by a superior or competent authority, relating to the actions of those under the authority's control"

Source: The Free Dictionary by Farlex (2022). *Regulation*. Retrieved on 19 August 2022 from legal-dictionary.thefreedictionary.com/regulation

Textbox 2. What is a 'regulation' in legal terms?

Furthermore, the Children's Act 2020 defines a 'foster home' as *"a home where 24-hour substitute care is provided to a child, who is placed away from his parent, in a family setting by a duly licensed person"* (part I, section 2). While a 'residential care institution' is defined in the said Act as *"a non-family-based group setting, such as a place of safety for emergency care, a transit centre in emergency situations and any other short-term and long-term residential care facility, which provide care"*. The Residential Care Institutions for Children Regulations 2022 further includes in its definition of 'residential care institution for children' any *"family-like setting providing short-term and long-term residential care"* (section 2), which may represent a facility such as a small group home resembling a family. Section 2.3.3 of the present chapter provides a review of the Residential Care Institutions for Children Regulations 2022. The Child (Foster Care) Regulations 2022 is described in [sub-section 2.1.4.4](#) below.

2.1.4.4. The current local foster care system

The authority for foster care in the Republic of Mauritius is the Foster Care Unit (FCU) of the MGEFW. All foster homes shall be registered under the Child (Foster Care) Regulations 2022, henceforth referred in the current sub-section as 'Regulations'. Section 3 of the Regulations also makes provision for the setting up of a Foster Care Advisory Committee comprising of several key stakeholders and chaired by the Supervising Officer (SO) of the MGEFW or his/her representative. Prospective foster parents, who may be a married or unmarried person, or a married couple, have to submit their application to the SO of the MGEFW (section 4(2) of the Regulations). The Foster Care Advisory Committee (FCAC) shall consider the application and make its recommendations to the SO for final decision. In case of a positive outcome, a certificate of registration is granted to the foster home (section 4(6) of the Regulations). This certificate is valid for 2 years and may be renewed for further periods of 3 years.

In order to enable foster parents to provide better care to foster children, the following information are generally provided to them as per section 9 of the Regulations:

- (a) *the reasons for the placement of the child in foster care;*
- (b) *the child's personal history, family, social, religious and cultural background;*
- (c) *the child's health history and state of health;*
- (d) *the child's educational needs; and*

(e) where appropriate, the psychological report on the child and his emotional needs.

The SO has to inform the foster parents of all the duties and obligations they have towards the children in their care. The views and wishes of the child are heard before the placement and these must be given due consideration by the FCAC. The Code of Conduct elaborated in the First Schedule of the Regulations makes provision for the respect of the rights of the child placed in a foster home. The foster parent has to ensure that the child does not suffer from any discrimination within the household and among family members. The child shall not be required to do babysitting and/or perform unreasonable household chores like cooking for the family and cleaning the house alone. In addition, the foster parent has the duty to ensure that the child enjoys his/her right to education in the following ways:

- (i) attending school and provision of such adequate facilities as may be appropriate for the age and any special needs of the child;*
- (ii) attending any specialised institution for children with special needs;*
- (iii) having regular contact with educators and other professionals;*
- (iv) as far as practicable, not transferring the child from one school to another;*
- (v) follow-up of homework and school report;*
- (vi) encourage participation in extra-curricular activities;*
- (vii) respect for religious and cultural identity; and*
- (viii) discipline given in a positive way, the child is not subjected to corporal punishment, immobilisation, force feeding, deprivations, humiliation or threats(.)*

(First Schedule, Code of Conduct, section 3(3)(b) of the Regulations)

The foster parent must also ensure the fulfilment of the child's rights to health, safety and hygiene, and access medical, dental or mental health treatment, as appropriate, for the child. The child also has the right to good nutrition and eating the same standard of food as other members of the foster home. Respect of the child's rights to privacy, leisure, recreation, rest, his/her own religion and cultural identity is a responsibility of the foster parent. The latter can neither attempt to change or influence the religious belief of the child nor change his/her name. The Regulations encourage that children in foster care should have contact with their biological parents, siblings and relatives, unless decided otherwise by the Court due to not being in the

best interests of the child. Such contact should not be disruptive to the child's emotional, social and educational wellbeing.

As per information collected by my Investigators at the FCU, the general procedures for someone who wishes to become a foster parent are as follows:

1. The prospective applicant attends an information session where he/she is sensitised on what it entails to be a foster parent.
2. The applicant fills and submits an application form along with all documents required as per the Second Schedule of the Regulations including identification documents, health certificates and certificates of character for the applicant and his/her family, and evidence of income and ownership of property of the applicant.
3. A home study visit or social enquiry is conducted by a Family Welfare and Protection Officer (FWPO) or social workers.
4. The applicant attends a psychological assessment carried out by the psychologist of the MGEFW.
5. Applications are screened by the FCU for registration of suitable applicants.
6. The registered foster parents attend training sessions delivered by psychologists of the MGEFW.
7. The FCU carries out a matching exercise between registered and trained foster parents and children who are to be placed in foster care. This is done by comparing documentary evidence on the foster family available from social enquiry reports, psychological assessments, health reports and revenue information, among others, with the assessments made on the child who has been removed from his/her family, including any reports on the biological parents.
8. A child can be placed in foster care through the relevant court order issued by the Protection Division of the Children's Court.

It is necessary to highlight that, as part of a national initiative to encourage more people to register as foster care families, there was an increase, as from the financial year of 2021-

2022, in the monthly foster care allowance per child from 5,250 to 8,000 Mauritian rupees (Ministry of Finance, Economic Planning and Development [MFEPD], 2021)¹⁴.

2.1.5. A look at national statistics on child protection and alternative care of children

2.1.5.1. Children and young people in the Republic of Mauritius

With regards to the child and young people population in the Republic of Mauritius, as at 01 July 2021, there was an estimated total of 304,544 individuals aged between 0 and 19 years old, including 154,743 males (50.8 per cent) and 149,801 females (49.2 per cent) (Statistics Mauritius, 2022)¹⁵. No figures on the number of children and young people under 18 years old are separately available from the publication of Statistics Mauritius (2022). When referring only to the population aged between 0 and 14 years old in the Republic of Mauritius, as at 01 July 2021, there was a total estimate of 210,563 children, including 107,000 boys (50.8 per cent) and 103,563 girls (49.2 per cent) (Statistics Mauritius, 2022).

2.1.5.2. Local child protection statistics

Out of all the children and young people of our country, a few thousands of them are reported every year to the Child Development Unit (CDU) of the MGEFW for having allegedly been victims for the first time to different types of harm within family, school and/or community settings. The most commonly reported forms of harm are psychological or emotional abuse, neglect, physical abuse and sexual abuse. [Figure 1](#) on the next page provides an overview of the number of new child abuse cases, disaggregated by sex, reported in the Republic of Mauritius between the years 2018 and 2021 (Statistics Mauritius, 2019¹⁶, 2020¹⁷, 2021¹⁸, 2022¹⁹). Across the four given years, it can be observed that female children consistently faced

¹⁴ Ministry of Finance, Economic Planning and Development (2021). *Budget Speech 2021-2022: Better Together*. Retrieved on 20 August 2022 from www.mauritiusbudget.com/wp-content/uploads/2022/02/2021_22budgetspeech_english.pdf

¹⁵ Statistics Mauritius (2022). *Population and Vital Statistics - Republic of Mauritius, Year 2021*. Mauritius: Ministry of Finance and Economic Development.

¹⁶ Statistics Mauritius (2019). *Gender Statistics – 2018*. Mauritius: Ministry of Finance and Economic Development.

¹⁷ Statistics Mauritius (2020). *Gender Statistics – 2019*. Mauritius: Ministry of Finance, Economic Planning and Development.

¹⁸ Statistics Mauritius (2021). *Gender Statistics – 2020*. Mauritius: Ministry of Finance, Economic Planning and Development.

¹⁹ Statistics Mauritius (2022). *Gender Statistics – 2021*. Mauritius: Ministry of Finance, Economic Planning and Development.

more abuse than male children. A decreasing trend in the number of reported cases of abuse against children can be seen since the year 2019.

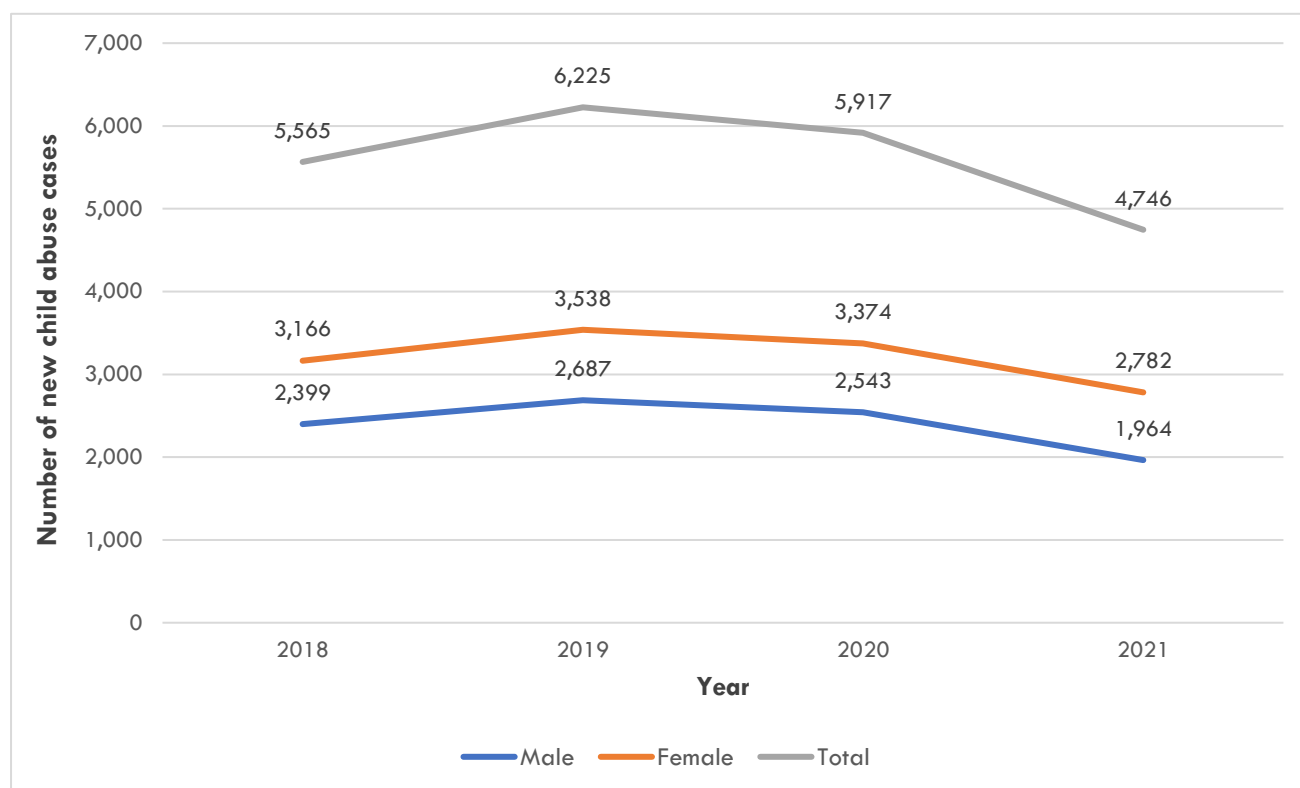


Figure 1. Reported number of new child abuse cases, by sex, in the Republic of Mauritius, 2018-2021.

Although these reported figures might appear small (roughly around 2 per cent) relative to the population of children and young people within our country, the short-term and long-term impact and costs of abuse and neglect on the individual child, his/her family and the society at large can be significant and cannot be undermined. However, we know that there are also a number of cases of child abuse that are not flagged to the relevant authorities. This is a matter of great concern that must be addressed at all levels of policy and practice. Anyone can be a whistleblower on child abuse, including children themselves (refer to [Appendix D](#) for more information on whistleblowing on child abuse and potential barriers to reporting on child abuse, as extracted from sections 4.2 and 4.3 of my Annual Report 2019-2020 (OC, 2020)²⁰).

²⁰ Ombudsperson for Children (2020). *Annual Report 2019-2020*. Mauritius: Ombudsperson for Children's Office. Retrieved on 20 August 2022 from oco.govmu.org/Documents/Annual%20Reports/Annual%20Report%202019-2020%20-%20OC.pdf

2.1.5.3. National figures available on children without parental care

Children who are reported to the CDU as being alleged victims of child abuse and/or neglect would be considered as children in need of care and protection as per section 31 of the Children's Act 2020. As mentioned in [sub-section 2.1.4.1](#) of the present document, most of these children continue to remain within their family environments, when, following assessment by competent authorities along with review by a judicial body, and establishment of the appropriate safeguards, it is deemed in their best interests to allow so. Nevertheless, some of these children are separated from their parents annually. In cases where no relatives or close family members come forward to take responsibility for their care, the children are referred to a place of safety including a foster home or a residential care institution (RCI).

2.1.5.3.1. Children living in foster care

As a reminder, foster care is when children are placed *"in a domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care"* (UN, 2010, para.29(c)(ii)). With regards to **the number of boys and girls placed in foster care**, a national document (Republic of Mauritius, 2020, p.49)²¹ published the following breakdown of figures, as shown in [Table 1](#) below, covering the period from 2012 to 2020:

Table 1. Number of boys and girls placed in foster care families in the Republic of Mauritius, 2012-2020.

Sex/Year	2012	2013	2014	2015	2016	2017	2018	2019	2020	Total
Male	7	2	5	7	9	5	5	9	10	59
Female	5	6	-	1	2	8	4	7	12	45
Both sexes	12	8	5	8	11	13	9	16	22	104

In the Annual Report on Performance for the Financial Year 2020/2021 of the MGEFW (2021a)²², it was provided that, between July 2020 and June 2021, 28 new children had been placed in foster care and 29 new applicants were approved as foster parents. The report also added that the country had a total of **86 children living across 73 foster homes as at 30 June**

²¹ Republic of Mauritius (2020). *Statistics in Mauritius: A gender approach 2020*. Mauritius: Author. Retrieved on 20 August 2022 from gender.govmu.org/Lists/Navigation/Attachments/87/GENDER%20APPROACH%202020%20%20FINAL.pdf

²² Ministry of Gender Equality & Family Welfare (2021a). *Annual Report on Performance FY 2020/2021*. Mauritius: Author. Retrieved on 20 August 2022 from gender.govmu.org/Documents/2021/Annual%20Report%20FY%202020-2021.pdf

2021. More recently, in November 2021, our country submitted its combined sixth and seventh periodic reports under article 44 of the CRC (UN, 1989) for consideration by the UN Committee on the Rights of the Child, which was published in June 2022. With regards to foster care, our State advanced (as cited in Committee on the Rights of the Child; 2022)²³ that:

- “from year 2013 to August 2021, a total of 104 children were placed in foster care families” (para.191); and
- “Since 2003 to 31 August 2021, 225 children have been placed in Foster Homes. **As at 31 August 2021**, there were **87 Foster Children** that were under the care and responsibilities of **75 Foster Homes**.” (para.230)

My office enquired on the latest statistics of the FCU. We were told that, **as at 30 June 2022**, **76 foster parents** were providing care to children placed in their homes, out of whom 70 were married persons and 6 were unmarried individuals. Their age range were from 30 to over 60 years. The number of years these persons had been registered as foster parents ranged from 3 to 6 years. Sixteen of the foster parents have their own biological children. With regards to children living in foster homes **as at 30 June 2022**, there were **91 children**, comprising of 38 girls (42 per cent) and 53 boys (58 per cent). The children were aged between 0 and 17 years.

Figure 2 below illustrates the number of foster children as per their age groups:

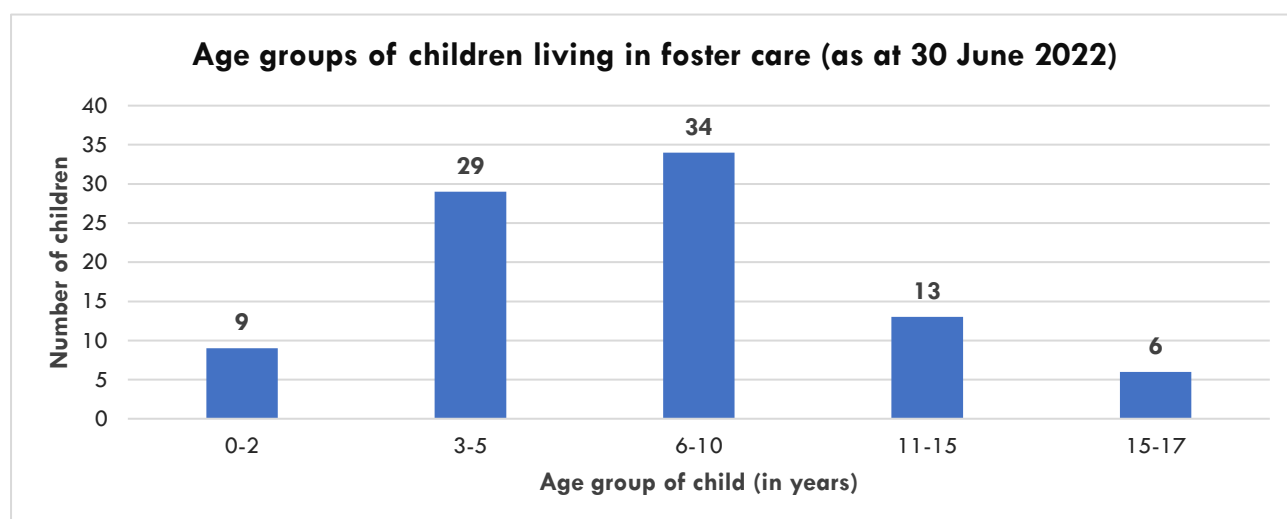


Figure 2. Age groups of children living in foster care (as at 30 June 2022).

²³ Committee on the Rights of the Child (2022). *Combined sixth and seventh periodic reports submitted by Mauritius under article 44 of the Convention, due in 2021* [Date received: 17 November 2021]. Retrieved on 20 August 2022 from digitallibrary.un.org/record/3978635

The majority of the children were placed in foster homes before the age of five years. [Figure 3](#) below shows the initial age at which the children entered a foster home:

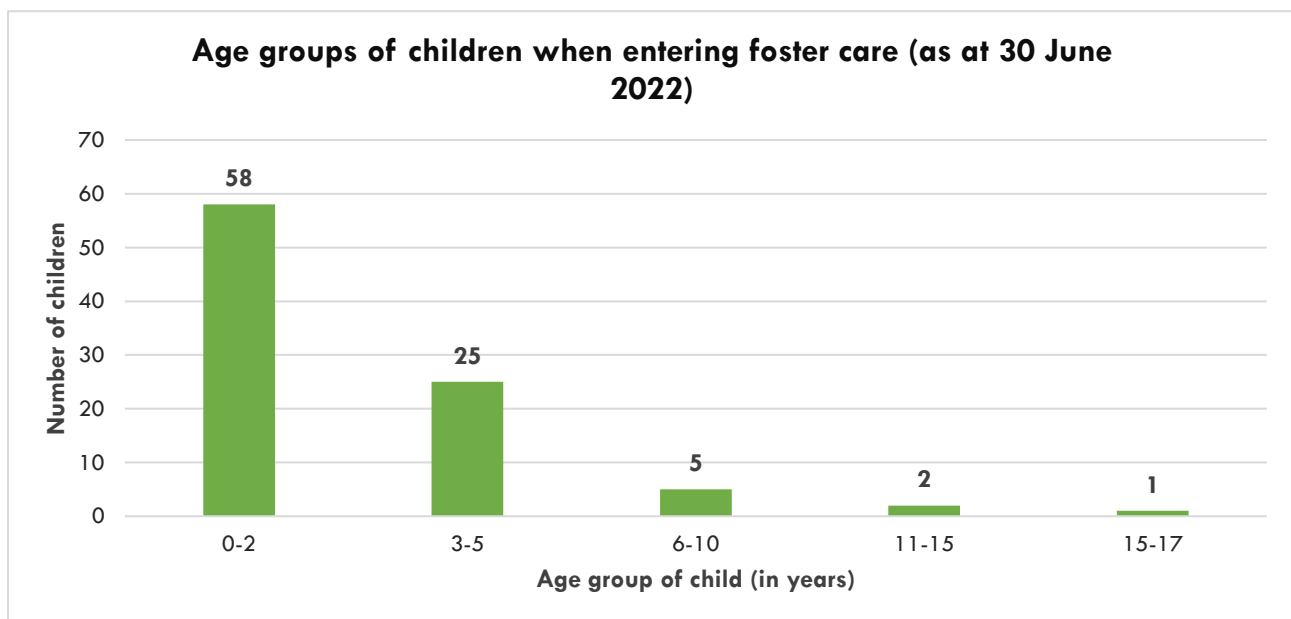


Figure 3. Age groups of children when entering foster care (as at 30 June 2022).

With regards to Rodrigues, I was informed, as at September 2022, that there were only 3 registered foster parents. On the number of children in foster care in the island, there were 1 boy and 2 girls. The reason for having so few foster families was mainly the rigorous procedures that must be completed through the relevant local authority. A few more people in Rodrigues have applied recently to become foster parents and are awaiting their applications' outcome.

2.1.5.3.2. Children living in residential care

To recall, residential care is “care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities including group homes” (UN, 2010, para.29(c)(iv)). The **number of children living in local RCIs in the Republic of Mauritius varies annually between 500 and 600**. These children have been referred to these RCIs by the CDU, MGEFW, through placement orders issued by the Protection Division of the Children’s Court.

For instance, as at December 2020, there were a total of 598 children (279 boys and 319 girls) accommodated within different RCIs of the country (Republic of Mauritius, 2020), and, as at 30 June 2021, the total was 584 children (MGEFW, 2021a; sex disaggregation not

available). As per field records collected by the Ombudsperson for Children's Office (OCO) on the list of RCIs in Mauritius, [Appendix E](#) provides a detailed list of the RCIs owned/rented by NGOs or the government, and managed by NGOs or the National Children's Council (NCC), as at 25 September 2022, both in Mauritius and Rodrigues. [Table 2](#) below provides a summary on the number of NGOs and State agencies managing RCIs, the number of RCIs or housing units managed by them and the accommodation capacity of these housing units as follows:

Table 2. Summary table on RCIs managed by NGOs and the State in Mauritius and Rodrigues.

RCI owned/rented by	Mauritius		Rodrigues		TOTAL
	NGO	State	NGO	State	
Number of NGOs managing RCIs	13	2	1	-	16
Number of State agencies managing RCIs	-	1 (NCC)	-	-	1
Number of housing units	40	5	1	-	46
Number of housing units per capacity					
• <i>Less than or equal to 12 per housing unit</i>	31	1	0	-	32
• <i>More than 12 per housing unit</i>	9	4	1	-	14
Total capacity of housing units	431	107	20	-	558

The NGOs managing RCIs are regulated and monitored by the MGEFW under the Residential Care Institutions for Children Regulations 2022. The only NGO-managed RCI in Rodrigues is supervised by the Commission for Child Development and Others. Government-owned RCIs, including those that are managed by NGOs and the NCC, are exempt from the said Regulations and are under the direct purview of the MGEFW. The NCC is a corporate body under the aegis of the MGEFW and is mandated by the National Children's Council Act 2003. These RCIs provide short-term and long-term care and support to children deprived of parental care or those at risk of being.

It can be noted from [Table 2](#) above that the Republic of Mauritius, as at 25 September 2022, had a total 46 RCIs/housing units run by 16 NGOs and the NCC. Five of the 46 RCIs/housing units are government-owned and run by 2 NGOs and the NCC, while the other 41 RCIs/housing units are owned/rented and managed by 14 NGOs, and regulated by the MGEFW. The accommodation capacities of these 46 RCIs/housing units vary. Out of them, 32 can accommodate less than or equal to 12 children, and 14 can house more than 12 children. The

RCI with the smallest capacity can accommodate up to 3 children, while the largest one can provide placement for up to 30 children at one time.

In terms of funding, in Mauritius, the government-owned RCIs are financed through the MGEFW, while RCIs that are owned/rented by NGOs are funded by the National Social Inclusion Foundation (NSIF). The NSIF is currently the main governmental agency in Mauritius to receive and allocate public funds to NGOs. Through funding and project monitoring, it enables NGOs to undertake programmes and projects for the benefit of target groups in approved priority areas, including support to vulnerable groups of children. A document by the NSIF (2022, p.2)²⁴ further explained the following with regards to RCIs' funding:

- *The financing of residential services provided by NGOs is based on two separate funding mechanisms. Funding by the NSIF is made through an NGO Funding Contract Agreement while the Ministry uses a procurement model characterised by a Service Provider Contract Agreement following a bidding exercise.*
- *Financing calculated on a per capita basis in respect of NGOs managing Government-owned RCIs and funded by the Ministry is twice the amount funded by NSIF of NGOs operating non-Government RCIs.*
- *The estimated annual budget for the funding of NGOs operating RCIs [including RCIs which are owned by Government and owned/rented by NGOs] is around Rs 134 million (made up of Rs 105 million by the NSIF and Rs 29 million by the Ministry).*

In Rodrigues, the only existing RCI, catering for 20 children, is financed by the Commission for Child Development and Others and is allocated an approximate budget of Rs 3 million annually for its overall operation.

2.1.5.4. Children reintegrated within their families

As explained in [sub-section 2.1.4.1](#) of the present document, some children placed in foster care or residential care may, under favourable circumstances, have their court orders discharged, and therefore returned to their families before the age of 18, when this is determined by the

²⁴ National Social Inclusion Foundation (2022). *Towards a National Programme for Residential Care Institutions for the Protection and Welfare of Children*, March 2022. Mauritius: Author.

court to be in their best interests. Since 2018, the MGEFW set up a 'Back-to-Home Programme' to work on possibilities of family reintegration for children placed in alternative care by facilitating parental visits between the child and his/her parents and/or family members, where possible, and working on the families' readiness to welcome back their children safely. In terms of children who have already been reintegrated to their families, the following national figures have been stated in different sources:

- **Period from July 2018 to January 2020:** 143 children (as cited in Committee on the Rights of the Child; 2022);
- **In the year 2020 only:** 180 children (67 boys and 113 girls) (Republic of Mauritius, 2020);
- **Period from July 2020 to June 2021:** 245 children (MGEFW, 2021 a).

From the statistics provided above, an increase can be noted from 2018 to 2021 in the number of children returning to their families in the Republic of Mauritius and, hence, exiting the alternative care system. The MGEFW also reported that 309 follow-ups were carried out with these children by officers of the 'Back-to-Home Programme' from July 2020 to June 2021 (MGEFW, 2021 a).

2.1.6. A renewed own-motion systemic enquiry on the situation of children in residential care

Referring to the statistics provided in [sub-section 2.1.5.3](#) of the current document on children in alternative care, there are two matters of concern that I would like to highlight here:

- (1) In the Republic of Mauritius, the majority of children who are without parental care or at risk of being so, and who have been separated from their parents through court orders, are still placed primarily in RCIs, one reason being the limited availability of foster homes.
- (2) There also remains a disparity in the funding of children's care in RCIs, whereby Government-owned RCIs receive double the amount of funding obtained by RCIs owned/rented by NGOs.

It is necessary to remember that, with regards to children deprived of their family environment, the UN Committee on the Rights of the Child (2015, para.43)²⁵ stated in its Concluding Observations on the combined third to fifth periodic reports of Mauritius that:

*While noting the efforts of the State party to improve the alternative care system, the Committee is concerned that **institutionalization, in particular of children under the age of 3 years, is used more often than family-based care, and that foster care is inadequately professionalized.** The Committee is also concerned about:*

- (a) *The lack of a national strategy and programmes to support parents and families to fulfil their child-rearing obligations, and the lack of family counselling and parenting programmes, which increase the risk of neglect, maltreatment and abuse of children within the family;*
- (b) *The lack of disaggregated data on children in need, on those provided with services and those in different forms of alternative care;*
- (c) *The lack of information on the assessment, selection, training, remuneration and supervision of foster parents and kinship caregivers; review procedures for children in care; accreditation, minimum requirements for, and supervision of, children's homes; and a complaint mechanism for children in public care, including in State and private, NGO or church-run facilities.*

Although the enforcement of the three new child laws and their respective regulations in our country in 2022 contributes to improving our local alternative care system, we are still in need of reviewing existing mechanisms, and prioritising changes that help us better align our practices in alternative care with recommended international standards and research evidence. I emphasise that we have to combine our efforts to better understand the new laws enacted, assess their merits and propose concrete solutions where we feel that the principles of the CRC (UN, 1989) are being called into question. At this stage, I would like us to recall the **four fundamental principles of the CRC** (UN, 1989):

²⁵ Committee on the Rights of the Child (2015). *Concluding observations on the combined third to fifth periodic reports of Mauritius*. Geneva: United Nations. Retrieved on 20 August 2022 from digitallibrary.un.org/record/789750?ln=en

- (1) The best interests of the child;
- (2) Children must be guaranteed full protection against discrimination;
- (3) The right of the child to life, survival and development; and
- (4) The right of the child to be heard.

To offer better quality of care in RCIs, all relevant stakeholders must consider and apply the above-listed principles at the core of their practice. It is also imperative to refer to the **GACC (UN, 2010) as a framework for change in the domain of alternative care of children**. The latter document was prepared by international experts out of an awareness of the gaps in the implementation of the CRC (UN, 1989) for the millions of children without parental care in the world. It also insisted on the process of **deinstitutionalisation** (discussed in [sub-section 2.4](#) of the present report), or the gradual elimination of institutional care, to better protect the rights of children living in non-family-based care settings (UN, 2010).

In my Annual Report 2016-2017 (OC, 2017)²⁶, I dedicated a whole chapter on assessing the overall situation of children placed in RCIs, in which I made a series of recommendations on how to better promote their rights. I stressed on the importance of in-depth screening and assessment upon a child's separation from his/her family of origin. I underlined the urgency of establishing monitoring mechanisms and ongoing training of staff in RCIs. Most importantly, I recommended that a national policy should be elaborated on alternative care in line with the provisions of the CRC (UN, 1989), the GACC (UN, 2010) and relevant General Comments²⁷ regularly produced by the UN Committee on the Rights of the Child. I stated that *"a policy is a governing tool"* (OC, 2017, p.77). I also advanced that the *"absence of a policy means absence of guidelines and a framework for good governance and effective implementation of strategies"* (OC, 2017, p.77).

Since 2017 until now, I have noted that there have been some legal and regulatory reforms to improve child protection and alternative care systems in our country. I appreciate that various recommendations that I made in my Annual Report 2016-2017 (OC, 2017), including the

²⁶ Ombudsperson for Children (2017). *Annual Report 2016-2017*. Mauritius: OCO. Retrieved on 20 August 2022 from oco.govmu.org/Documents/Annual%20Reports/OMBUDSPERSON%20ANNUAL%20REPORT%202016-2017.pdf

²⁷ General Comments are comprehensive interpretations of provisions of human rights treaties produced by UN's treaty bodies. All the General Comments regarding provisions of the Convention on the Rights of the Child produced by the UN Committee on the Rights of the Child can be accessed on the following website: tbinternet.ohchr.org/_layouts/15/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=5&DocTypeID=11

downsizing of RCIs and improved monitoring mechanisms, and those proposed on a case-to-case basis in subsequent years, have been given due attention by the relevant authorities. However, I maintain that **a national policy for the alternative care of children is still necessary to provide a high-level overall plan with well-defined goals that can allow the implementation of the GACC (UN, 2010), where possible in its entirety, within our country.** I am convinced that this can bring about real and concrete changes in the support of children without parental care and in view of deinstitutionalisation of the care system. RCIs, especially large ones, cannot continue to remain the most used local placement option for children without parental care, but rather must be regarded as a measure of last resort, when it is in the best interests of the child to do so.

Following several visits to children's RCIs, consultative workshops with children and staff, and receipt of a series of complaints related to the management of some RCIs, I noted that, despite a few improvements, the quality of the rehabilitation of children placed in RCIs is still concerning. **I therefore decided, five years later, to renew my own-motion systemic investigation on the quality of services provided by RCIs in Mauritius and Rodrigues.** It is important to note that section 7(1) of the OCA 2003 provides that “[w]here the Ombudsperson for Children considers, either upon complaint made to him or on his own motion, that it is necessary to investigate a matter relating to the rights of a child, the Ombudsperson for Children shall investigate the complaint in such manner as he considers appropriate”. I have mainly focussed this enquiry on residential care as it is currently the most frequently used form of alternative care in the country. Nevertheless, I also make references to others forms of alternative care where appropriate in the document. [Sub-sections 2.1.7 and 2.1.8](#) of the present chapter outline the objectives and process of my investigation respectively.

Since I took office more than 6 years ago, I have made a commitment to actively listen to children, families and people working with children. Once, a 14-year-old girl who lives in an RCI drew my attention to the following question:

Madam Rita, ki sa lalwa la pou sanze dan mo lavi ?²⁸

²⁸ English translation: “Madam Rita, what will this law change in my life?”

We are all aware that laws do not go into the details of practice, but rather are there to bring about changes in our mindsets and behaviours in society. The realms of promoting and protecting children's rights nowadays derive from **an art of execution by all relevant stakeholders**, an essential art that can truly change the lives of children without parental care on a daily basis.

2.1.7. Objectives of my systemic investigation on residential care in Mauritius and Rodrigues

2.1.7.1. To enable policy makers and other relevant stakeholders to have a better understanding of the profiles of children living in RCIs

I believe that it is of utmost importance that policy makers and other relevant stakeholders have a comprehensive understanding of the behavioural and emotional profiles of children living in RCIs in order to plan and provide a better quality of care and services to them. I realise that very few people who intervene in the lives of this vulnerable group of children have an adequate grasp of their complex needs and rights. This investigation attempts to bring together information from different sources including children themselves to construct our local understanding of children living in RCIs.

2.1.7.2. To assess the strengths and limitations of our residential care system

No welfare system can withstand the test of time without continuously assessing and evaluating its merits and shortcomings, and making the necessary improvements to better cater for the needs of its beneficiaries. It goes the same way for child protection and rehabilitation services, including the operation of RCIs. In the best interests of children, practices within RCIs must be scrutinised and reviewed regularly to ensure better protection of children's rights and improve the quality of services provided to residents. Hence, the present investigation also identifies and discusses strengths and limitations of our local residential care system, which can also aid in formulating better policies in line with the GACC (UN, 2010) and CRC (UN, 1989).

2.1.7.3. To make recommendations on how to improve the lives of children in need of alternative care from a rights-based perspective

I am mandated by the OCA 2003 to investigate on children's rights and make recommendations from a rights-based perspective. Section 5(b-c) of the OCA 2003 clearly states that the OC shall “*promote the rights and best interests of children*” and “*promote compliance with the Convention [on the Rights of the Child] and the African Charter [on the Rights and Welfare of the Child]*”. Section 6(a-e) of the OCA 2003 provides more specific functions of the OC in his/her capacity to make recommendations, including:

- (a) *make proposals to the Minister on legislation, policies and practices regarding services to, or the rights of, children;*
- (b) *advise the Minister on public and private residential placement facilities and shelters established for the benefit of children;*
- (c) *advise public bodies and other institutions responsible for providing care and other services to children on the protection of the rights of children;*
- (d) *take such steps as he may deem necessary to ensure that children under the care of, or supervision of, a public body are treated fairly, properly and adequately;*
- (e) *propose measures to ensure that the legal rights of children in care are protected and that the placement facilities promote the safety of children and conform with such norms as the Ombudsperson for Children may, from time to time, recommend[.]*

With regards to the third objective of the current investigation, the recommendations I made (refer to [sub-section 2.5](#) of the present chapter) have not been limited to residential care only, but can be applied to the wider arena of alternative care of children in the Republic of Mauritius. My deepest hope is that all children without parental care in our country access high quality alternative care services with the primary aim of achieving permanent, family-based, care solutions for each one of them so that their rights and best interests are upheld.

As the OC, I do not work alone. I am supported by qualified and trained investigators, and I write reports which are rights-driven and evidence-based. It may seem that I am underlining obvious facts, but I want my rigorous investigations on children's rights to be acknowledged and my recommendations to be taken seriously by all relevant stakeholders. No other institution in

the Republic of Mauritius has this mandate and the appropriate staff working on a daily basis to ensure that the rights of children are promoted and protected.

2.1.8. The investigation process

The investigation period spanned from 29 October 2021 to 25 September 2022. As outlined below, different methods were used to achieve the three objectives of the present enquiry:

2.1.8.1. Literature reviews on alternative care of children

My team of investigators and I reviewed a wide range of local and international documents, including the three new child laws, the local regulations related to residential care and foster care, the CRC (UN, 1989), the GACC (UN, 2010), Concluding Observations on Mauritius of the UN Committee on the Rights of the Child (1996²⁹, 2006³⁰, 2015), the latest combined sixth and seventh periodic reports submitted by Mauritius under article 44 of the Convention to the UN Committee on the Rights of the Child (2022) and relevant General Comments produced by the said Committee. We also searched for theoretical frameworks, studies and other country-specific or international reports. Our aim was to extract and process relevant information in relation to the alternative care of children.

2.1.8.2. Night and day visits and observations at RCIs

My team and I carried out regular visits at all RCIs in Mauritius and Rodrigues at different times, including day, evening and night visits during school term time, school holidays, public holidays and weekends. The night visits were particularly valuable as it was a time where all children of the RCIs were present and we could get a better overview of the general operation of the facilities. During our visits, we interviewed managers, caregiving staff, other employees and children. We also independently observed how the work was being conducted by staff and the environment within which the children were evolving.

²⁹ Committee on the Rights of the Child (1996). *Consideration of reports submitted by States Parties under article 44 of the Convention. Concluding observations of the Committee on the Rights of the Child: Mauritius*. Geneva: United Nations.

³⁰ Committee on the Rights of the Child (2006). *Consideration of reports submitted by States parties under article 44 of the Convention. Concluding observations: Mauritius*. Geneva: United Nations.

2.1.8.3. Sensitisation workshops with RCI's staff and child residents

Several sensitisation workshops on children's rights were performed by the OCO with staff and children of RCIs throughout the year. These were also opportunities to collect important qualitative data on their experiences at the RCIs.

2.1.8.4. A two-day colloquium on alternative care

The OCO, supported by the funding of the European Union, organised a two-day colloquium on 26 and 27 May 2022. The theme was the 'Harmonisation of the Children's Act 2020 with the UNCRC: A focus on deinstitutionalising alternative care for children'. Fifty stakeholders from different governmental agencies and NGOs who are involved in alternative care were present. They actively brainstormed, debated and contributed towards a better understanding of the deinstitutionalisation process as per the GACC (UN, 2010).

2.1.8.5. Thematic meetings with statutory and non-governmental stakeholders from various fields of expertise related to alternative care

A series of thematic meetings in relation to alternative care, especially in the context of the new child laws and regulations, were carried out with different statutory stakeholders (e.g., different units of the MGEFW such as the CDU, the Foster Care Unit, the Planning and Research Unit, the Licensing and Enforcement Section, the Mauritius Probation and Aftercare Services, the *Brigade pour la Protection de la Famille* and the Law Reform Commission, among others), independent child professionals such as clinical psychologists, child welfare specialists, educators and social workers, and NGOs working in the field of alternative care.

2.1.8.6. Interviews with care leavers

I have interviewed 27 previous residents of RCIs aged between 13 and 32 years during this investigation to listen to their concerns and views. Some had returned to their families before they turned 18 years old, while some had left RCIs at 18 years old. I believed that this could provide valuable insight from care leavers on their experiences of having lived in alternative care.

2.1.9. A note on the presentation of findings of the investigation

The major findings of my investigation are structured in line with the three objectives stated in [sub-section 2.1.7](#) of the present document, which I would like to reiterate here:

- (1) To enable policy makers and other relevant stakeholders to have a better understanding of the profiles of children living in RCIs;
- (2) To assess the strengths and limitations of our residential care system; and
- (3) To make recommendations on how to improve the lives of children in need of alternative care from a rights-based perspective.

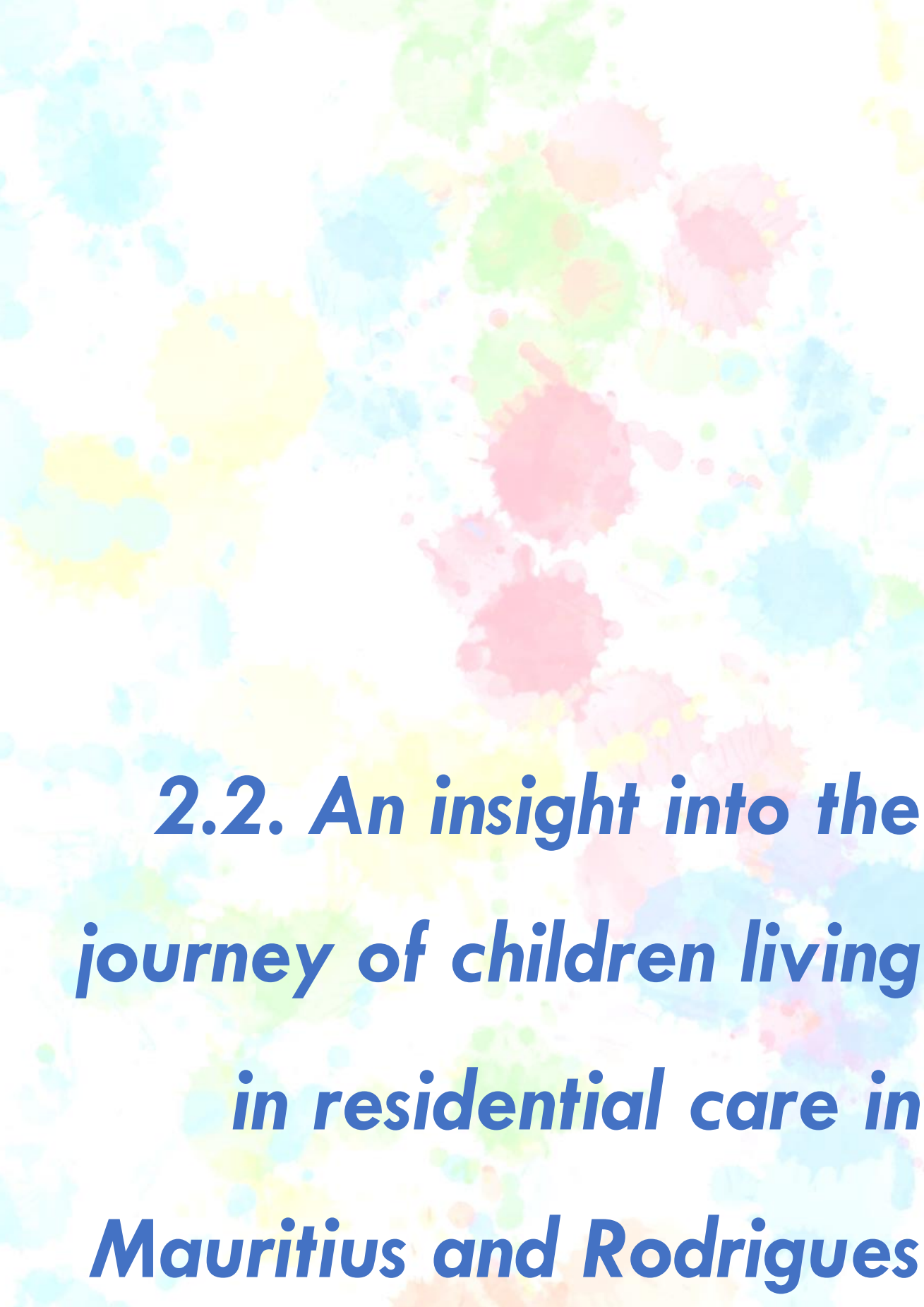
To achieve the first objective, I bring forth an insight on the journey of children living in residential care in Mauritius and Rodrigues. I clarify the process on how a child is placed in an alternative care setting, which also includes an RCI. I then present their voice and views on the lived experiences of care of children in RCIs, as well as those who have already left RCIs. I discuss the significance of families in the lives of these children. It is to be noted that many contextual information related to residential care provided in [sub-sections 2.1.1 to 2.1.6](#) also aid in fulfilling the objective of better understanding the profile of children living in RCIs.

For the purpose of the second objective, I report on the merits of the work of existing local state agencies in the protection and rehabilitation of children living in RCIs, as well as showcase good practices by NGOs in this regard. I also review different provisions of the Residential Care Institutions for Children Regulations 2022. Furthermore, I elaborate on field realities and gaps within the local residential care system as pointed out by various stakeholders across interviews, meetings, workshops and the two-day colloquium, and as observed by my team and I during visits. I also dedicate an important section to the concept of deinstitutionalisation in alternative care with an attempt to proposing conditions that can set the country in momentum towards this strategy and objective for the betterment of the situation of children without parental care.

In view of the third objective, throughout the chapter, I provide, as and when necessary, specific proposals and recommendations to consider on how to bring about improvements and changes within residential care, as well as other aspects of alternative care of children. I finally present a list of overarching recommendations, as inspired by the Guidelines on the Alternative Care of

Children (UN, 2010), that I urge the competent authorities to give due consideration to in current and future reforms in the alternative care arena towards deinstitutionalisation.

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2.2. An insight into the journey of children living in residential care in Mauritius and Rodrigues

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2.2.1. How are children placed in alternative care in our country?

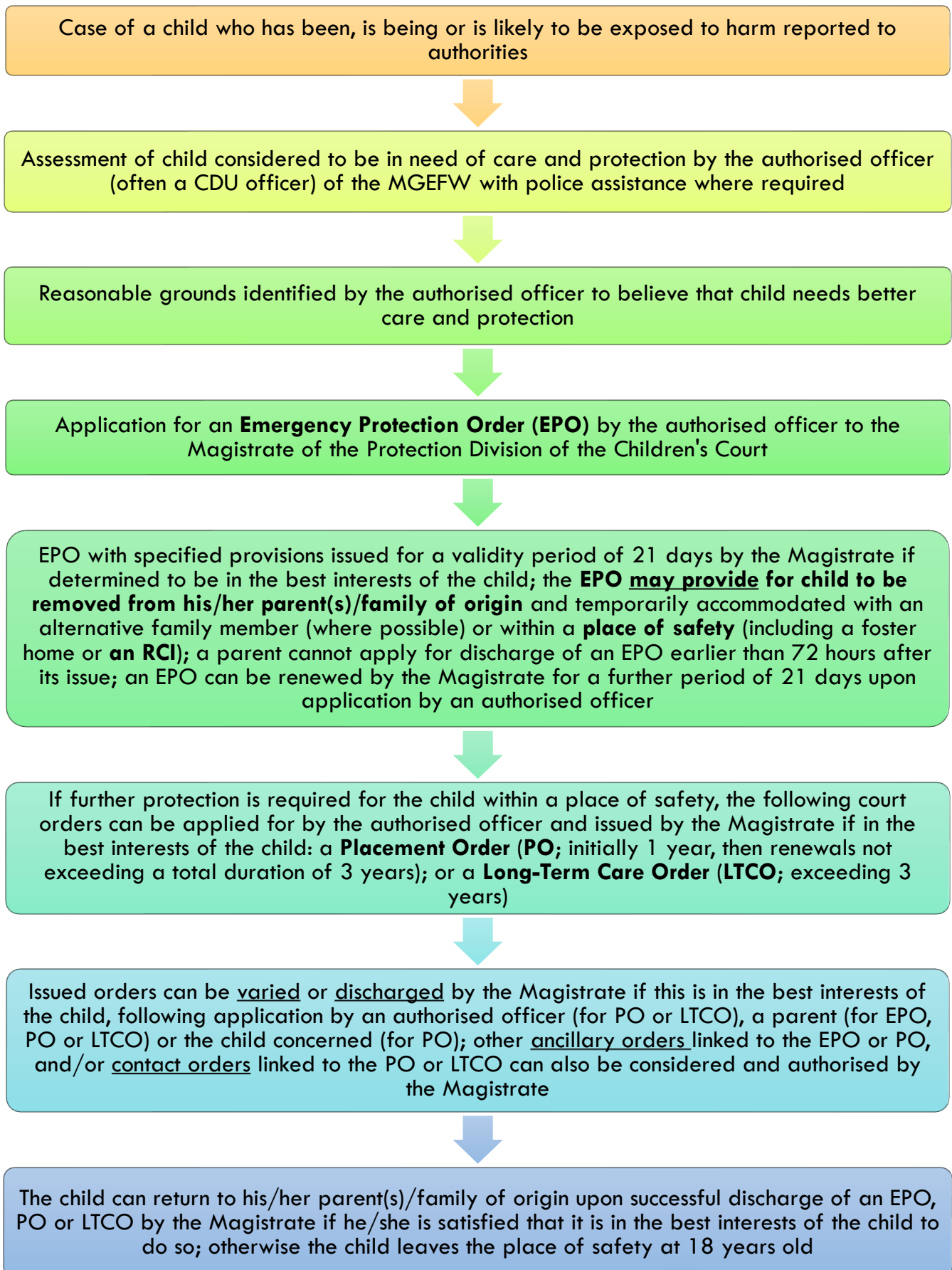


Figure 4. Process diagram on how a child gets referred to and leaves alternative care in the Republic of Mauritius.

Before presenting the views of children living in RCIs, it is important to achieve a good understanding of how a child gets referred to and leaves alternative care in the Republic of Mauritius. [Figure 4](#) above provides an overview of this process in line with the Children's Act 2020, which also applies to children placed in RCIs, which are elaborated in [sub-sections 2.2.1.1 to 2.2.1.7](#) of the current chapter.

2.2.1.1. A person reports his/her concerns on the child to the authorities.

The concerned child is first and foremost reported to authorities based on alleged incidents that exposed, are exposing, or are likely to expose him/her to a significant level of harm that is/can be detrimental to his/her care and development. It is important to realise that not all families provide healthy environments to their children, and the latter are more likely than not to be abused by someone they know or trust, such as parents or relatives. For information, I have provided in [Appendix F](#) a list by the Mayo Clinic (2022)³¹ of commonly known warning signs that can indicate the presence of actual or potential child abuse, including signs related to physical, sexual and/or emotional abuse, neglect and parental behaviour.

These concerns are usually flagged to authorities, whether anonymously or not, by mandatory reporters, as described in part IV, sub-part I, section 34 of the Children's Act 2020, or any member of the child's family, neighbourhood or the general public, through sending written correspondences, phoning on national hotlines (e.g., 113 for the CDU or 999/148 for the police) or reaching out in person. According to part IV, sub-part I, section 34(1) of the Children's Act 2020,

Any person who performs professional or official duties with respect to children, or any other person, has reasonable grounds to believe that a child with whom he is in contact with has been, is being or is likely to be, exposed to harm, shall report the matter to the supervising officer or to the Police.

Part IV, sub-part I, section 34(3) of the Children's Act 2020 further defines the categories of persons who perform 'professional or official duties with respect to children' as follows:

³¹ Mayo Clinic (2022). *Child abuse*. Retrieved on 21 August 2022 from www.mayoclinic.org/diseases-conditions/child-abuse/symptoms-causes/syc-20370864

- (a) *health care professionals, including medical practitioners, nurses, psychologists, dentists, pharmacists, occupational therapists and administrators of hospital facilities;*
- (b) *employees of child care institutions, educational institutions, reform institutions or places of safety;*
- (c) *social workers, family counsellors, psychotherapists, probation officers and guardians ad litem; or*
- (d) *any other person who, by virtue of his employment, profession or occupation, has a responsibility to discharge a duty of care and support towards a child.*

2.2.1.2. The child is identified as being in need of care and protection.

In most cases, the child who has been reported is identified by the authorities as being **in need of care and protection** as stipulated in part IV, sub-part I, section 31 of the Children's Act 2020 (refer to [sub-section 2.1.4.1](#) of the present document for reading the full quote). For instance, the children may have been found to be abandoned, orphaned, exposed to harm and/or harmful circumstances, neglected, abused, exploited, begging or receiving alms, or their parents may have been convicted for a child-related offence. In all these situations, the child's care, development and protection are assumed to be at risk and as requiring attention from the authorities or other relevant stakeholders.

Both the MGEFW and the Police have the shared responsibility of ensuring protection of children who have been, are or could be at risk of being harmed in any possible way. Part IV, sub-part I, section 32(1)(a-c) of the Children's Act 2020 stipulates that:

Where a child –

- (a) *has been, is being, or is likely to be, exposed to harm, the Police shall forthwith intervene to assist in preventing harm being, or further harm to be, caused to the child;*
- (b) *represents any danger to himself or to others, the Police shall forthwith intervene to assist in preventing any danger to himself or to others;*
- (c) *is suffering from a mental disorder and is resisting removal to a mental health care centre, the Police shall forthwith intervene to assist in the conveyance of the child to a centre.*

Following any of the above-mentioned interventions, the Police reports and hands over the case of the child to the MGEFW for further assessment, as stated in part IV, sub-part I, section 32(3)(a-b) of the Children's Act 2020:

Where the Police –

- (a) makes an intervention under subsection (1), it shall forthwith report the matter to the supervising officer for an assessment of the child's need of care and protection;*
- (b) conveys a child to a mental health care centre or removes a child to a hospital, the child shall, thereafter, be placed under the responsibility of the supervising officer.*

2.2.1.3. The reported child who is in need of care and protection is assessed by an authorised officer, with police assistance where necessary.

Upon the instructions of the supervising officer of the MGEFW, the reason for referral of the concerned child who has been identified as being in need of care and protection is assessed by an authorised officer of the MGEFW within 15 days of the matter being reported (Children's Act 2020, part IV, sub-part I, section 33). The procedures of this assessment can also require police assistance if any person concerned, including parents, family members, teachers or other professionals working with the child and his/her family, refuse to comply with any request made for its purpose (Children's Act 2020, part IV, sub-part I, section 33(3)(a-b)).

During or following this assessment, the supervising officer of the MGEFW can authorise any form of relevant remedial or support measures to provide assistance to the child and his/her family, and/or refer the matter to the police, if there is any reason to believe that an offence has been or is being committed (Children's Act 2020, part IV, sub-part I, section 33(5)(a-b)). In relation to children referred to RCIs, it is often established, during or following this assessment, that the child has been, is being or can be exposed to harm within his/her family environment, in spite of any provision of child and family support from the authorities. As advanced by paragraph 5 of the GACC (UN, 2010):

Where the child's own family is unable, even with appropriate support, to provide adequate care for the child, or abandons or relinquishes the child, the State is responsible for protecting the rights of the child and ensuring appropriate alternative care, with or through competent

local authorities and duly authorized civil society organizations. It is the role of the State, through its competent authorities, to ensure the supervision of the safety, well-being and development of any child placed in alternative care and the regular review of the appropriateness of the care arrangement provided.

2.2.1.4. The authorised officer applies for an Emergency Protection Order to the Protection Division of the Children's Court.

When the authorised officer has reasons to believe that it is **urgent and in the best interests of the child** concerned to be removed from his/her family environment to a place of safety for a period not exceeding 72 hours due to significant risks of harm to the child or others (Children's Act 2020, part IV, sub-part I, section 33(2)(e)(iii)), he/she applies to the Magistrate of the Protection Division of the Children's Court for **an Emergency Protection Order (EPO)**; Children's Act 2020, part IV, sub-part II, section 36). [Textbox 3](#) below outlines some important things to understand about an EPO.

Textbox 3: Important things to know about an EPO

- An EPO sets the conditions necessary to ensure better care and protection of the child in such form as may be prescribed by the Magistrate in the best interests of the child. This may include allowing the Police or an authorised officer to summon any person for information-giving purposes, to enter any premises, to remove the concerned child from any place and to arrange a medical examination or urgent treatment for the child; directing parents to undergo any assessment related to parenting and care; the authorised officer submitting details on the place of safety to the Magistrate; and placing the child with an alternative family member or in a place of safety (including a foster family or an RCI).
- An EPO cannot be appealed by any person.
- It can be discharged by the Magistrate, if he/she determines that it is in the best interests of the child, upon application of a parent not before 72 hours after its issue.
- It is valid for a period of 21 days, but may be renewed for a further period of 21 days, if the Magistrate considers it is in the best interests of the child to do so.

~ Children's Act 2020, part IV, sub-part II, section 36

Textbox 3. Important things to know about an EPO.

Removal from the family environment through the issue of an EPO often marks the first time a child comes into contact with a place of safety, including an RCI.

2.2.1.5. To ensure further protection, the authorised officer can apply for a Placement Order or a Long-term Care Order to the Children's Court.

Based on follow-up assessments by an authorised officer of the MGEFW, it may happen that there are still indications that further protection to the child who has been removed from his/her family environment through an EPO needs to be ensured. In such cases, the officer can apply for other Court orders to the Protection Division of the Children's Court, depending on the needs of the case, that can allow the child to stay for a longer period within a place of safety, including an RCI, following the expiry of the EPO. Two such orders are the **Placement Order (PO; not exceeding 3 years)** and the **Long-term Care Order (LTCO; exceeding 3 years)**. According to figures from the Children's Court, from January 2022 to August 2022, 115 POs and 32 LTCOs have been issued.

2.2.1.5.1. Placement Order

If a short- or medium-term stay is needed for a child to ensure the continuity of care and protection of a child within a place of safety, the authorised officer can apply for a PO as stated in part IV, sub-part II, section 37(1) of the Children's Act 2020:

Where the need for protection is reasonably likely to continue beyond the expiry of an emergency protection order, the authorised officer may, in such form and manner as may be prescribed, apply to the Protection Division of the Children's Court for a placement order.

To allow time to determine the outcome of an application for a PO, the Magistrate may issue an **Interim Placement Order (IPO)** for a period not exceeding 14 days, with additional extensions as required (Children's Act 2020, part IV, sub-part II, section 37(2)(a)). During an IPO, the child is accommodated within a place of safety. Moreover, the Magistrate orders for a **"social enquiry report by a probation officer regarding the child's family background, general conduct and home surroundings, to enable him to determine the application in the best interests of the child"** (Children's Act 2020, part IV, sub-part II, section 37(2)(b)). This is an important step for the Magistrate to obtain an objective and up-to-date picture of the child's and his/her

family's situation as at the time of application. It is noteworthy that the social enquiry report is not requested from the authorised officer of the MGEFW, who is the applicant for the PO, but rather from a probation officer, who is a public officer employed with the Mauritius Probation and Aftercare Service which is governed by the Probation of Offenders Act 1946.

In addition, the Magistrate may also order for the child to be medically examined (Children's Act 2020, part IV, sub-part II, section 37(2)(c)). He/she may also review who can have contact with the child and invite any relevant party to the case to comment on proposed arrangements (Children's Act 2020, part IV, sub-part II, section 37(3)(b-c)). On the basis of all evidence obtained and if this is in the best interests of the child, the Magistrate may issue a PO initially for a period not exceeding one year, then renewed if necessary up to a maximum placement duration not exceeding 3 years (Children's Act 2020, part IV, sub-part II, section 37(4&6(a))). A PO can be varied or discharged if the Magistrate is satisfied that it is in the best interests of the child, upon application of the authorised officer of the MGEFW, the child concerned or the parent of the child (Children's Act 2020, part IV, sub-part II, section 37(5)).

2.2.1.5.2. Long-term care order

If a long-term alternative care arrangement is required for a child, the authorised officer can apply for an LTCO under part IV, sub-part II, section 39(1) of the Children's Act 2022:

Where the authorised officer considers that it is in the best interests of a child to stay in alternative care placement for a period exceeding 3 years, the authorised officer shall, in such form as may be prescribed, apply to the Protection Division of the Children's Court for a long-term care order for the child to be placed in long-term care.

The determination of the outcome of an application for an LTCO by the Magistrate resembles that of the PO including a social enquiry report from a probation officer, potential referral for a medical examination, contact arrangements between the child and any person(s), and invitation of any party to comment on the proposed arrangements for the child. The only difference is that there is no interim order issued under this section of the law. An LTCO can also be varied or discharged by the Magistrate if in the best interests of the child to do so, upon application by the authorised officer of the MGEFW or the child's parent.

A reminder on the definition of the term ‘place of safety’ according to the Children’s Act 2020 is provided and explained in [Textbox 4](#) below.

Textbox 4: Definition of a ‘place of safety’ in the Children’s Act 2020

Part I, section 2 of the Children’s Act 2020 defines a ‘place of safety’ as “such place as may be specified in an order made under Part IV” and it “includes a foster home, a convent, a residential care institution, a charitable institution, an educational institution and a hospital”. Orders made by the Magistrate of the Protection Division of the Children’s Court in part IV of the Children’s Act 2020 that specify a particular place of accommodation for the child apart from the family of origin include an EPO, an IPO, a PO, an LTCO and a Preventive Intervention Order (PIO). It is to be noted that, if a child is placed within a place of safety under a PIO, this refers to only an institution as stipulated in the Probation of Offenders Act 1946, which is either the Probation Hostel for Boys or the Probation Home for Girls.

Textbox 4. Definition of a ‘place of safety’ in the Children’s Act 2020.

2.2.1.5.3. A note on the placement of children in RCIs

From my understanding of the Children’s Act 2020 in relation to the EPO, PO and LTCO, I note with appreciation that legislators have taken appropriate steps to protect the rights of children who are deprived of parental care and protection. Although residential care is still the most used option of alternative care for these children in our country, I am reassured that, under this law, children are NOT being ‘expedited’ to RCIs. In fact, placement in an RCI is NOT the only option. Even at the stage of an EPO, the child can be placed with a family member who is willing and able to care for him/her or in a foster family. In addition, social enquiry reports requested by the Magistrate to determine the outcome of a PO or LTCO application, as well as the possibility for any concerned person to be invited to comment on the placement arrangements, allow for the review of the placement of the child and a re-evaluation the latter’s family situation. When considering long-term placement for children within RCIs, a rigorous decision-making process is being applied by the Magistrate to gather sufficient evidence to show that this is in the best interests of the child. Application for the variation or discharge of an EPO, PO and LTCO can also be considered under specific conditions of the law by relevant

parties. These approaches are in line with paragraph 66 of the GACC (UN, 2010), which stipulates that:

States should ensure that any child who has been placed in alternative care by a properly constituted court, tribunal or administrative or other competent body, as well as his/her parents or others with parental responsibility, are given the opportunity to make representations on the placement decision before a court, are informed of their rights to make such representations and are assisted in doing so.

2.2.1.6. In view of improving parenting skills and promoting family reintegration, ancillary orders and contact orders can be issued by the Magistrate.

2.2.1.6.1. Ancillary orders

Ancillary orders, according to part IV, sub-part II, section 38 of the Children's Act 2020, may be made by a Magistrate of the Protection Division of the Children's Court, further to an EPO or a PO. They may take the form of:

- (a) a parenting aide order, providing such parenting aide³² as the authorised officer may determine;
- (b) a supervision order of such duration as the Magistrate may determine, placing the child, or the parent of the child, or both, under the supervision of an authorised officer;
- (c) an order –
 - (i) for the child to be medically examined and be provided such treatment as is deemed necessary and urgent by the examining doctor;
 - (ii) instructing the child or the parent of the child to undergo professional counselling, or to participate in mediation, a family group conference or any other appropriate problem-solving forum;
 - (iii) instructing the child or the parent of the child, or any other person involved in the matter concerning the child, to undergo a professional assessment;

³² 'Parenting aide' is defined as "the provision of parenting or family welfare guidance or other assistance to a parent" as per part I, section 2 of the Children's Act 2020.

- (iv) limiting access of a person to the child or prohibiting a person from contacting the child;
- (v) prohibiting any person to access or contact the child, including the parent of child in case the parent has caused harm to the child.

The provisions outlined in an ancillary order depend on the nature of specific cases and whether these are determined by the Magistrate as being in the best interests of the child. It can be understood that ancillary orders are meant to:

- improve the caregiving skills of the concerned parents and/or family members and parent/family-child relationships;
- follow up on the child's and family's situation;
- ensure the proper medical health of the child;
- refer the child and/or his/her family members to professional assessments/treatments, as necessary;
- find solutions to issues hindering parents from recovering the care of their child; and
- control the access or contact of the parent or other persons to the child.

According to figures from the Children's Court, no ancillary orders have been issued from January 2022 to August 2022.

2.2.1.6.2. Contact order

During or following the issue of a PO or LTCO, a **contact order** may also be applied to a Magistrate of the Protection Division of the Children's Court by any individual wishing to have contact with a child placed in alternative care, as listed in part IV, sub-part II, section 40(1):

- (a) *parent, unless that parent can no longer exercise his parental rights;*
- (b) *person having parental responsibility in respect of a child;*
- (c) *person who, by order of a Court, had a child's custody or care immediately before a placement order or a long-term care order was made; or*
- (d) *other person [.]*

During this application, the child also has a say on whether he/she is willing or not to remain in contact with any of the above-listed individuals. The willingness of the child is assessed as per part IV, sub-part II, section 40(4) by a psychologist of the MGEFW “depending on the age, maturity and mental capacity of the child to understand the benefits, risks, social and other implications”. An authorised officer of the MGEFW may at any time during or after the issue of a contact order apply to vary or discharge that order, including requesting to change any conditions linked to a contact order or even refusing contact between the child and any individual specified in the list above. **Textbox 5** below highlights the pertinence of promoting parent-child contact for children placed in alternative care as per international recommendations.

Textbox 5: Promoting parent-child contact of children in alternative care

A contact order serves the important purposes of maintaining the relationships between the children placed in alternative care and his/her biological parents, family members and other meaningful persons in his/her life, and updating the child on his/her family's situation. Article 9(3) of the CRC (UN, 1989) states clearly that “*States Parties shall respect the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interests*”. The GACC (UN, 2010, para.81) also recommended that:

When a child is placed in alternative care, contact with his/her family, as well as with other persons close to him or her, such as friends, neighbours and previous carers, should be encouraged and facilitated, in keeping with the child's protection and best interests. The child should have access to information on the situation of his/her family members in the absence of contact with them.

Textbox 5. Promoting parent-child contact of children in alternative care.

The powers provided by the Children's Act 2020 to the authorised officer and psychologist of the MGEFW in influencing parent-child contact arrangements for children living in alternative care confers an important responsibility on them to act with the utmost sensitivity, diligence and professionalism in view of promoting healthy family relationships and family reintegration. Nevertheless, the final determination of a parent/family-child contact arrangement remains with the Magistrate under the best interests of the child principle. **According to figures from**

the Children's Court, no contact orders as per part IV, sub-part II, section 40 of the Children's Act 2020 have been issued from January 2022 to August 2022. Hence, it is very important that all parents, family members or individuals connected with the child who has been separated from them by the authorities are made aware of their rights to apply for a contact order.

2.2.1.6.3. Careful planning of the child's way back home

As long as it is in the best interests of the child and in respect of all his/her fundamental rights, I believe that both ancillary orders and contact orders must be regularly and extensively used by the Protection Division of the Children's Court with regards to children placed in alternative care in the Republic of Mauritius. These orders have the potential of promoting family reintegration as provided in paragraphs 49 to 52 of the GACC (UN, 2010):

49. *In order to prepare and support the child and the family for his/her possible return to the family, his/her situation should be assessed by a duly designated individual or team with access to multidisciplinary advice, in consultation with the different actors involved (the child, the family, the alternative caregiver), so as to decide whether the reintegration of the child in the family is possible and in the best interests of the child, which steps this would involve and under whose supervision.*
50. *The aims of the reintegration and the family's and alternative caregiver's principal tasks in this respect should be set out in writing and agreed on by all concerned.*
51. *Regular and appropriate contact between the child and his/her family specifically for the purpose of reintegration should be developed, supported and monitored by the competent body.*
52. *Once decided, the reintegration of the child in his/her family should be designed as a gradual and supervised process, accompanied by follow-up and support measures that take account of the child's age, needs and evolving capacities, as well as the cause of the separation.*

I would like to point out that the above-quoted paragraphs of the GACC (UN, 2010, paras.49-52) lay the foundations of a possible successful return of a child from the alternative care system to his/her family environment. Even in our country, we need to stay guided by these principles for promoting family reintegration, which I briefly re-emphasise below:

- a multidisciplinary assessment approach;
- a consultative approach with the child, the family and the alternative caregiver;
- the best interests of the child;
- well-defined and written aims of reintegration and allocation of tasks between the family and the alternative caregiver;
- regular, appropriate, well-developed, supported and monitored parent/family-child contact by the authority; and
- reintegration as a gradual and supervised process, accompanied by follow-up and support measures.

In the Republic of Mauritius, the Back-to-Home Programme of the MGEFW, as mentioned in [subsection 2.1.5.4](#) of the present document, is the governmental agency responsible on working on the possibility of return to families of children living in alternative care. However, from my observations and the feedback I received during my investigation on RCIs, **the important role of the alternative caregiver is often undermined in the process of family reintegration in our country.** Many care providers said that their views and participation with regards to parent-child contact and family reintegration were often not solicited by the relevant authorities, despite the fact that, until the return of the child to their families, they remain the most directly involved party in the care, development and protection of the concerned children. Moreover, I noted that the Children's Act 2020 does not define enough the role of the alternative caregiver and its role within ancillary and contact orders. **The absence or limited involvement of alternative caregivers in the preparation of family reintegration is not in the best interests of the child and must be remediated at all levels of planning and decision-making.**

2.2.1.7. The child leaves alternative care upon successful discharge of a court order, or otherwise when he/she is 18 years old.

Children in need of care and protection who have been placed in alternative care (mainly foster care and residential care) in the Republic of Mauritius and who are under the age of 18 years can only return to their family of origin if there has been a successful discharge of an EPO, PO or LTCO as authorised by the Magistrate of the Protection Division of the Children's Court. Otherwise, these court orders lapse automatically on the child's 18th birthday, which marks the day when the child exits the alternative care system.

Referring again to [sub-section 2.1.5.4](#) of the present chapter, I note promisingly that there is an increasing trend in the number of children being reintegrated within their families by the Back-to-Home Programme of the MGEFW. Nevertheless, I reiterate paragraph 52 of the GACC (UN, 2010), whereby *"the reintegration of the child in his/her family should be designed as a **gradual and supervised process, accompanied by follow-up and support measures** that take account of the **child's age, needs and evolving capacities**, as well as **the cause of the separation**".* Following the child's exit from alternative care, high quality and regular aftercare follow-up and support services to the child and his/her family must also be planned, provided and monitored by the competent authorities to prevent relapse into the alternative care system or other forms of institutional care.

Young people leaving alternative care at 18 years old are also a vulnerable target group. Although many of them return to their parents, family members, friends or other significant others at their majority, some of them may not have any family contact or know any person who might be willing to accommodate them, or they may choose not to return to their family homes for personal reasons. In the latter cases, these young adults continue living in institutions such as halfway homes or women's shelters. They may also be at risk of further disadvantage such as poverty, homelessness, unemployment, exposure to harmful living conditions, substance abuse and poor physical and mental health outcomes, among others. Hence, they must be provided with adequate support and empowerment from the relevant authorities and other stakeholders in a planned and timely manner to help them transition from the alternative care system to life as an independent adult in society.

2.2.2. What do we generally know on the history of children living in alternative care?

No child living in alternative care has the same past experiences and life story as another child in the same setting. However, we do know that there are commonalities in the types of experiences that may have constituted the history of these children. It is globally accepted that all children and young people in alternative care will have gone through **trauma** in some way. What is trauma? *“Trauma is the response to a deeply distressing or disturbing event that overwhelms an individual’s ability to cope, causes feelings of helplessness, diminishes their sense of self and their ability to feel a full range of emotions and experiences”* (Integrated Listening Systems, 2022)³³.

Similar to children living in alternative care in several countries of the world, those in the Republic of Mauritius also have experienced some form of childhood trauma, which most commonly originates from past experiences of abuse (physical, sexual or emotional) and/or neglect while they were in the care of their parents/family. We are all aware that the effects of abuse and neglect on children can be long-lasting and detrimental to their overall health, well-being and life opportunities.

It is important to point out here that one of the largest population-level studies carried out in the United States of America by Felitti and his colleagues (1998)³⁴ found that the higher the number of exposures to **adverse childhood experiences (ACEs)** reported by their adult participants, the higher were their risks of facing negative health and well-being outcomes. By ACEs, they meant emotional, physical and sexual abuse, emotional and physical neglect, and household challenges including the mother treated violently within the household, substance abuse in the household, mental illness in the household, parental separation or divorce, and an incarcerated household member (Felitti et al., 1998; National Center for Injury Prevention and Control [NCIPC], 2021³⁵). In the study, negative health and well-being outcomes referred to

³³ Integrated Listening Systems (2022). *What is trauma?* Retrieved on 21 August 2022 from integratedlistening.com/what-is-trauma/

³⁴ Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V. et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine*, 14(4), 245-258.

³⁵ National Center for Injury Prevention and Control (2021). *About the CDC-Kaiser ACE Study*. Retrieved on 21 August 2022 from www.cdc.gov/violenceprevention/aces/about.html

physical injuries, mental health problems, maternal health complications such as unintended pregnancies, infectious diseases such as the Human Immunodeficiency Virus (HIV) and sexually transmitted diseases, chronic diseases such as cancer and diabetes, risky behaviours including alcohol, drug abuse, and unsafe sex, and poorer outcomes in education, occupation and income (Felitti *et al.*, 1998; NCIPC, 2021). There is a growing body of literature internationally showing stronger evidence on the negative impact of ACEs on adult life, especially for vulnerable groups of people.

There is no doubt that children and young people living in alternative care are a vulnerable group who are often exposed to different ACEs by the time they turn 18 years old. A study in the United Kingdom (UK) showed that *“the association between exposure to ACEs and poor adult outcomes in the general population is heightened in looked after children and care leavers who have the same outcomes as the general population, but more often and at an earlier age”* (Simkiss, 2019)³⁶. Given the elevated risk of poor outcomes in adult life among children and young people living in alternative care, all relevant stakeholders have an important duty of limiting their exposure to further ACEs in order to improve their chances for better health and well-being outcomes. I believe that the education and training of caregivers, teachers and all relevant professionals on the impact of ACEs on children living in alternative care are a must so that they could learn to intervene early and in an effective manner with these children.

2.2.3. Listening to the voice and views of current and previous residents of RCIs

2.2.3.1. The right of every child to be heard

A child's right to be heard is both a fundamental principle of the CRC (UN, 1989) and enshrined in its article 12(1) as stated below:

States Parties shall assure to the child who is capable of forming his or her own views 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.

³⁶ Simkiss, D. (2019). The needs of looked after children from an adverse childhood experience perspective. *Paediatrics and Child Health*, 29 (1), 25-33.

Nevertheless, across many cultures and societies, children still face barriers in voicing out their experiences, perspectives and views, and in actively participating in matters that concern them. These obstacles often stem from popular, but often subjective or erroneous, assumptions such as “children lack competence; they lack knowledge and judgement; involving them in decisions is to place too heavy a burden on them; parents know what is best for their children; giving children a voice will lead to excessive demands, bad behaviour, disrespect for elders; participation will expose children to risk of harm” (Lansdown, 2011, p.vi)³⁷.

2.2.3.2. How is our country doing in the implementation of the right of the child to be heard?

In 2015, the UN Committee on the Rights of the Child said the following in paragraph 31 of its Concluding Observations on the combined third to fifth periodic reports of Mauritius in relation to the performance of our country in the implementation of the right of the child to be heard:

*While welcoming initiatives that uphold the rights of expression of the child in respect of all matters affecting him or her through awareness-raising, such as the 16 Days-16 Rights Campaign, **the Committee is concerned that the views of the child are not systematically taken into account**, for example in court and administrative proceedings, with the exception of separation, divorce, adoption and custody proceedings, where the views of children above the age of 5 are generally taken into account.*

Consequently, the Committee on the Rights of the Child (2015, para.32) advanced the following:

In the light of its general comment No. 12 (2009) on the right of the child to be heard, the Committee recommends that the State party:

- (a) Take measures to ensure the effective implementation of legislation recognizing the right of the child to be heard in relevant court and administrative proceedings, in particular on the custody of children, including by establishing systems and/or procedures for social workers and courts to comply with the principle;*

³⁷ Lansdown, G. (2011). *Every child's right to be heard: A resource guide on the UN Committee on the Rights of the Child General Comment No.12*. London: Save the Children UK.

- (b) Conduct programmes and awareness-raising activities to promote the meaningful and empowered participation of all children in the family, community, media and schools, including in student council bodies, with particular attention to girls and children in vulnerable situations;
- (c) Conduct research to identify the issues that are most important to children, to hear their views on those issues, and to find out how well their voices are heard in family decisions affecting their lives, and the channels through which they currently and potentially have the most influence on national and local decision-making;
- (d) Develop toolkits for public consultation on national policy development, including consultation with children on issues that affect them.

With regards to paragraph 32(a) quoted above (Committee on the Rights of the Child, 2015), I must acknowledge that, in the Republic of Mauritius, the enforcement of the Children's Act 2020 since January 2022 brought good news in the area of increasing opportunities to listen to the views of children and young people, and improve their participation at all levels. Part II, sub-part A, section 5 of the said law clearly states that:

*Every child who is of such age, maturity and stage of development as to be able to participate in any matter concerning the child **shall** have the right to participate in the matter and any views expressed by the child shall be given due consideration.*

Referring to the above-stated provision, I would like to highlight the use of the term 'shall', which conveys an obligation. Hence, ensuring the participation of the child in every possible way, including listening to his/her views, experiences and preferences, in matters concerning him/her is a mandatory legal requirement for all relevant local stakeholders. [Table 3](#) on the next page provides brief descriptions of three potential approaches to child participation (Lansdown, 2011).

Table 3. Three potential approaches to child participation (Lansdown, 2011).

Child participation approach	Brief description
Consultative participation	This is a process in which adults seek children's views in order to build knowledge and understanding of their lives and experience. It is characterised by being <u>adult initiated; adult led and managed; and lacking any possibility for children to control outcomes</u> . It therefore does not allow for sharing or transferring decision-making processes to children themselves. However, it does <u>recognise that children have expertise and perspectives which need to inform adult decision-making</u> .
Collaborative participation	This provides a greater degree of <u>partnership between adults and children, with the opportunity for active engagement at any stage of a decision, initiative, project or service</u> . It can be characterised as being <u>adult initiated; involving partnership with children; empowering children to influence or challenge both process and outcomes; allowing for increasing levels of self-directed action by children over a period of time</u> . Collaborative participation provides opportunity for <u>shared decision-making with adults, and for children to influence both the process and the outcomes</u> in any given activity. Consultative processes can be made collaborative.
Child-led participation	This is where children are <u>afforded or claim the space and opportunity to initiate activities and advocate for themselves</u> . It is characterised by the <u>issues of concern being identified by children themselves; adults serving as facilitators rather than leaders; children controlling the process</u> . The role of adults in child-led participation is to act as facilitators, resource-providers, technical assistants and child protection workers to enable children to pursue their own objectives.

However, even today, I still observe many instances in our country where the participation of children is not prioritised or reduced to mere tokenism³⁸. Sometimes, children are given a voice, but adults do not have an ear for them. I also note that some people working with children claim to promote children's right to participation, while they neither genuinely and actively listen to them nor do the children understand the content, process and rules of the activities they are being involved in.

³⁸ Tokenism is defined in the Merriam-Webster online dictionary as "the policy or practice of making only a symbolic effort" (Source: www.merriam-webster.com/dictionary/tokenism).


Although the national legal enforcement of child participation is an important step towards the full implementation of the right of the child to be heard, the real challenge lies in its application. Our country has to ensure through its competent authorities and other relevant stakeholders that this legal guarantee is properly implemented in all contexts involving children, and that the people working with them are sensitised and trained on incorporating child participation in their everyday practice. In reference to [Table 3](#) above, I would also like to emphasise that the approach used to enable child participation also matters, and we need to encourage ways that favour a more active participation of the child in initiating, developing, challenging and influencing the outcomes of legislation, policy, services and decisions affecting him/her.

2.2.3.3. Listening to children in the Republic of Mauritius: A skill to be acquired

According to me, when it comes to listening to the children of our country, the main concern today is not about the acceptance of the right of the child to be heard, but rather the level of skills of adults living and working for and with these children to actively listen to them. These adults include, but are not limited to, parents, family members, foster parents, caregivers, educators, school managers, child protection officers, medical doctors, psychologists, lawyers, magistrates, other professionals, child rights defenders, religious leaders and policy and law makers.

The term ‘active listening’ was coined in 1957 by two influential American psychologists namely, Carl Rogers and Richard Farson, to highlight the role of listening, not as a passive task, but as an active process characterised by sensitivity, empathy, attention and appropriate responsiveness from the listener to the speaker. Woolfe (2018)³⁹, a freelance writer and journalist, beautifully described the art and skill of active listening in the following words:

³⁹ Woolfe, S. (2018). *The Therapeutic Value of Active Listening*. Retrieved on 21 August 2022 from www.samwoolfe.com/2018/09/active-listening.html



“LISTENING IS EASY. BUT REALLY LISTENING IS A SKILL. WHEN WE ARE LISTENING ACTIVELY OR EMPATHETICALLY, WE ARE GIVING OUR FULL ATTENTION TO THE OTHER PERSON. THIS ALLOWS US TO ACTUALLY HEAR WHAT SOMEONE IS SAYING, RATHER THAN WHAT WE THINK THEY ARE SAYING OR WANT THEM TO SAY. ACTIVE LISTENING IS ABOUT GIVING UP OUR PRECONCEPTIONS, OPINIONS, AND SCHEMES SO THAT WE CAN ADEQUATELY RECEIVE THE EMOTIONAL STATE THAT SOMEONE IS TRYING TO CONVEY. IT INVOLVES CONSTRUING MEANING BEYOND THE WORDS THEMSELVES, TAKING NOTE OF INFLECTION, TONE, VOLUME, AND SPEED OF TALKING, AS WELL AS BEHAVIOUR AND BODY LANGUAGE.”

~ Sam Woolfe (2018)

2.2.3.4. Are children living in alternative care being listened to in the Republic of Mauritius?

The voices of children living in alternative care, especially in large RCIs, are often at risk of being left unheard. The larger the number of children in an RCI, the more likely it is that their concerns and wishes are not prioritised, attended to or given due regard by the manager, the caregivers, authorities or other people involved in their care. The UN Committee on the Rights of the Child (2009)⁴⁰ highlighted the importance of introducing mechanisms on improving the child’s right to be heard in alternative care settings in paragraph 97 of the General Comment No.12 (2009) as follows:

Mechanisms must be introduced to ensure that children in all forms of alternative care, including in institutions, are able to express their views and that those views be given due weight in matters of their placement, the regulations of care in foster families or homes and their daily lives.

⁴⁰ Committee on the Rights of the Child (2009). *General Comment No. 12 (2009): The right of the child to be heard*. Geneva: UN.

In [Table 4](#) below, I compare the mechanisms recommended by the Committee to related current provisions in our country:

Table 4. Comparative table between mechanisms proposed on the rights of the child to be heard in alternative care by the UN Committee (2009, para.97) and related current local provisions.

Mechanism proposed in paragraph 47 of the General Comment No. 12 (2009)	Current local provision
<u>Legislation</u> providing the child with the right to information about any placement, care and/or treatment plan and meaningful opportunities to express her or his views and for those views to be given due weight throughout the decision-making process.	<ul style="list-style-type: none"> Part II, sub-part A, section 5 of the Children's Act 2020 guarantees, since 24 January 2022, the right of the child to participation and to be heard on any matter concerning him/her with due regard to his/her evolving capacities.
<u>Legislation</u> ensuring the right of the child to be heard, and that her or his views be given due weight in the development and establishment of child-friendly care services.	
<p><u>Establishment of a competent monitoring institution, such as a children's ombudsperson, commissioner or inspectorate, to monitor compliance with the rules and regulations governing the provision of care, protection or treatment of children in accordance with the obligations under article 3</u> [best interests of the child]. The monitoring body should be mandated to have unimpeded access to residential facilities (including those for children in conflict with the law), to hear the views and concerns of the child directly, and to monitor the extent to which his or her views are listened to and given due weight by the institution itself.</p>	<ul style="list-style-type: none"> Under the Ombudsperson for Children Act 2003, the Ombudsperson for Children (OC) acts as the <u>independent human rights institution</u> mandated to promote and protect the rights and best interests of children, including children in alternative care, and to monitor compliance with the CRC (UN, 1989) and the ACRWC (AU, 1990). It can access any premises where a child is present, including alternative care settings, for the purpose of complaint-driven or own-motion investigations. The OC ensures child participation in all his/her investigations and sensitisation activities. Children can also directly contact the OC themselves to express any concern on their care. The Licensing of Place of Safety and Enforcement Section under the Planning and Research Unit of the Ministry of Gender Equality and Family Welfare is the <u>governmental agency</u> responsible for monitoring compliance of RCI with the Residential Care Institutions for Children

Mechanism proposed in paragraph 47 of the General Comment No. 12 (2009) – ctd	Current local provision - ctd
	<p>Regulations 2022 (regulations made under section 71 of the Children's Act 2020), and this includes surprise inspections within RCIs.</p> <ul style="list-style-type: none"> As per the Child (Foster Care) Regulations 2022 (regulations made under section 71 of the Children's Act 2020), the supervising officer of the MGEFW or his/her authorised representative from the same ministry can visit and inspect foster homes to ensure the safety and well-being of the children placed there, and that their wishes and views are being taken into consideration.
<p><i>Establishment of <u>effective mechanisms</u>, for example, a representative council of the children, both girls and boys, <u>in the residential care facility</u>, <u>with the mandate to participate in the development and implementation of the policy and any rules of the institution</u>.</i></p>	<ul style="list-style-type: none"> There are no formally established mechanisms in this regard at the level of local RCIs that systematically take into account child participation in the development of policy and rules of the institution. Approaches may vary across RCIs.

In reference to [Table 4](#) above, we can say that we do have a legislation and established independent and statutory bodies that can promote the participation of children living in alternative care in matters concerning them with due regard to their views and preferences. In terms of establishing child-led mechanisms in alternative care, such as a council of children living in alternative care, more work needs to be done at the level of the authorities and the RCIs to formalise child participation in every aspect of care. **However, having mechanisms is one thing, and ensuring that they work in the best interests of children is another.** The effectiveness of these mechanisms depends on the art of execution of the relevant stakeholders, who must be qualified, trained, experienced, dedicated and committed to give a voice to these children.

On my part, I would not hesitate to say that actively listening to the voices and opinions of children, including those of children living in RCIs and those who have left, is a core principle of my daily work as the OC. My team and I take child participation very seriously in all our

investigations and sensitisation activities. On the next page, [Figure 5](#) provides an overview of different ways on how children participate in our work.

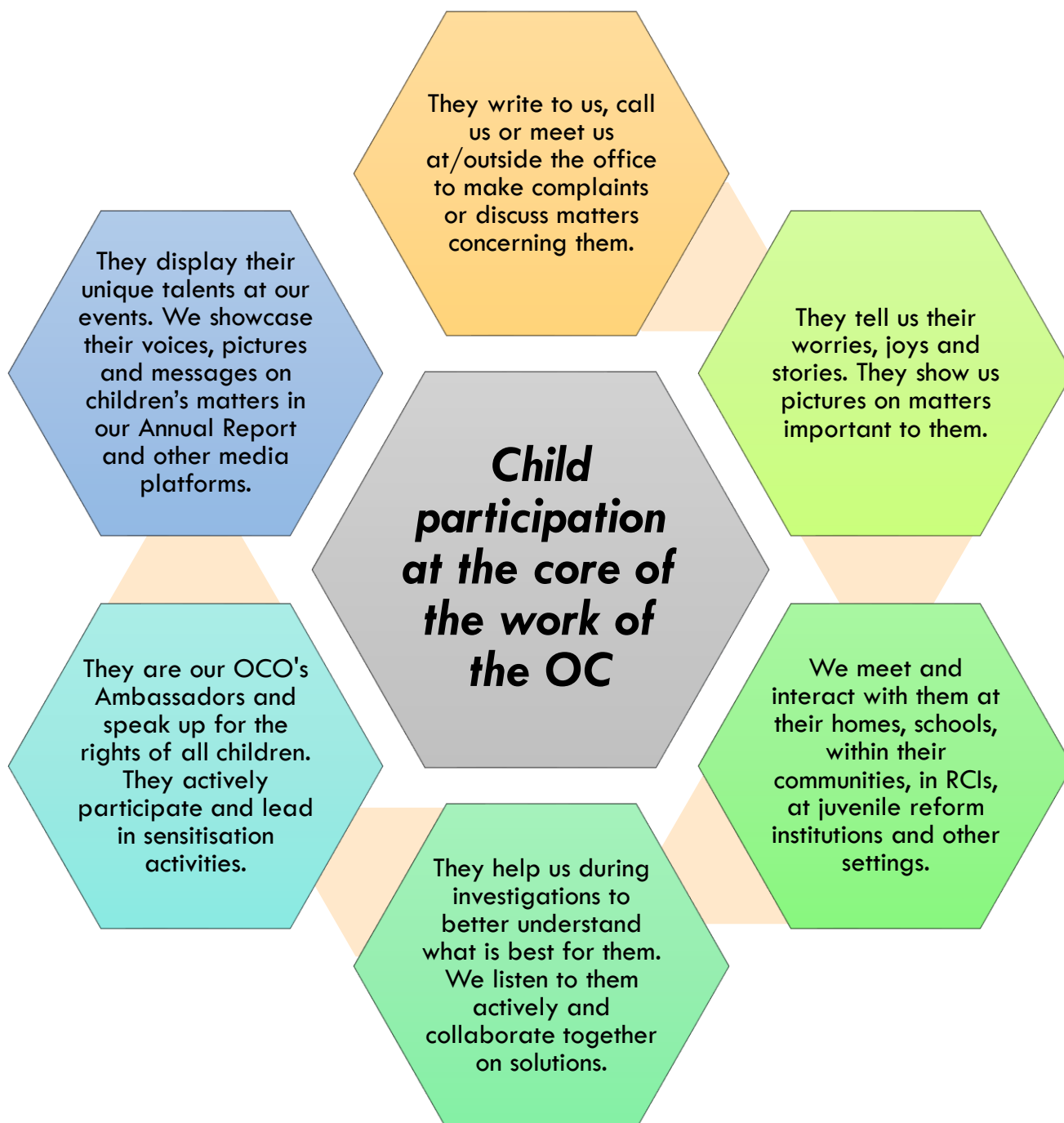


Figure 5. Ways used by the OC to promote child participation.

2.2.3.5. A message to people working with and for children living in RCIs:

Contextualise what you hear

Referring to the concept described in [sub-section 2.2.3.3](#) of the present chapter, we need to understand that actively listening to children is not only about attending to the words that they say, but also the ways they say them, the emotions that they show, their body language, their age, their developmental maturity, and the context within which they are conveying those words. **Putting children's words into context is an important skill that must be cultivated by all professionals working for and with them.** In my many years of experience as a child welfare specialist and, currently as the OC, I have encountered various instances where some stakeholders have solely relied on the spoken words of children to determine the outcome of a complaint without even hearing the perspectives of other relevant parties to that situation and assessing possible aspects that might have triggered the situation in the first place.

Given the known emotional vulnerabilities of children living in RCIs, this skill is even more significant to avoid skewed or wrong interpretations of children's descriptions of a given situation, that can result in inaccurate or unfair consequences to those involved in that particular situation. Officers who talk and listen to these children **MUST** also talk and listen to the adults working for and with them. Only then can decisions be taken and recommendations made regarding matters concerning these children. Too often, the interviews of children in RCIs take place behind closed doors without consulting and discussing the child's problems and concerns with other important members of the RCIs' staff. Valuing the voice of a child does not mean that one cannot counter-verify the child's affirmation. Listening to children's words in isolation does not serve their best interests.

One typical example in RCIs could be a child resident alleging that he/she was beaten by a caregiver. However, the actual scenario could have been that the child might have got angry with a caregiver for not having agreed to an unreasonable demand that he/she made, self-harmed by bruising or scratching himself/herself, and lied about the caregiver with the authorities with the aim of revenge. In such cases, if the authorities give weight to only the words of the child supported by his/her visible scratches or bruises, without requesting for the versions of the caregiver and other child or adult witnesses, and understanding how this situation came

about, this can have serious implications to those involved, including the caregiver losing his/her job or being reported to the police.

In my Annual Report 2018-2019, in the context of a systemic investigation on a particular RCI where violations of children's rights had been alleged to occur, I provided a list of various potential factors (this list is not exhaustive) that could influence children's accounts of a situation in RCIs, that I would like to reiterate as follows (OC, 2019, p.401)⁴¹:

1. *the effects of peer pressure;*
2. *suggestibility, whereby the child may feel under pressure from other people, especially those possessing authority or power over the child, to respond or act in a certain way;*
3. *in-group dynamics within institutions that can push younger children to imitate the words or behaviours of older or more authoritative children;*
4. *being moved away from the RCI which might replicate the trauma and anxiety that the child experienced when he/she was removed from his/her family;*
5. *difficulties with undergoing changes and transitions;*
6. *difficulties with forming healthy attachments with adults which may result in behaviours such as being overly clingy to adults despite maltreatment;*
7. *intense emotions such as anger and fear; or*
8. *the child's level of maturity and discernment on what is good or bad for them.*

2.2.3.6. Children who live and used to live in RCIs said to me...

During this systemic investigation on RCIs, my team and I visited all RCIs of the country where I had many private conversations with various child residents with regards to their views, feelings and concerns on their experiences of care. I also met with previous residents of RCIs to get a better insight on how things were for them during their journey within RCIs. I present below some most pertinent themes that emerged from the words of these children and young people, while maintaining their anonymity and that of the RCI:

⁴¹ Ombudsperson for Children (2019). *Annual Report 2018-2019*. Mauritius: OCO. Retrieved on 22 August 2022 from oco.govmu.org/Documents/WEB_FINAL_Annual_Report_2018-19.pdf

2.2.3.6.1. We need our families

Most of the children I spoke with talked about their biological families and their intense desire to meet and maintain contact with them, as well as benefit from their continuous attention and care. A 15-year-old boy from RCI 'A' told me about his frustration of hardly meeting his family and that he needed to act out at the RCI so that the authorities could pay attention to him and organise a parental visit. Although the visit was scheduled, he said that the authorities came to fetch him late from the RCI and that his mother had to go back to work before he had the chance to see her that day. In tears, he told me (in Mauritian Creole):

Mo zwenn mo fami rarman, pa zwenn mem. Fode mo'nn kraz partou pou bann la ekout mwa. Lerla CDU inn vinn sers mwa. Sa zour la mo'nn atann zot extra boukou letan. Mo mama ti pran permission dan so travay li'nn bizin ale. Mo pa'nn resi zwenn li (plore).

A 17-year-old girl resident at RCI 'B' wanted to meet her younger sister who lived in another RCI and whom she missed immensely. She complained to me that nobody had ever arranged for her to contact or meet her sister since the time they were separated and placed in different RCIs:

Madam Rita, mo anvi trouv mo ser. Mo extra kontan mo ser. Li dan enn lot shelter. Aswar, mo plore. Mo ti gate sa, mo ser mo kouma so mama. Kan mo sorti dan shelter, mo pou al sers li. Depi mo dan shelter zame mo'nn zwenn li madam Rita.

Separation of siblings can affect their emotional well-being, especially if they already had significant relationships among them before being placed in alternative care. It is important to keep them together within the same placement, as far as possible, or maintain regular contact between them, if this is determined to be in their best interests. Paragraph 17 of the GACC (UN, 2010) stipulates that:

Siblings with existing bonds should in principle not be separated by placements in alternative care unless there is a clear risk of abuse or other justification in the best interests of the child. In any case, every effort should be made to enable siblings to maintain contact with each other, unless this is against their wishes or interests.

2.2.3.6.2. We need to be seen and loved

I noted, during my observations and in the accounts told to me by children, that competition among children for individualised attention from caregivers is still a reality in many RCIs of the country, especially the ones accommodating larger groups of children. A 13-year-old girl who had recently left RCI 'C' recalled how she had to behave one time to secure attention for herself from a specific caregiver:

Kan mo ti dan shelter, tro boukou zanfán. Mis pa gagn letan pou koz ar mwa tousel. Enn bon mis me zot tou anvi koz ar li. Bizin met lake. Apre tou bann lezot zalou kan mo koz avek li, zot bat mwa. Enn zour ti ena kanpe mo'nn deklar malad. 4 zour mo'nn gagn mis pou mwa tousel.

In one visit to RCI 'D', I met a 16-year-old girl who was angry at the facts that there were not enough caregivers at the RCI and there were many fights among the child residents. According to her, the caregivers who were there attended primarily to the younger residents and they did not recognise her need to be soothed at bed time in the way her mother used to do. She was also upset that the authorities did not know where her mother was. Frustrated, she said to me:

Mo pa pou rekoz avek ou. Ou ombudsperson pou zanfán. Ou ti bizin sanz nou lavi isi. Ena lager isi. Parfwa zis 2 mis pou tou sa zanfán la. Mo ti dir mis kares mo latet pou mo dormi bien. Li dir mwa mo gran, li bizin get pli tipti. Lakaz mo mama kares mo latet. CDU dir pa kone kot li ete !

Moreover, I was intrigued by a phone call this year, that started like this:

Madam Rita mo tifi bien bizin koz avek ou. Li kamarad avek [X] ki res dan shelter [Y]. [X] inn dir ki li pa finn resi koz avek ou parski li per. Mo tifi so best frenn sa. Li sagrin li. Li anvi ou kone seki li fiyl. Atann mo pas ou mo tifi. Selma pa dir personn mo tifi inn rakonte ou sekre so kamarad.

After speaking these words, the mother who called me passed the phone to her adolescent daughter who is the best friend of child X who lives in RCI 'Y'. The girl said to me:

Bonswar madam Rita. Mo anvi [X] vinn res kot mwa. Me pa gagn drwa. So shelter, madam Rita, se enn prizon. Partou ena kadna, partou ena lakle. Li dir mwa li toufe. Kan ou ti vizit so shelter, mo kamarad inn tann ou pe dir mis 'ki tou sa lakle la ?' Lerla li'nn kone ki ou konpran zanfana. Madam Rita li pa kontan kote li reste. Li onte. Li dir li dan prizon. Difil barble partou. Li dir mis nek fer louvraz. Pa kapav koze rakont soufrans. Leswar li plore boukou. Li anvi vinn res kot mwa me pa gagn drwa. Li pa anvi retourn dan so lakaz parski laba kopin so mama pas lame ar li. Madam ou bizin ed zanfana shelter. Mwa ek li kan nou vinn gran, nou pou ouver enn lakaz pou zanfana ki gagn maltraite. Mo kamarad dir ou pa vinn koz avek li dan shelter. Li extra per. Pliz pliz madam ! Nou kont lor ou, pa dir kissanla nou. Mis dan lekol la li extra ed mo kamarad. Dan konze lekol mo kamarad dir li sorti boukou. Me li pa ditou anvi al promne, li anvi enn fami zis pou li.

I spoke to this girl for 40 minutes that day and, during the conversation, she was concerned about her friend and spoke to me in an overwhelmed tone. I promised her that I will voice out the difficulties faced by her schoolmate and friend and advocate for the wellbeing of all children in RCIs. She requested me if she could phone me confidentially to give any more information that her best friend would give her. I accepted her request without hesitation and told her that I have the duty to listen to the voice of children. As at 20 September 2022, I spoke with her 3 times on the phone in the presence of her mother. She has provided me with precious information related to the lives of children in that particular RCI and I have intervened in a way that did not breach the confidentiality of child X and her friend.

Furthermore, I met a 15-year-old boy who told me that he used to live in RCIs where caregivers kept changing shifts and he could not bond with anyone. Not being able to securely attach with a caregiver can manifest challenging behaviours and emotional difficulties for many children in RCIs. The quality of the relationship between children and their caregivers matters enormously. The boy said to me that he was relieved to be later placed at a different RCI where he could see his 'mother' and 'aunty' at the house every day, in the following words:

Mo kontan res isi parski mo kontan aunty B. Li touletan la pou mwa. Avan mo vinn isi dan lot shelter la toulezour mis sanze. Isi mama ek aunty la toulezour. Kan mo dan problem zot la pou mwa.

Children living in RCIs want to feel valued and be taken care of individually, not as a group. It is obvious that children living in RCIs do not constitute a homogenous group. Each one of them are unique human beings with specific backgrounds and needs. However, they usually find themselves living with a bigger group of children within the same environment, who are not related to one another and who compete for love, affection and individualised care. For years, these children's voices have not been heard enough. The three comments from children quoted in the current sub-section are a glimpse of what many of them experience on a daily basis in RCIs, especially in large ones. Children in their own words have strongly condemned institutional care which is characterised by a one-size-fits-all approach. Their views can no longer go unnoticed and must be taken into consideration by competent authorities.

This is why, as the OC, I am strongly advocating for the elaboration and implementation of a clear national strategy on the deinstitutionalisation of alternative care of children (refer to [sub-section 2.4](#) for more details). The progressive elimination of large-group residential care facilities is WARRANTED to improve the daily lives and quality of care of children who have no other resort than to live in RCIs. For the 500-600 children currently living in local RCIs, it appears that they do not have, as of yet, any alternative family member who is willing or able to care for them, and that their parents' and/or family's situation has not improved sufficiently so that they could be safely discharged back home. The limited number of registered foster families in the country also restricts possibilities for children living in RCIs to be transferred to a family-based alternative care setting. Nevertheless, I advance that the setting up of small residential group homes accommodating only a limited number of children, following rigorous screening of individual profiles to ensure that the children can adapt within the facility, is **HIGHLY POSSIBLE** in the foreseeable future.

2.2.3.6.3. We need to be protected from abuse from other child residents

When we hear on issues of abuse within RCIs, as a *cliché*, we tend to assume that these must have happened between the adults working there and the child residents. However, this is not completely true. Local RCIs, especially large ones where staff supervision is low, are more and more facing an increased level of interpersonal and group violence among the child residents themselves. Many previous child residents of RCIs informed me that they experienced different forms of abuse, including physical, verbal, emotional and even sexual abuse, from other children

within the facilities where they lived. They often felt helpless because their experiences of violence from other residents were not always taken seriously by the adults.

It is high time that we recognise that there are children who abuse other children, or child perpetrators, and they can cause significant harm to the physical and mental health of the victims. As widely known in cycles of abuse, child perpetrators can use various tactics including coercion, fear, intimidation or bullying to silence their child victims so that they do not disclose their abuse to adults. There should be a clear protocol outlining the procedures to be followed when children disclose abuse inflicted to them by their peers along with appropriate support mechanisms for the child victims. Under the Children's Act 2020, child perpetrators reported to the authorities can fall within one of the following listed categories:

1. Children with serious behavioural concerns (part IV, sub-part III, section 41);
2. Children under the age of 14⁴² suspected of having committed an offence (part V, sub-part I, section A, sub-section 50); and
3. Juvenile aged 14 years or above, but below 18 years, alleged to have committed an offence (part V, sub-part II, section A).

Whichever the category, child perpetrators also have the right to be rehabilitated and to be heard actively by all relevant stakeholders.

During my investigation within RCIs, **I realised that both children in conflict with the law and those with behavioural problems can seriously put at stake the stability of an RCI, and violate several rights of the other child residents, especially the right to grow up in a secure environment.** Child perpetrators from the above-mentioned categories living in RCIs may also have serious mental health issues which require intensive therapeutic care. There is no doubt that a typical RCI is not equipped or set up for the purpose of accommodating and rehabilitating children in conflict with the law, with serious behavioural problems and/or with significant mental health problems. The GACC (UN, 2010, para.124) also proposed that “[m]easures should be

⁴² The minimum age of criminal responsibility in the Republic of Mauritius is 14 years old (Children's Act 2020, part V, sub-part I, section A, sub-section 49).

taken so that, where necessary and appropriate, a child solely in need of protection and alternative care may be accommodated separately from children who are subject to the criminal justice system”.

The question is which specialised alternative care infrastructure(s) is/are most appropriate for these children? Professionals and policy makers must come together and work on finding answers to this question. One CANNOT just leave child perpetrators to decide for themselves that they wish to continue to stay within the RCIs without due regard given to the rights and well-being of other child residents, including child victims and witnesses. Respecting one of the four fundamental principles of the CRC (UN, 1989) – the right of the child to be heard – does not mean that this should be applied in isolation with no consideration to the broader context of the child’s behavioural profile and placement suitability.

I would like to reiterate here that listening to the voice of children in RCIs should not be confused with giving in to their every demand and believing every word they say. Officers who are not trained in child psychology and active or empathic listening often do not have sufficient capacity to discern between children’s manipulative strategies and their genuine views about matters concerning them. When officers only take what children say at face value without discernment, they often make biased, one-sided or ineffective conclusions in their reports that can negatively impact on child residents’ lives and the work of those involved in their care.

To illustrate this difficult point, I provide next an extract (in Mauritian Creole) from an interview of a previous resident, who is now 32 years old and who had lived in various RCIs from the age of 8 to 17 years old. She proudly told me about the different ways that she used at these RCIs to gain power over other residents and bully them, and manipulate caregivers and the authorities. According to her, she had never been caught abusing others because she would easily manipulate situations to look like she was a victim. In addition, no other child resident dared to disclose what she did to them. Consequently, she was never identified by the authorities as having any serious behavioural problems at the RCI or as needing psychological help. It was much later, after she left the RCI, started working and was left by her husband, that she recognised her mental health difficulties and agreed to undergo psychiatric treatment.

Madam Rita, mo ti enn bos mwa (fourir) mo’nn kalme parski mo patronn inn fer mwa fer enn tretman. Mo’nn sanz shelter boukou fwa parski mo’nn dir zot mo pe soufer ek kererz. Mo ti

pe kraz enn bann plore lerla zot krwar mwa. Mo sagrin seki mo'nn fer parski enn zour enn bon madam inn perdi so travay lakoz mo ti koz manti lor li. Mo ti dir mis CDU ki li ti bat mwa. Mo sagrin mo'nn fer li ale depi shelter.

Mo'nn bien kokin linz, gato, liv, sak, soulie bann zanfan. Mo ti pe fer zot extra per lerla zot pa kapav dir mis nanye kont mwa. Boukou fwa mo'nn bien bat bann zanfan shelter. Person ziska zordi pa'nn dekouver mwa (li kas enn gran riye). Madam Rita, mo ti gran mo'nn dres bann tipti. Mo ta'nn ou dan radio dir pa bat zanfan me mo dir ou fran, nek mo bat mo zanfan mwa. Zot gagne ar mwa. Mo papa ti bien bat mwa li. Li'nn dres mwa. Selma li pa ti bizin dormi ar mwa.

Ou pe anvi konn plis lor mo lavi dan shelter, be kouma mo dir ou mo ti enn bos dan shelter. Tou zanfan ti swiv mwa, mo dir manze zot manze, mo dir sorti zot sorti. Mo dir pa sorti, person pa bouze. Kot mo'nn ale mo'nn kontrol partou. Dan twalet mo ti pe anbras bann kamarad. Enn zour enn mis inn may nou toutswit mo'nn kriye plore. Lerla bann mis inn krwar ki se bann lezot tifi ki ti anbras mwa. 2 tifi pli gran ki mwa inn al RYC. Mo sikolog inn get mwa pou 2 mwa. Ayo madam Rita mo'nn bien fer move lontan me mo bien malinn. Person zame trap mwa. Selma kan mo'nn koumans travay kot madam li finn dir mwa ki mo ena problem sikolozik. Dokter inn dir ki mo ena problem mantal. Mo pe fer tretman BSH. Mo misie fini kit mwa parski kan mo fer koler mo fer extra koler ek mo ti pe bat li boukou.

As a 'silent' perpetrator, this 32-year-old previous RCI resident had a notable impact on the lives of the other child residents she lived with. They were scared of her, were abused many times by her, even sexually, and were wrongly accused of things that she had done. A caregiver also lost her job because she manipulated the CDU officer to believe that the latter had beaten her. Although she regretted now what she did, the caregiver had to pay the consequences of her lie back then. This also revealed a situation where the CDU officer had not given enough consideration to the broader context of the alleged physical abuse incident and took the child's words at face value without discernment.

2.2.4. The importance of families in the lives of children living in residential care

2.2.4.1. Family as a secure base for child development

As already mentioned in the context of this systemic investigation (refer to [sub-sections 2.1.1 and 2.1.2](#)), growing up without a family can have adverse long-term effects on the development, psychological well-being and life opportunities of any child. The international community supports the fact that a child's primary environment should be the family, a family who cares for the child's needs including his/her safety, health, education and leisure, among others. Being cared for by both parents is a fundamental right of every child as enshrined in both the CRC (UN, 1989, art.7(1)) and the ACRWC (AU, 1990, art.19(1)). In cases where a child is deprived of parental care in his/her best interests, the GACC (UN, 2010) promotes the use of family-based alternatives such as kinship care and foster care, as far as possible, and prescribes residential care as a last resort option.

Furthermore, the family plays an important role in the brain development of a child. The maturation of the child's brain is based on the quality of the bonds between him/her and his/her primary parent figure, especially in his/her first 3 years of life. Sensitive, caring, loving, responsive and consistent interactions between the child and his/her parent, usually the mother, are the foundations for enabling healthy development of the child's brain architecture, including emotional regulation processes and acquisition of language, and achieving other developmental milestones, and positive future health and social outcomes. A neurodevelopmental study on childhood trauma explained some interesting facts about a child's brain as follows (Perry & Pollard, 1998)⁴³:

- By the age of 3, despite the body is still around 18 per cent of its adult size, a child's brain can already reach up to 90 per cent of its adult size by the same age.
- The quantity, quality and pattern of childhood experiences, including caregiver-child interactions, shape the developing child's brain and define the adult who he/she will become.

⁴³ Perry, B. & Pollard, R. (1998). Homeostasis, stress, trauma and adaptation: A neuro-developmental view of childhood trauma. *Child and Adolescent Clinics of North America*, 7, 33–51.

- Within its specific genetic potential, the child's brain develops capabilities suited for the environment in which he or she is raised, in other words, "*children reflect the world in which they are raised*" (p.35).

Hence, it is very likely that poor quality caregiver-child relationships in an infant's early life can be predictive of unfavourable developmental, health, emotional and social outcomes in adolescence and adulthood. One of the most compelling theories in this area is **the attachment theory**, brought forward by John Bowlby in the 1950s, and further developed by other psychologists, researchers and theorists. Bowlby demonstrated that children who are well taken care of by good, loving and sensitive caregivers develop secure attachments, and have a better ability of developing stable and trustful relationships with other significant people in adulthood. As a psychiatrist in a Child Guidance Clinic in London, he consulted many children suffering from depression and other mental instability. This helped him reflect on the significance of a child's bond with his primary parent figure, often the mother, in terms of his/her emotional, cognitive and social development. He noted that children experienced extreme instability and sadness when they lived far apart from their mothers. The attachment theory of Bowlby also allows us to realise the adverse effects that institutional care can have on children, especially infants and young children, and the pertinence of family-based care and secure relationships with a caregiver for proper child development.

2.2.4.2. Impact of institutional care on children

What can happen to a child's development if he/she is deprived of care from his/her family, who is supposed to be his/her safe haven for healthy development, from an early age, cannot benefit from an alternative family-based environment, and ends up living in non-family-based institutions? Such questions are continually investigated by many researchers across the world, and, from an attachment perspective, there seems to be consensus that children in institutional care or RCIs are more likely to develop lasting insecure attachments, cognitive and behavioural problems, and an impaired capacity to form and maintain stable relationships in later life. Insecure attachments arise when the emotional needs of the child are not sensitively and consistently met by his/her primary caregiver.

History bears testimony of the devastating effects of institutional care on children who were abandoned at or around their birth in Romanian institutions in the 1980s and reared in physically and emotionally depriving conditions. The institutions were overcrowded, infants and babies crammed in small rooms, and left in their cribs, rocking back and forth most of the day, with hardly any attention and stimulation from limited and overworked caregivers. An ongoing longitudinal study by the Bucharest Early Intervention Project (2022)⁴⁴, that began in the year 2000, followed 136 infants and children who used to live in those institutions. Their findings revealed that, compared to non-institutionalised children and those who were placed in foster families, the institutionalised children were more likely to suffer from language deficits and poor problem-solving and reasoning skills, had smaller brain sizes and lower intelligence quotients (IQs), were at increased risks of psychiatric disorders, mainly emotional disorders such as anxiety and depression and displayed unusual social behaviours. Other studies also showed that, in comparison to children reared by their biological or adopted families, children living in orphanages had lower IQs, heights and weights, and more behaviour issues, attention problems, indiscriminate friendliness and insecure attachments (Macleane, 2003)⁴⁵.

Indeed, care within RCIs, especially large ones, are often characterised by a small number of caregivers attending simultaneously to a bigger group of children who might be different in age, gender, health status, and developmental abilities, among others. The care quality and quantity relative to each individual child are usually compromised by concurrent demands and needs of different child residents, conflicts among child residents, caregivers continuously changing work shifts, lack of appropriate training for caregivers, and rigid rules and regulations at the RCI that foster more an institutional than a family-like approach to care. The competition for care and individualised attention from caregivers may leave the child at the RCI having a war of feelings churning inside him/her, that may give rise to emotional dysregulation, challenging behaviours, social problems, or even mental health disorders such as attachment disorder, conduct disorder or mood disorders. This appears to be consistent with the experiences of children living in RCIs that I presented in [sub-sections 2.2.3.6.2 and 2.2.3.6.3](#).

⁴⁴ Bucharest Early Intervention Project (2022). *About the Bucharest Early Intervention Project*. Retrieved on 23 August 2022 from www.bucharestearlyinterventionproject.org/about-beip

⁴⁵ Maclean, K. (2003). The impact of institutionalization on child development. *Development and Psychopathology*, 15, 853–884.

In comparison to children living in a caring family home, where parents' empathic response to a child's discomfort allows him/her to regulate his/her emotions and get a better understanding of his/her environment, those living in RCIs lack this kind of consistent and sensitive response, support and guidance from adult figures. In addition, these children have often undergone trauma and adverse childhood experiences (refer to [sub-section 2.2.2](#) of the current chapter) prior to being placed in RCIs, which can be accentuated through poor quality caregiving environments and further compromise their developmental pathway.

2.2.4.3. Is there any way to mitigate the effects of institutional care on children?

Although institutional care can have negative long-term effects on child development, reintegrating a family-based environment at the earliest age possible can act as an important protective factor for institutionalised children and contribute to mitigating some of these effects. Studies by Marcovitch and his colleagues, and Rutter and the ERA Study Team, carried out in 1997 and 1998 respectively (as cited in Browne *et al.*; 2005)⁴⁶, found that young children who were placed in residential care in the first six months of their life were more likely to suffer long-term developmental delays. However, those who were placed in residential care after six months of age, on an emergency basis only, still had chances to recover from their difficult background and catch up on their physical and cognitive development once they were transferred to a caring family-based environment, despite the fact that permanent damage to the brain architecture of the children might already exist due to early adverse or traumatic experiences while they were in the care of their parents (as cited in Browne *et al.*, 2005).

Moreover, a longitudinal research study by Hodges and Tizard (1989)⁴⁷ demonstrated that, children who had lived in an institution before the age of 2, and placed at 2 years of age with either adoptive families or restored to the care of their parents, mainly their mothers, still had the potential to form lasting relationships with their caregivers, especially if the latter were invested in nurturing their attachments (Hodges & Tizard, 1989). Nevertheless, in comparison to 16-year-old adolescents who never lived in RCIs, those who were adopted or restored to family

⁴⁶ Browne, K., Hamilton-Giachritsis, C., Johnson, R., Chow, S., Ostergren, M., Leth, I. *et al.* (2005). A European survey of the number and characteristics of children less than three years old in residential care at risk of harm. *Adoption & Fostering*, 29, 23-33.

⁴⁷ Hodges, J. & Tizard, B. (1989). Social and family relationships of ex-institutional adolescents. *Journal of Child Psychology and Psychiatry*, 30(1), 77-97.

care at the age of 2 experienced more difficulties in forming peer relationships, were less likely to have a special or close friend, and were more oriented to seeking attention and approval from adults outside the family (Hodges & Tizard, 1989).

2.2.4.4. A family environment for every child without parental care

Given the critical period for a child's healthy brain development (Perry & Pollard, 1998), especially in his/her first 3 years of life, which is largely dependent on regular, consistent and positive interactions between the child and his parent or primary caregiver, every child without parental care should be afforded the opportunity to benefit from this form of one-to-one care. This could be through prioritising these children's placements within family-based alternatives including wider family members or foster families. If placement in an RCI is unavoidable for a child under 3 years old as an emergency measure, the facility must be fully equipped to provide high-quality, individualised and family-like care through trained and experienced caregivers, with a clearly defined plan to move the child to a family-based alternative (e.g., return to family of origin, kinship care, foster care, or adoption where applicable) within the shortest possible delay, where this is in their best interests. The GACC promotes family-based care for children under the age of 3 as follows (UN, 2010, para.22):

In accordance with the predominant opinion of experts, alternative care for young children, especially those under the age of 3 years, should be provided in family-based settings. Exceptions to this principle may be warranted in order to prevent the separation of siblings and in cases where the placement is of an emergency nature or is for a predetermined and very limited duration, with planned family reintegration or other appropriate long-term care solution as its outcome.

Indeed, the family plays a vital role in moulding the social, cognitive, moral and spiritual growth of children. During the two-day colloquium I organised this year entitled, “*Harmonisation of the Children's Act 2020 with the UNCRC: A focus on deinstitutionalising alternative care for children*”, I stated that:

Children are not plastic flowers. They are real flowers and they need soil to grow, thrive and flourish properly. The soil here represents the family. Uprooting a child unnecessarily from the family must be avoided at all costs.

It is not surprising that, around the world, child rights defenders strongly advocate for the rights of children to grow up in families. The State Parties to the CRC (UN, 1989) are convinced that the family is the fundamental group of society and the natural environment for the growth and well-being of every child. Moreover, they recognize that a happy, loving and understanding family environment allows for a child to develop his/her personality fully and harmoniously. They also agreed that *“the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth”* (UN, 1989, preamble).



“FOR CHILDREN BEING RAISED IN ANY KIND OF ADVERSITY, THE SOONER YOU CAN GET THEM INTO AN ADEQUATE CAREGIVING ENVIRONMENT, THE BETTER THEIR CHANCES ARE FOR DEVELOPING NORMALLY.”

~ C. Zeanah, Principal Investigator, Bucharest Early Intervention Project

Hence, it is my duty to remind policy makers and all stakeholders on the importance of a family in the life of every child. Policies cannot and should not be elaborated without taking into consideration and acknowledging the importance of healthy families. Our beliefs impact on children's lives. Children deprived of parental protection rely on our commitment and positive actions in their best interests, not promises and speeches. In a movement towards deinstitutionalising alternative care of children in our country, we need to work together and harder to ensure that current RCIs are redesigned to a more family-like environment, and that children who are living in RCIs access a family-based setting the soonest possible in their journey of care, where this is in their best interests (refer to [sub-section 2.4](#)).

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2.3. What are and are not working in our country's residential care system?

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2.3.1. Meeting various stakeholders working with and for children in RCIs

My team of investigators and I have closely monitored all RCIs and gathered information from them on a regular basis during the reporting year 2021-2022. Visiting RCIs to collect qualitative data through observations, interviews and group discussions has provided us with precious information in relation to the protection and promotion of the rights of children in RCIs. I would like to highlight that, under the Ombudsperson for Children Act 2003 (refer to [Appendix A](#)), I may enter premises where a child is present either temporarily or permanently in order to study that environment and assess its suitability from a child rights lens. I am also empowered to call for the production of any document or exhibit during my investigations.

I would like to acknowledge that managers and staff of all RCIs (list of RCIs provided in [Appendix E](#)) have fully collaborated with my team during the investigation, which has enabled us to carry out an in-depth investigation. I must also thank different units of the Ministry of Gender Equality and Family Welfare, namely the Licensing of Place of Safety and Enforcement Section, the Child Development Unit including the Child Rehabilitation Service and the Back-to-Home Programme, and the Psychological Services/Child Perpetrator Support Unit, as well as the Mauritius Probation and Aftercare Service, which falls under the aegis of the Prime Minister's Office (PMO), Rodrigues, Outer Islands and Territorial Integrity Division. We engaged in constructive policy dialogues on how to better fulfil the rights of children living in RCIs and improve their daily lives. It is important for our population to be more aware of the objectives, areas of intervention and mechanisms in place of these existing national services, with regards to children living in RCIs. I provide some information on each one of them in [Tables 5-8](#) of [sub-section 2.3.2](#) below.

2.3.2. National agencies linked to the residential care of children

Table 5. Brief overview of the Licensing of Place of Safety and Enforcement Section, MGEFW.

Licensing of Place of Safety and Enforcement Section	
Ministry	Ministry of Gender Equality and Family Welfare
Division (if any)	Planning and Research Unit

Objective(s)	To ensure that the norms and standards of Residential Care Institutions for Children are met to provide a continuum of care
Areas of intervention	Set up since 17 August 2020, a team of enforcement officers carry out visits every fortnight in RCIs for monitoring purposes and ensuring compliance with the Residential Care Institutions for Children Regulations 2022 (regulations made under section 71 of the Children's Act 2020).
Mechanisms in place	<ul style="list-style-type: none"> • 18 Enforcement Officers (EOs) funded posts as at 2021/2022 (MGEFW, 2021b)⁴⁸ under the supervision of a Coordinator and the Head of the Planning and Research Unit; 6 EOs monitoring RCIs as at September 2022

Table 6. Brief overview of the Child Development Unit, MGEFW.

Child Development Unit (including the Child Rehabilitation Service and the Back-to-Home Programme)	
Ministry	Ministry of Gender Equality and Family Welfare
Division (if any)	None
Objective(s)	<ul style="list-style-type: none"> • To elaborate on policies and legislation including frameworks for children; • To set up an institutional mechanism for the protection and development of children; • To prepare and support child victims of violence for legal encounters; • To put forward a hotline service with respect to reporting a case and counselling, as appropriate; • To provide victims with follow-up sessions to ensure recovery from trauma and hence their reintegration in society; • To cater for the promotion of safe and child friendly services; and • To provide periodic review of placement of children in shelters and charitable institutions.

⁴⁸ Ministry of Gender Equality and Family Welfare (2021b). *Strategic Overview, 2021-2024*. Retrieved on 02 September 2022 from mof.govmu.org/Documents/budget2021_22/expenditure/V_20_002021_22all.pdf

Areas of intervention	<ul style="list-style-type: none"> • Ensure the child's safety, namely through an application in the court for an Emergency Protection Order whose outcome may involve the removal of the child from his/her home and his/her placement in the temporary shelters of the Ministry; • Offer face-to-face counselling in outstations whereby children, victims as well as family members are free to communicate the problems they encounter in a safe environment; • Operate a hotline service to provide first hand counselling and advice to the public on family related matters, particularly to those who are in urgent need of help and support; and • Provide psychological support at the level of CDU outstations to children and victims of abuse to assist them in coping more effectively with their situations.
Mechanisms in place	<ul style="list-style-type: none"> • 13 psychologists attached to the CDU to work with RCIs; • A team of Family Welfare and Protection Officers under the supervision of Coordinators to work with RCIs; • 4 officers are posted in the Back-to-home programme and monitoring visits are being done at home and in RCIs monthly; and • A hotline service (113) provided to members of the public for direct reporting of cases.

Table 7. Brief overview of the Psychological Services/Child Perpetrator Support Unit, MGEFW.

Psychological Services/Child Perpetrator Support Unit	
Ministry	Ministry of Gender Equality and Family Welfare
Division (if any)	None
Objective(s)	<ul style="list-style-type: none"> • To ensure that people including children benefit from quality psychological service with the aim of improving their wellbeing; and • To cater for the psychological needs and evaluation of children and to provide appropriate psychological treatment programmes to child victims, witnesses and offenders

Areas of intervention	<ul style="list-style-type: none"> • The psychologists of this unit intervene in crises situations and upon request from the CDU or the RCI; and • They conduct initial assessments when the child is removed from the family, they intervene when their services are required from the Back-to-Home Programme and they conduct assessments that may be required by the Children's Court.
Mechanisms in place	16 psychologists under the supervision of the most senior psychologist of the unit

Table 8. Brief overview of the Mauritius Probation and Aftercare Service, PMO.

Mauritius Probation and Aftercare Service	
Ministry	Prime Minister's Office (PMO)
Division (if any)	Rodrigues, Outer Islands and Territorial Integrity Division
Objective(s)	To represent court-ordered services and ensure the rehabilitation of juveniles under the system of throughcare and aftercare
Areas of intervention	<ul style="list-style-type: none"> • Probation Officers provide rehabilitative services to both adults (90 per cent) and children (10 per cent); • Throughcare is care given by Probation officers to juveniles from the point of sentence to the point of their release from detention; and • Aftercare is accorded to juvenile offenders who have been released in the community from the Rehabilitation Youth Centres (RYCs) or Correctional Youth Centres (CYCs) until the expiry of their orders. The juveniles remain under the supervision of Probation Officers.
Mechanisms in place	<ul style="list-style-type: none"> • Operation of two semi-open residential institutions, the Probation Hostel for Boys and the Probation Home for Girls, along a family model, and provision of diverse activities for the rehabilitation of the juveniles; and • The Probation Hostel for Boys and the Probation Home for girls are each managed by a Committee under the Probation of Offenders Act 1946.

2.3.3. A review of the Residential Care Institutions for Children Regulations 2022

From previous sections of the current chapter, we have a better understanding of why and how children are referred to RCIs in our country. In view of better harmonising our legislation with the CRC (UN, 1989) and the GACC (UN, 2010), and moving away from an institutional culture in alternative care, I believe it was important during my systemic investigation to review and discuss the current regulations governing RCIs in our country: **the Residential Care Institutions for Children Regulations 2022**⁴⁹, regulations made under section 71 of the Children's Act 2020. These regulations define the provisions necessary to apply for, renew or revoke a licence for operating an RCI for children, the responsibilities of the RCI Manager, caregivers and other stakeholders within the regulations and the additional conditions attached to the licence, including those related to the physical environment of the RCI, administration, and basic and other needs of the child residents.

In [Table 9](#) below, I select and discuss provisions of these regulations and review them relative to current local knowledge, observations and feedback from relevant stakeholders, and international guidance in children's rights with regards to residential care.

Table 9. Review of the Residential Care Institutions for Children Regulations 2022 by the OC.

Section number in the Regulations	Discussion points
Section 2 (Definition of 'caregiver') <i>"caregiver" means a duly qualified person employed by a residential care institution and registered as such with the Ministry to provide care, support and assistance to children</i>	"caregiver" is defined as a <u>"duly qualified person"</u> , however, as per field experience and feedback from local NGOs running RCIs, this role is not attractive to formally qualified people with its relatively low pay, thus making recruitment difficult.

⁴⁹ The Residential Care Institutions for Children Regulations 2022 can be accessed fully on the following web link: supremecourt.govmu.org/view_document/2434843/2956019?file=https%3A//supremecourt.govmu.org/system/files/legislation/2434843/no-31-residential-care-institutions-children-regulations-2022.pdf%23search%3D%26phrase%3Dfalse&searchType=&search=

Section number in the Regulations (ctd)	Discussion points (ctd)
<p>Section 2 (Definition of ‘house parent’)</p> <p><i>“house parent” means a person responsible for a group of children</i></p>	<p>I note that the definition seems <u>vague and no explicit elaboration</u> is provided in the Regulations to explain the credentials/qualifications required of this role. In addition, the rationale behind this new role is unclear and it does not differentiate itself from the role of a ‘caregiver’.</p>
<p>Section 2 (Definition of ‘residential care institution for children’)</p> <p><i>“residential care institution for children” means –</i> <i>(a) a non-family-based group setting such as a transit centre in emergency situations; or</i> <i>(b) any other facility, including family-like setting providing short-term and long-term residential care</i></p>	<p>Within the objective of deinstitutionalising residential care, continuing the use of the term “institution” within our legislation and regulations might not be helpful. We must start considering an alternative legal term to ‘institution’, such as small family-like group homes.</p> <p>In addition, the Regulations define that an RCI for children can include a <u>“family-like setting”</u>, but it appears that the emphasis in the application process is on <u>institutional</u> clearances from the Sanitary Authority, Ministry of Health and Wellness, and the Mauritius Fire and Rescue Service (Government Notice No. 31 of 2022, p.237). Is it necessary to demand such requirements in the setting up of a home/family-like environment?</p> <p>Moreover, the term ‘family-like’ has not been defined in the new Regulations and is open to subjective interpretation. The term ‘family-like’ should also not be confused with ‘family-based’.</p> <p>Nevertheless, a residential care facility remains a <u>formal non-family-based alternative care option for children without parental care,</u></p>

Section number in the Regulations (ctd)	Discussion points (ctd)
	<p>although efforts towards <u>reducing the size of residential care facilities to provide individualised and small group care</u> must be maintained. Residential care facilities must also be child-friendly, adapted to children's ages and home-like in their physical infrastructure. Caregivers must also be trained to provide adequate family-like care and support to the children.</p>
<p>Section 3(2) (The Residential Care Institution for Children Advisory Committee)</p> <p><i>(2) The Committee shall comprise –</i></p> <p><i>(a) a Chairperson, who shall be the supervising officer or any officer of the Ministry, not below the rank of Deputy Permanent Secretary, to be designated by the supervising officer;</i></p> <p><i>(b) the Technical Head of the Licensing and Enforcement Section or his representative;</i></p> <p><i>(c) the Head of the Child Development Unit or his representative;</i></p> <p><i>(d) a representative of the Attorney-General's Office;</i></p> <p><i>(e) a representative of the Ministry responsible for the subject of education, not below the rank of Deputy Permanent Secretary;</i></p> <p><i>(f) a representative of the Ministry responsible for the subject of health, not below the rank of Deputy Permanent Secretary;</i></p> <p><i>(g) a representative of the Ministry responsible for the subject of social security, not below the rank of Deputy Permanent Secretary;</i></p>	<p>I note that there is no representative from the civil society/NGOs working in the domain of residential care on the Residential Care Institution for Children Advisory Committee, which I think can bring better balance and impartiality to the decisions made at the level of this Committee.</p>

Section number in the Regulations (ctd)	Discussion points (ctd)
<p>(h) a representative of the Commissioner of Police or his representative, not below the rank of Assistant Superintendent of Police;</p> <p>(i) a representative of the Mauritius Fire and Rescue Service; and</p> <p>(j) a representative of the National Social Inclusion Foundation.</p>	
<p>Section 4(c) (Functions of the Committee)</p> <p>(4) The functions of the Committee shall be –</p> <p>(c) to oversee the evaluation of residential care institutions for children and make recommendations to the Ministry</p>	<p>I find important to highlight that this function of the Committee in relation to the evaluation of RCIs for children and making recommendations to the Minister also falls within my mandate under the OCA 2003. As long as these evaluations and recommendations are linked to the internal functioning and decisions of the Committee, they do not overlap with my mandate. However, external evaluations and recommendations I make with regards to RCIs as an independent child rights institution must be given due consideration by this Committee and the Ministry. I believe that the Committee cannot be judge and party of its own evaluations and recommendations.</p>
<p>Section 4(d) (Functions of the Committee)</p> <p>(4) The functions of the Committee shall be –</p> <p>(d) to consider the applications, suspensions, revocations and renewals referred to it under these regulations and make recommendations to the Ministry.</p>	<p>Within this function of the Committee, I note that it plays both executive (e.g., approval/refusal of new licences/renewals by the Supervising Officer/Chairperson of the Committee) and advisory roles (e.g., making recommendations to the Ministry). Such a structure cannot guarantee that decisions are being made in an independent manner. I maintain that the role of an external evaluator is warranted in reviewing decisions taken by this Committee.</p>

Section number in the Regulations (ctd)	Discussion points (ctd)
<p>Section 5(1)(b) (Exemption from registration for State-owned RCIs)</p> <p><i>(b) A State-owned residential care institution for children shall be exempted from registration under these regulations.</i></p>	<p>I believe that this exemption can create <u>institutional discrimination</u> between State bodies and NGOs running RCIs for the provision of services to the SAME target group of children without parental care. In addition to being funded twice as much as NGO-run RCIs, State-owned RCIs are also being exempted from adhering to the institutional clearances and other licence conditions being expected of their NGO counterparts. This provision does not only perpetuate disparities in funding between State-owned and NGO-run RCIs, but also in the quality of care provided to children, and accountability and governance structures within these RCIs.</p> <p>I would like to highlight that the GACC (UN, 2010) recommended that “<i>States should <u>establish care standards to ensure the quality and conditions that are conducive to the child’s development, such as individualized and small-group care, and should evaluate existing facilities against these standards. Decisions regarding the establishment of, or permission to establish, new residential care facilities, whether public or private, should take full account of this deinstitutionalization objective and strategy</u></i>” (para.23). It also defines facilities providing residential care for children as both “individual public or private establishments” (UN, 2010, para.29(d)(ii)), and places both types of facilities at an equal level in relation to adhering to similar standards and guidelines in residential care for children.</p>

Section number in the Regulations (ctd)	Discussion points (ctd)
<p>Section 5(3)(b) (Application as a Manager of an RCI for children)</p> <p><i>(3) The application under paragraph (2) shall be accompanied by –</i></p> <p><i>(b) such other documents as the supervising officer may consider necessary.</i></p>	<p>Any person who intends to operate an RCI for children must have relevant and adequate qualifications, technical skills, training and experience relevant to the management of an RCI for children, child psychology, child rights, the GACC (UN, 2010), good governance and ethical practices.</p>
<p>Section 5(4)(b) (Governance structure for RCIs)</p> <p><i>(4) The supervising officer shall, in determining an application, have regard to whether –</i></p> <p><i>(b) a proper governance structure is in place;</i></p>	<p>The term ‘governance structure’ must be defined in the Regulations to avoid confusions on what is being expected.</p>
<p>Section 5(4)(c) (Track record of applicant)</p> <p><i>(4) The supervising officer shall, in determining an application, have regard to whether –</i></p> <p><i>(c) the objectives and track record of the applicant include the welfare and protection of children;</i></p>	<p>It is of utmost importance that any institution/NGO applying to open an RCI for children should have a proven relevant track record of working <u>on a continuous basis</u> with vulnerable groups of children. I think that a minimum number of years of continuous experience must be established by the Regulations.</p>
<p>Section 5(4)(f)(ii)(A-B) (Caregiver qualifications)</p> <p><i>(4) The supervising officer shall, in determining an application, have regard to whether –</i></p> <p><i>(ii) every caregiver has –</i></p> <p><i>(A) appropriate qualifications in the field of giving care to children; and</i></p> <p><i>(B) knowledge of matters relating to child care, child development, child psychology and rehabilitation of the child.</i></p>	<p>Although I agree that caregivers in RCIs must have adequate knowledge and skills to work with vulnerable children, it is important to know that <u>it would be difficult for organisations to find caregivers with ALL the proposed set of qualifications and knowledge as per the new Regulations</u>. Ongoing on-the-job training within RCIs for new caregiver recruits also has value and must be recognised.</p>

Section number in the Regulations (ctd)	Discussion points (ctd)
	<p>In addition, I think it will be important for the Ministry to come up with a strategy to train existing and prospective caregivers, for instance, by <u>specially designing an MQA-approved course for RCI caregivers delivered by local field professionals in residential care.</u></p>
<p>Section 5(5) (Approving an application for an RCI for children)</p> <p>(5) (a) <i>Where the supervising officer grants an application, he shall issue a licence to the applicant in the form set out in the Second Schedule.</i></p> <p>(b) <i>The licence issued under subparagraph (a) –</i></p> <p>(i) <i>shall be valid for a period of 3 years from the date of its issue; and</i></p> <p>(ii) <i>may be renewed for further periods of 3 years.</i></p>	<p>I think the power conferred to the Supervising Officer (SO) in the acceptance and rejection of an application requires more specification on a time limit within which the SO has to provide a response to the applicant. In the previous regulations of 2019⁵⁰, this was provided as <u>not later than 3 months</u> (section 4(4)), but I note that this has been removed from the current Regulations. In view of promoting fairness, transparency and accountability in application procedures, I suggest that a processing time limit by the SO must be reinstored and should not exceed 30 days.</p>
<p>Section 5(6)(b) (Rejection of an application for an RCI for children)</p> <p>(b) <i>Where the supervising officer rejects an application, he shall, not later than 21 days of his decision, inform the applicant accordingly.</i></p>	<p>I think that this administrative waiting time to know about a rejection must be reduced to within 10 days, so that the NGO could appeal as soon as possible if they are aggrieved by this decision. The same issue applies within the same Regulations to the rejection of an application for renewal of an issued licence (section 6(4)(a)), an application as Manager of an RCI (section 8(5)(a)), and an application as caregiver within an RCI (section 9(5)(a)).</p>

⁵⁰ Cited as Child Protection (Place of Safety for the Welfare and Protection of Children) Regulations 2019 (regulations made by the Minister under section 21 of the Child Protection Act [repealed by part VI, section 72 of the Children's Act 2020]).

Section number in the Regulations (ctd)	Discussion points (ctd)
<p>Section 8(1) (A full-time Manager)</p> <p><i>(1) Every residential care institution for children shall, at all times, be administered and managed by a full-time manager.</i></p>	<p>Imposing the requirement of a full-time Manager is a demanding provision for NGOs because this involves the payment of a full-time salary to an adequately qualified and experienced individual in the domain. The full-time requirement was not existent in the previous regulations of 2019. It is unfair to put this on NGOs to have to search for this funding by themselves. I believe that the funding of this post must be assured by the National Social Inclusion Foundation (NSIF) and approved with the application for opening a new RCI.</p>
<p>Section 8(6) (Maximum number of RCIs under the Manager's responsibility)</p> <p><i>(6) A manager shall not, at a time, be responsible for more than 3 residential care institutions for children.</i></p>	<p>A manager under the current Regulations can be responsible for up to 3 RCIs. In the previous regulations of 2019, one manager could only be associated to one RCI. Managing an RCI can be a very challenging responsibility and I believe that it might difficult for a manager to effectively handle multiple situations, including crises, within a similar timeframe across 3 RCIs. I suggest that this number could be decreased to 2 or reverted to 1.</p>
<p>Section 9(1 & 3) (Registration of a caregiver)</p> <p><i>(1) No person shall act as a caregiver in a residential care institution for children unless he is registered as such.</i></p> <p><i>(3) The application under paragraph (2), in respect of every caregiver, shall be accompanied by –</i></p> <p><i>(a) (i) a medical certificate, including a chest X-ray report; and</i></p>	<p>Registration of a caregiver under the Regulations involves the provision of a medical certificate (including a Chest X-ray report) and a certificate of character <u>issued within 3 months of the date of application.</u></p> <p>If an RCI is already registered and in operation, I find this provision HUGELY PROBLEMATIC for the following reasons:</p>

Section number in the Regulations (ctd)	Discussion points (ctd)
<p>(ii) a certificate of character, of the caregiver issued not later than 3 months before the application is made.</p>	<p>(1) If, for instance, a registered caregiver leaves his/her job for any reason and the Manager needs to fill the post as soon as possible to ensure that there is a sufficient number of caregivers at the RCI, there will be a significantly long wait, due to the above-prescribed registration procedures, to employ a new caregiver.</p> <p>(2) When a new caregiver is selected for the job, before even joining the workplace, he/she will have to provide a medical certificate (plus a Chest X-ray report) and a certificate of character for further processing of his/her file by the SO of the Ministry. Obtaining these certificates may take 3-4 weeks (or more) and then waiting for the Ministry to register the caregiver will require additional waiting time. Additionally, these Regulations do not define the amount of processing time for caregiver applications. In the meantime, the post remains unfilled and the RCIs understaffed, which have a direct impact on child care and rehabilitation within the RCIs.</p> <p>(3) No provision has been made with the Ministry of Health and Wellness for caregivers/RCI staff of NGOs to obtain medical certificates (including Chest X-ray report) freely at public hospitals. Such staff generally obtain salaries not exceeding Rs 15,000 and they do not always have the means to pay for private medical services,</p>

Section number in the Regulations (ctd)	Discussion points (ctd)
	<p>which may cost up to Rs 2,500 - Rs 3,000 per person. It will also be unfair for employers in the NGO sector to bear the cost of the medical clearances of prospective staff, when such tests can be carried out freely in the public health sector. <u>A memorandum of understanding</u> must be agreed between the Ministry responsible for children and the Ministry responsible for health to facilitate the medical clearances of staff recruited for RCIs.</p> <p>(4) I suggest that, once an RCI is registered, a probationary period of at least 3 months must be allowed to any new caregiver recruited in an RCI to provide their medical clearances and a Certificate of Character, so that these can be submitted and approved by the Ministry. In this way, the person selected for the post is not having to wait months without any salary to be formally employed by the RCI. Many NGOs running RCIs have often encountered such recruitment issues in practice and this is not in the best interests of the child residents of RCIs.</p>

Section number in the Regulations (ctd)	Discussion points (ctd)
<p>Sections 10(1)(d) & 10(3) (Reporting on children's progress in RCIs)</p> <p>10. (1) <i>The manager of a residential care institution for children shall, by the end of every month and at such interval as the supervising officer may require, submit to the supervising officer –</i></p> <p><i>(d) individual care plan for every resident child and progress report, as appropriate,</i></p> <p><i>and shall inform the supervising officer of any change in any of the list occurring in that month.</i></p> <p><i>(3) The manager of a residential care institution for children shall, every 2 months, submit a report in respect of every child to the Ministry, giving details of health condition, behaviour and education, and any other matter related to the developmental aspect of the child.</i></p>	<p>Both monthly and bi-monthly progress reports are being demanded by the Ministry from RCI Managers with regards to every child's care plan, health, behaviours, education and other developmental aspects. I view this timeframe too short and paperwork load too high on Managers – an administrative time that could have been better used in the improvement of the care and rehabilitation of child residents. In addition, reviewing a child's individual care plan is a shared work load including the authorities, the RCI's staff, the child, his/her parents and other relevant stakeholders. This must be done in a planned and comprehensive manner. A monthly routine can be very short for such procedures. I propose that the reporting requirements could be changed to a quarterly basis. <u>This timeframe is also the minimum recommended by the GACC (UN, 2010, para.67) as follows:</u></p> <p><i>States should ensure the right of any child who has been placed in temporary care to regular and thorough review – preferably at least every three months – of the appropriateness of his/her care and treatment, taking into account, notably, his/her personal development and any changing needs, developments in his/her family environment, and the adequacy and necessity of the current placement in these circumstances. The review should be carried out by duly qualified and authorized persons, and should fully involve the child and all relevant persons in the child's life.</i></p>

Section number in the Regulations (ctd)	Discussion points (ctd)
<p>Section 10(5)(b)(i) (Care staffing structure in RCIs)</p> <p><i>(5) The holder of the licence to operate the residential care institution for children shall –</i></p> <p><i>(b) ensure that –</i></p> <p><i>(i) the services of child-caregivers, carers and/or house parents are in the ratio of a pair of house parents for a maximum of 15 children and assisted by at least one carer/caregiver for support</i></p>	<p>I note that the new staffing structure proposed under the current Regulations is different from the previous caregiver to children ratio model based on children's age groups that was being used in the regulations of 2019⁵¹. I also observed that it is in this section only that the term 'carer' is mentioned for the first time in the Regulations and it has not been defined. I cannot see any differentiation being made among the roles of house parents, caregivers and carers in the Regulations.</p> <p>The term 'house parent' has not been clearly elaborated in the new Regulations. How different would they be in qualifications, technical skills and experience from caregivers? No registration procedures have been mentioned in the new Regulations for 'house parent'. <u>To remove ambiguity, I suggest that the terms 'house parent' and 'carer' be removed from the new Regulations, and to only retain the term of 'caregiver'.</u></p> <p>Although the new staffing structure is being associated to a maximum of 15 children, it does not clearly specify the maximum number of children that can be accommodated within one RCI. This omission can give way to the assumption that, as long as there are at least 3 care staff for every group of 15 child residents, any number of children can be accommodated within an RCI.</p>

⁵¹ The repealed Child Protection (Place of Safety for the Welfare and Protection of Children) Regulations 2019 had prescribed the services of child-care givers in the ratio of a minimum of – (i) 1:2 for children of up to one year of age; (ii) 1:3 for children of one to 3 years of age; (iii) 1:4 for children of 3 to 5 years of age; (iv) 1:5 for children of 5 to 11 years of age; (v) 1:6 for children of 11 to 17 years of age; and (vi) 1:1 for children with special needs (section 3(6)(b)(i-vi)).

Section number in the Regulations (ctd)	Discussion points (ctd)
	<p>For instance, an RCI Manager might think that they may open a structure (e.g., a dormitory) that can cater for a group of 45 children as long as at least 9 care staff are hired. If such applications are supported by the Residential Care Institution for Children Advisory Committee, this will inevitably promote the creation of large RCI structures, which is against the best interests of the child and the deinstitutionalisation objective in alternative care. I would like to recommend to the Ministry to consider reviewing the Regulations to <u>introduce a maximum limit of child residents per RCI (preferably not exceeding 12)</u>. It is clearly stated in the GACC (UN,2010, para.23) that:</p> <p><i>While recognizing that residential care facilities and family-based care complement each other in meeting the needs of children, where large residential care facilities (institutions) remain, alternatives should be developed in the context of an overall deinstitutionalization strategy, with precise goals and objectives, which will allow for their <u>progressive elimination</u>. To this end, States should establish care standards to ensure the quality and conditions that are conducive to the child's development, such as individualized and small-group care, and should evaluate existing facilities against these standards. Decisions regarding the establishment of, or permission to establish, <u>new residential care facilities, whether public or private</u>, should take full account of this deinstitutionalization objective and strategy.</i></p>

Section number in the Regulations (ctd)	Discussion points (ctd)
<p>Section 10(6)(g) (Rights of children)</p> <p><i>(6) The manager of a residential care institution for children shall –</i></p> <p><i>(g) ensure that the rights of the children, including participation rights are entertained through both formal and non-formal education</i></p>	<p>This provision might require reformulation because the rights of children are not limited to participation and education only, but to the whole range of rights as prescribed by the CRC (UN, 1989).</p>
<p>Section 10(6)(h)(i&ii) (Security provisions at the RCI)</p> <p><i>(6) The manager of a residential care institution for children shall –</i></p> <p><i>(h) provide security at the entrance –</i></p> <p><i>(i) by a security company duly licensed by the Commissioner of Police under the Private Security Service Act; or</i></p> <p><i>(ii) security alarms, fire alarm system and CCTV camera</i></p>	<p>In terms of the security provisions at an RCI, the Regulations allow for applicants to select between a human-based security system or an electronic/alarm-based security system. My reflections on this provision are:</p> <ul style="list-style-type: none"> • Does a “family-like setting” require security guards? I am concerned that the presence of security guards in an RCI might promote negative stereotypes or attitudes from neighbours and the public at large towards the child residents as ‘trouble-makers’ or ‘children in conflict with the law’. These children deserve to live as any other child in dignity in a residential environment and community. • 24/7 security guard services can be very expensive and NGOs will certainly require considerable financial support from the NSIF to execute such a provision. • I do, however, agree with the installation of security alarm and CCTV cameras at the RCIs. These can help monitor movement activities in

Section number in the Regulations (ctd)	Discussion points (ctd)
	<p>and out of the RCI's premises and protect the house from burglary. It could also be useful in the context of alleged complaints of abuse at the RCIs. Again, the installation and funding of such provisions must be supported by the Ministry or the NSIF.</p>
<p>Section 10(6)(i) (Transport of child residents)</p> <p><i>(6) The manager of a residential care institution for children shall</i></p> <p><i>(i) provide transport services and assistance for the conveyance of children to Court, hospitals, schools and any other emergency service</i></p>	<p>With this provision of the Regulations, NGOs are being given the FULL responsibility of transport services provided to child residents to go to Court, hospitals, schools and any other emergency service. This has significant financial implication and should be additionally supported by the NSIF (e.g., purchase of a van, hiring of a full-time driver and van helper, and fuel expenses). It is important to point out that children living in State-owned RCIs are provided with transport services, and there should be no institutional discrimination against NGOs in this regard.</p>
<p>Section 11(1)(f) (Unauthorised persons)</p> <p><i>11. (1) The manager of a residential care institution for children shall not –</i></p> <p><i>(f) allow unauthorised persons to enter the institution</i></p>	<p>The term “unauthorised persons” has not been defined by the Regulations. Will this be at the discretion of the RCI Manager to ensure that persons entering the institution do not cause any harm to children? Besides, how will the Manager know if any parent or relative of the child is unauthorised/restricted to visit or contact the latter at the RCI? Will a list of “unauthorised persons” for every child resident be provided to the RCI Manager by the Ministry? As we already know, contact orders issued by the Protection Division of the Children's Court define who can have and not have contact</p>

Section number in the Regulations (ctd)	Discussion points (ctd)
	with a particular child. Will copies of these contact orders be routinely provided to RCI Managers?
<p>Section 11(1)(h) (Display or broadcast of media in relation to the child resident)</p> <p><i>11. (1) The manager of a residential care institution for children shall not –</i></p> <p><i>(h) display or broadcast, or allow to display or broadcast, any image, video or photograph pertaining to the child, children and the sheltering conditions in the institution to the media or to the general public</i></p>	<p>The phrase “sheltering conditions” is vague and requires more precision in the Regulations.</p>
<p>Section 11(1)(i) (Volunteers working with RCIs)</p> <p><i>11. (1) The manager of a residential care institution for children shall not –</i></p> <p><i>(i) allow any person to work as volunteer unless the supervising officer is satisfied that the person can act as such.</i></p>	<p>I think that undue power is being given to the SO to decide whether a person can work as a volunteer or not at an RCI. This becomes a bureaucratic and lengthy process and the objectivity of the SO cannot be guaranteed. In the previous regulations of 2019, it was up to the RCI Manager to ensure that a given volunteer has a satisfactory background to operate as such within the RCI. I believe a simple way of resolving this is to allow the RCI Manager to decide on their list of volunteers and inform the SO of the same. If there are any issues with any volunteer, it will be up to the RCI Manager to be accountable and take the necessary actions. The RCI Manager can send a report to the SO if any incident with a volunteer occurs at the RCI, including the remedial actions taken in the best interests of the child residents.</p>

Section number in the Regulations (ctd)	Discussion points (ctd)
<p>Section 12 (Existing RCIs for children)</p> <p><i>Any person who, prior to the coming into operation of these regulations, operates an institution for the protection of children shall, within 6 months of the coming into operation of these regulations, make an application to the supervising officer for the institution to be registered as a residential care institution for children.</i></p>	<p>I believe that NGOs who have already been registered under the previous regulations of 2019 should not be required to re-register with the new Regulations. The Regulations must consider exemptions to these NGOs. Instead, they must be allowed to continue operation, but provided with a probation period to adapt to any new requirement(s) as per the new Regulations. However, it will be very unfair to consider them as new applicants and make them undergo a FULL APPLICATION process.</p> <p>Many NGOs are not yet familiar with the Regulations and most of them have said that Ministry has not so far officially informed them of future changes that will be required to the operation of their existing RCIs.</p>
<p>First Schedule (Application form for the issue of a licence for an RCI for children)</p> <p>Referring to the documents to be attached with the application:</p> <p>(e) <i>a certificate of character issued by the Director of Public Prosecutions in the name of every person who will be involved in the management of the residential care institution for children; and</i></p> <p>(f) <i>the list of proposed officers of the residential care institution for children, their background, their health clearances and their child-related qualifications/training/experience.</i></p>	<p>I noted that a new application requires certificates of character and health clearances <u>of all proposed staff to count as a full application</u>. I think there is a major issue in making people who have been selected and proposed for a new RCI to <u>wait for months</u> before they are employed with the new RCI. I advise that only the proposed Manager should be submitting these documents with the new RCI application. Since the Regulations provide for 6 months for a new RCI (section 7(1)(a)) to enter into operation after the issue of the licence, this timeframe could be used <u>as a PROBATIONARY PERIOD</u> by the RCI Manager to finalise the certificates of character and health clearances</p>

Section number in the Regulations (ctd)	Discussion points (ctd)
	of his/her proposed officers and submit same to the Ministry to confirm operation.
<p>Part II, Additional conditions attached to licence, section (2)(1)(d) (Isolation room)</p> <p>2. (1) <i>A residential care institution for children shall comprise –</i></p> <p>(d) <i>at least one dedicated area to be used as Isolation room</i></p>	<p>This requirement can be difficult to implement in existing RCIs as this can limit the space available within the structure. It can entail renovations or adding rooms to existing buildings, which implies significant financial expenses by NGOs. If RCI buildings are being rented, it will not always be possible for leaseholder NGOs to make such modifications if these are not agreed by the house owner. There needs to be flexibility allowed to Managers to convert areas into temporary isolation rooms, as and when required, within existing infrastructure.</p>
<p>Part II, Additional conditions attached to licence, section 2(2) (Children under the age of 2)</p> <p>(2) <i>The manager of a residential care institution shall make specific arrangements to meet the needs and requirements of for children under 2 years of age.</i></p>	<p>The GACC (UN, 2010) stipulates that children under the age of 3 should avoid being placed in non-family-based settings (para.22). International researchers also discourage such placements (refer to sub-section 2.2.4 of the present chapter).</p> <p>This Regulation is allowing the placement of children under 2 years of age in RCIs. In the Concluding observations on the combined third to fifth periodic reports of Mauritius, the UN Committee on the Rights of the Child (2015) was concerned that children under the age of 3 years were being more institutionalised than placed in family-based care in our country. This Regulation should be revised to prevent the placement of children under 3 years old in RCIs as far as possible.</p>

Section number in the Regulations (ctd)	Discussion points (ctd)
<p>Part II, Additional conditions attached to licence, section 2(5) (Space adaptation in RCIs)</p> <p><i>(5) The manager of the residential care institutions for children shall adapt space allocated for upkeep of children based on age, gender, disability, health needs and such other criteria as may be necessary for the proper development of every child.</i></p>	<p>This section must be clarified as it seems to be encouraging the placement of heterogeneous groups of children of different ages, gender, disabilities and health profiles within the same RCI. I suggest that RCIs and the Ministry have to move towards specialising on specific groups of children so that rehabilitation approaches could be more targeted and effective towards children with similar profiles within the same house. Mixing children with various disabilities, ages, health conditions and behavioural profiles within one RCI can create a chaotic environment that can be detrimental to the proper development of all the child residents.</p>
<p>Part II, Additional conditions attached to licence, section 2(6) (Caregiver and house parent)</p> <p><i>(6) Every caregiver shall take care of every child in the same manner as a house parent.</i></p>	<p>This section is ambiguous as there is no clear differentiation between the terms ‘caregiver’ and ‘house parent’ within the Regulations.</p>
<p>Part II, Additional conditions attached to licence, section 6(3) (RCI capacity)</p> <p><i>(3) A residential care institution for children shall accommodate children as per its capacity.</i></p>	<p>Referring again to the discussion points I raised with regards to section 10(5)(b)(i) of the Regulations, if a maximum limit of child residents per RCI is not defined by the Regulations, this will mean that an RCI’s capacity will be evaluated as per the building’s accommodation capacity (e.g., number of beds, number of toilets/shower rooms, etc).</p>

Section number in the Regulations (ctd)	Discussion points (ctd)
	<p>I strongly recommend that a maximum limit of child residents per RCI (ideally not exceeding 12) must be established to encourage deinstitutionalisation in alternative care.</p>
<p>Part II, Additional conditions attached to licence, section 6(4) (Out of premise activities for child residents)</p> <p><i>(4) The manager of a residential care institution for children shall seek prior approval from the supervising officer for all out of premise activities.</i></p>	<p>According to this section, the SO will need to authorise out of premise activities before these could be carried out by the RCI Manager. It is to be noted that the RCI Manager already provides an indicative monthly plan of outings to the SO (Part II, additional conditions attached to licence, section 4(1)(k)). I think that this is unnecessary power being given to the SO as it takes away the autonomy of an RCI Manager to organise spontaneous outings for the children of the RCI (e.g., walks to nearby parks, playgrounds or shopping centres). Spontaneous outings are necessary to help a child stabilise his/her mood and challenging behaviours. Outings for children, which are fundamental to their rights to leisure and health, should not become a bureaucratic process.</p>
<p>Fourth Schedule (Application form for renewal of licence of RCI for Children)</p> <p>Referring to the documents to be attached with the application:</p> <p><i>(a) location plan of the proposed residential care institution for children;</i></p> <p><i>(b) certificate from the Sanitary Authority of the Ministry of Health and Wellness</i></p>	<p>The procedures being required of the renewal of a licence are EQUIVALENT to those of a new application. I believe that an already registered RCI for children should not be providing again a location plan or a certificate from the Sanitary Authority, except if they are changing buildings. I strongly recommend that the renewal process must be alleviated to ensure smooth continuity of services by active RCIs.</p>

Section number in the Regulations (ctd)	Discussion points (ctd)
<p>Part II, Additional conditions attached to licence</p> <p>- Proposed additions to the RCI for Children Regulations 2022</p>	<p>(1) Similar to what has been proposed in section 9(a-e) of the Child (Foster Care) Regulations 2022⁵², all information necessary for the care and welfare of any child referred to RCIs must be provided by the Ministry to the RCI Manager <u>WHILE DETERMINING PLACEMENT</u>, including:</p> <ul style="list-style-type: none"> (a) reasons for placement; (b) child's personal history, family, social, religious and cultural background; (c) child's health history and state of health; (d) child's educational needs; and (e) where appropriate, the psychological report on the child and his emotional needs. <p>I insist that this is a very important requirement that must be included in the RCI for Children Regulations 2022.</p> <p>(2) The new Regulations specify no provision on family/community reintegration of children living in residential care and aftercare/follow-up arrangements for children leaving care. These should be added as important aspects of Regulations in alternative care.</p>

⁵² The Child (Foster Care) Regulations 2022 is fully available from the following website link: supremecourt.govmu.org/view_document/2403813/2955479?file=https%3A//supremecourt.govmu.org/system/files/legislation/2403813/no-30-child-foster-care-regulations-2022.pdf%23search%3D%26phrase%3Dfalse&searchType=&search=

For the purpose of the investigation on RCIs, only my review of the Residential Care Institutions for Children Regulations 2022 has been presented in the current sub-section. However, in constructing a better understanding of the alternative care system of our country, I have also reviewed some provisions of the Child (Foster Care) Regulations 2022, which I include for further reading and consideration in [Appendix G](#) of the present document.

2.3.4. Realities on the field: Observations, narratives and reflections

In the current sub-section, I summarise observations, narratives and reflections collected from various stakeholders I met during the investigation on the realities of day-to-day practice in RCIs and the wider domain of alternative care.

2.3.4.1. The challenges in handling children with severe mental health problems in RCIs

During my investigation, many stakeholders, including RCIs' managers, caregivers and child residents, raised concerns regarding children living in RCIs who suffer from severe mental health problems, especially when they present significant risks to themselves and others. A few RCI Managers confided to me that the mental hospital of the country has at times rejected the inpatient admissions of some children living in RCIs, despite being brought there in a crisis situation or with police assistance. One of them recalled being shouted at by a medical staff who said, "Ou pa konpran 'behavioural' sa zanfàn shelter nou pa admet isi !" Then, the question is where should children living in RCIs experiencing mental health crises, including behavioural crises, go for treatment and rehabilitation? First, let us look at the situation more generally. The World Health Organisation (WHO; 2022)⁵³ describes mental health as follows:

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health

⁵³ World Health Organisation (2022). *Mental health: Strengthening our response*. Retrieved on 03 September 2022 from www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

is a basic human right. And it is crucial to personal, community and socio-economic development.

Quality mental health is a basic right of the child. Article 24 of CRC (UN, 1989) stipulates that:

States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

In the Republic of Mauritius, most children with severe mental health problems, including those living in RCIs, go to the Brown Sequard Mental Health Care Centre (BSMHCC) or psychiatric units of regional hospitals for treatment. Some of them may also access mental health services based in schools, where available, with NGOs specialised in child and adolescent mental health treatment, or with other private service providers such as mental health clinics. Those presenting high risks to themselves and/or others are generally admitted to the child and/or adolescent psychiatric wards of the BSMHCC and discharged back home after a stay whose length is determined by the treating psychiatrist or doctor.

Following discharge from BSMHCC, children usually receive outpatient follow-ups at varying time intervals, which could be among monthly, three-monthly or six-monthly periods, and mainly based on the use of medication with some psychological support. However, I receive many feedback from families and RCIs' staff that they do not feel empowered on how to support the treatment and recovery of the children once they are back home from an inpatient admission.

It is important to note that our country does not yet have a stand-alone or integrated policy or plan on child mental health (WHO, 2021)⁵⁴, although some aspects regarding adolescent mental health have started to be considered under the Health Sector Strategic Plan 2020-2024

⁵⁴ World Health Organisation (2021). *Mental Health Atlas 2020: Country profile Mauritius*. Geneva: Author. Retrieved on 03 September 2022 from cdn.who.int/media/docs/default-source/mental-health/mental-health-atlas-2020-country-profiles/mental-health-atlas-mus-2020-country-profile.pdf?sfvrsn=87855341_1&download=true

(Ministry of Health and Wellness & WHO, 2020)⁵⁵. It is also a surprising fact that our local public mental health system only currently has ONE paediatric psychiatrist (WHO, 2021), who is a medical doctor specialised in child and adolescent mental health. I would also like to add that the said system appears to be primarily based on a medical model, with treatment by medication being more common for children diagnosed with significant mental health problems, and psychosocial treatment options given less attention.

As in many developing countries in the world, mental health locally is regarded as a taboo by many people, and some parents or caregivers might prefer not to access such services for their children by fear of disrepute within their families or communities. The lack of awareness and acceptance among various stakeholders that **mental health is a core part of our overall health and wellbeing** usually results in sufferers of psychological difficulties and illnesses, including children, not seeking the appropriate help. These children and their caregivers need our utmost attention and support to help them overcome this barrier and access the necessary services in the best interests of the child. With regards to children with severe mental health conditions, I had expressed my concern, in my Annual Report 2017-2018 (OC, 2018)⁵⁶, that there was no local, non-hospital-based and non-institutionalised residential care facility in our country that could provide holistic, multidisciplinary and intensive therapy and rehabilitation to children who suffer from severe anxiety and panic attacks, phobias, depression, personality disorders, bipolar disorders, obsessive-compulsive disorders and psychotic problems among others, and who have high risks of harm to themselves and other people. In this regard, I recommended the setting up of a therapeutic residential mental healthcare facility for children with severe mental health issues (OC, 2018, pp.273-278), which I again urge the relevant authorities to refer back to and consider possibilities of implementation.

It is a fact that a proportion of children living in our alternative care system, including our local RCIs, suffer from severe mental health conditions, that may have originated from developmental difficulties and adverse childhood experiences. For some children in RCIs, their challenging behaviours may receive undue focus and they may even be categorised as having serious

⁵⁵ Ministry of Health and Wellness & World Health Organisation (2020). *Health Sector Strategic Plan 2020-2024: Caring for people's health and well-being across the lifespan*. Retrieved on 03 September 2022 from health.govmu.org/Communique/HSSP%20Final%2015%20September%202020.pdf

⁵⁶ Ombudsperson for Children (2018). *Annual Report 2017-2018*. Retrieved on 03 September 2022 from oco.govmu.org/Documents/Annual%20Reports/Ombudsperson%20AR%202017-2018.pdf

behavioural concerns (refer to [sub-section 2.3.4.2](#) of the present chapter) or being in conflict with the law, when in fact they may be suffering from unassessed or undiagnosed mental health difficulties. Within hospital and institutional environments, there may be little scope for intensive therapeutic input by trained mental health professionals. Often, in RCIs, children with severe mental health problems do not benefit from intensive therapy, and more time is spent by the RCIs' staff to mobilise help from the child protective services, the police or other authorities to manage the behavioural crises of the child. Without intensive therapy in an environment designed for the purpose of quality treatment and rehabilitation of children with severe mental health conditions, long-term positive psycho-social outcomes cannot be achieved.

In such cases, the right to rehabilitation of these children is not being fulfilled by the concerned stakeholders, and, at the same time, other children living at the RCIs are not being protected from harm from children with serious mental health and behavioural profiles, and are being deprived of a stable and conducive living environment. A child resident in an RCI told me on her predicament in relation to another 11-year-old resident, named Y⁵⁷, who suffered from severe psychiatric issues (in Mauritian Creole):

Pou enn ti zafer Y pik so kriz. Ninport ki ler li kapav koumans revolte. Lot zour la, mo'nn dir li so rob bien zoli. Li dir mwa si mo so kopin pou dir li so rob zoli. Li'nn koumans irle. Vwazin inn vini. Vwazin ti krwar mis pe bat li. Lerla inn bizin telefonn lapolis. Fran net, kan lapolis inn vini, li dir ki mwa mo'nn bat li ! Erezman ki tou mis tou zanfann inn lev ar li. Kan lapolis inn ale, li rekoumans zoure for- for. Personn pa'nn kapav manze, ni fer devwar, ni begne parski li'nn blok nou. Li dir si nou begne li pou koup limem avek keter. Li ale-vini BSH. Nou shelter bon li me Y tro kriye, tro fer dezord. Mis dir li pou res lamem parski so drwa sa. Be kot nou nou drwa. Nou bizin lape pou aprann. Mo anvi Y ale depi la. Si li ale tou korek isi. Li malad. Kan nou dir li li malad, li dir li pou kas-kas nou li pou garde.

When we enquired on the background of child Y from the RCI Manager, we learnt that she was born of a 14-year-old single mother following a rape by her maternal aunt's boyfriend. Child Y's mother is herself following treatment for mental health issues. Child Y's grandmother used to

⁵⁷ Children's names, where applicable, in the present chapter are anonymised through the use of arbitrary letters to protect their identities.

physically abuse her mother throughout the latter's childhood until the age of 7. After then, her mother went to live with her aunt who never sent her to school and made her do all the household chores. The mother's aunt's boyfriend sexually abused her when the aunt was not at home. At the birth of child Y, the mother was abusive towards her and neglected her needs. She was reported to the authorities by a neighbour and the CDU placed child Y, who was one year old at the time, in an RCI. Her mother had never disclosed who had raped her to the police, but finally one day, she disclosed to 8-year-old child Y directly the identity of her father during a parental visit. It appeared that child Y was very disturbed and agitated by this information, and her behaviours seemed to have become more aggressive and challenging since that day.

During our visits at RCIs, I also came across the case of 13-year-old girl B who, according to the RCI Manager, was at high risk of becoming in conflict with the law, or was already so but had not been identified yet. Child B was very outspoken with me and told me how she accessed alcoholic drinks without being discovered by any adult at school and at the RCI (in Mauritian Creole):

*Mo kone mo enn foul disorder mwa. Mo mama bwar rom, mwa osi mo tape. Mo donn enn kamarad mo kas lekol li amenn rom pou mwa dan boutey Sprite. Personn pa kone, personn pa pou kone zame mo tape ! Enn zur enn tifi inn fer m***, mo'nn kone mo fer kokin so sak ek tou so zafer ladan ! Li aret sek ar mwa. Si kikenn amerd mwa isi mo konn fer rey loto tou mwa. Wi, mo enn vakabon. Ki ou krwar ou. Mo ena drwa fer vakabon. Kan mo bwar zot tou krwar mo pe bwar Sprite ! Hahaha, toulezour mo bwar Sprite... Enn zour mo'nn amenn Sprite dan shelter, mis dir mwa partaz avek tou zanzan. Hahaha, mo'nn partaze avek mo bann kamarad. Zot tou inn kone ki pa Sprite sa me personn pa'nn vann mwa.*

Child B seems to have had a difficult childhood with her alcoholic mother, and perhaps may have suffered severe abuse and neglect from her, before being removed from her care and placed in an RCI. If her mother consumed alcohol during her pregnancy, it could also be that child B is suffering from foetal alcohol syndrome which can alter brain and growth functions of the baby, although this is not mentioned in her pre-natal medical history. All of these experiences must have had traumatic effects on child B who may have developed mental health difficulties. It can be that, in a way to cope with the difficult separation from her mother, she wished to

resemble the latter in her alcoholism. She does not hesitate to intimidate or bully others to obtain alcohol from them and not to disclose her drinking activities.

I observe that the Children's Act 2020 is relatively silent on children with mental health issues and did not make specific provisions for the identification, assessment, treatment, supervision and recovery of this target group. I maintain that finding a therapeutic and effective solution for children with severe mental health conditions, especially those who are without parental care and living in RCIs and who are often the most affected by their adverse childhood experiences, must be considered a **PRIORITY** by all relevant stakeholders. There is also a pressing need to properly screen and assess each and every child living in alternative care for mental health difficulties before their placements, as far as possible, so that the care of these children could be better planned in a collaborative manner between the authorities and the alternative caregivers, and interventions carried out early to prevent the occurrence of mental health and behavioural crises.

2.3.4.2. Children with serious behavioural concerns in RCIs

2.3.4.2.1. Understanding the legal framework for children with serious behavioural concerns

As mentioned in the sub-section above, there are children living in RCIs who are at risk of being in conflict with the law, who are already in conflict with the law and have not yet been identified, and who have significant, diagnosed or undiagnosed, mental health problems. **All these categories of children may have serious behavioural concerns (SBCs).** According to the Children's Act 2020, a child with SBCs exhibits "a pattern of serious hostile, aggressive or disruptive behaviour to such an extent that the behaviour seriously interferes with the care and development of the child; as well as exhibits anti-social behaviour, (...) absents itself regularly from its residence without the permission of its parent or exhibits a pattern of frequent or extended unjustified absences from school" (part IV, sub-part III, section 41(1)).

When I read the said section of the law, I note that the terms 'pattern', 'hostile', 'aggressive', 'disruptive' and 'anti-social behaviour', which are linked to the determination of the SBCs of a child, have not been defined by the law and are consequently subject to different interpretations. Also, the law appears to focus more on the symptoms of a child's difficulties, in

other words, the apparent challenging behaviours of the child, and does not necessarily view those behaviours as a function of more profound and underlying biological, psychological and social difficulties experienced by him/her. **A symptom is a consequence of a problem, not the problem itself.**

If a child appears to exhibit SBCs, the child's parent or the Police shall "lodge, with the probation officer, an application for parenting support intervention so as to assist the parent in performing his parental duties with respect to the management of the child's behaviour" (part IV, sub-part III, section 41(2)). In the case of an RCI, the manager represents the parent since the definition of a 'parent' in the Children's Act 2020 includes "any other person who has the custody, or *is in control*, of the child" (part I, section 2). After an application is received, the Probation and Aftercare Service (PAS) shall

- (i) conduct an initial psycho-social assessment of the child and that of his parents;
- (ii) draw up a parenting support intervention plan which shall include at least 2 home visits by a parenting aide; and
- (iii) conduct a follow-up assessment not later than 21 days after the application for parenting support intervention.

(Children's Act 2020, part IV, sub-part III, section 41(2)(b)(i-iii))

Given that SBCs and mental health problems of a child are interrelated, and addressing the root psychological difficulties of the child can improve behaviours, I ask myself the question whether a probation officer is qualified and trained enough to carry out a psycho-social assessment of a child with SBCs and detect the underlying reasons for his/her behaviours, propose a parenting support intervention (PSI) plan to the child and his/her parents based on this assessment, conduct the intervention plan including at least two home visits, follow-up on the intervention, and determine whether the intervention is successful or not – **ALL of these steps within 21 days following the PSI application!** I believe the obvious answer is NO. There are feasibility issues in this provision of the law, including:

1. Probation officers are generally expected to have a minimum of a diploma in social work from a recognised institution and 3 years of experience in social work (Public Service Commission [PSC], 2021)⁵⁸. These credentials do not provide the necessary set of skills and knowledge to probation officers to carry out the psychological component of the psycho-social assessment, conduct psychological interventions or determine the outcome of the latter interventions.
2. The PAS does employ Psychologists who are expected to have a minimum of a master's degree in clinical psychology or psychotherapy or counselling psychology from a recognised institution (PSC, 2020)⁵⁹. However, I was informed by the PAS that, as at July 2022, the whole service only had two clinical/social psychologists. In the event of a potential increase in the number of PSI applications, this may compromise the capacity of these professionals in providing comprehensive initial and follow-up psychological assessments, for each and every case within 21 days.
3. It is unrealistic to expect comprehensive psycho-social assessments and effective interventions with children with SBCs who may have deep-rooted mental health and social difficulties within a period of 21 days.
4. Being mainly part of the criminal justice system and mandated by the Probation of Offenders Act 1946, the work approach of PAS is more built around work with offenders, including juvenile offenders, than children who are at risk of offending, have serious behavioural concerns or suffer from mental health problems, with whom Probation officers are not trained to deal with. It is a fact that the Children's Act 2020 places the category of children with SBCs under the main umbrella of children **in need of assistance, care and protection** (part IV). The PAS proposed that children with SBCs must be *"treated as a welfare issue in which case the Child Protection Services should be the lead agency responsible for the rehabilitation of such children"*.

⁵⁸ Public Service Commission (2021). *Public Advertisement No. 85 of 2021. Vacancies for Post of Probation Officer, Prime Minister's Office (Rodrigues, Outer Islands and Territorial Integrity Division)*. Retrieved on 03 September 2022 from psc.govmu.org/psc/?p=4475

⁵⁹ Public Service Commission (2020). *Public Advertisement No. 72 of 2020. Vacancy for post of psychologist (Clinical and Social). Prime Minister's Office (Rodrigues, Outer Islands and Territorial Integrity Division)*. Retrieved on 03 September 2022 from psc.govmu.org/psc/pscuploads/2020_04746_1.pdf

By the 21st day of the PSI application, the probation officer is required by the law to decide on whether the PSI has been successful or not, and issue a letter to the applicant certifying the outcome. When a PSI is successful as per the opinion of the probation officer, no further action is provided by the law. However, if the probation officer states that the intervention is unsuccessful, the applicant, including the child's parent, the RCI Manager or the police, may apply for further determination of the SBCs of the child to the Magistrate of the Protection Division of the Children's Court (Children's Act 2020, part IV, sub-part III, section 42(1)). After hearing all the parties concerned and upon satisfaction of the Magistrate that a child has SBCs, he/she may issue a Preventive Intervention Order (PIO; Children's Act 2020, part IV, sub-part III, section 42(2)(a-i)) requiring the child

- (a) *to be placed, in accordance with the Probation of Offenders Act, in an institution;*
- (b) *to attend school or a specified place on specified days;*
- (c) *not to leave the place where he has to reside outside permitted hours and without the permission of his parent or the person in charge of that place, as the case may be;*
- (d) *to follow, where applicable, such drug or alcohol treatment or mental health counselling plan as may be specified;*
- (e) *to refrain from associating with such persons as may be specified;*
- (f) *to refrain from engaging in such behaviour as may be specified;*
- (g) *to participate in such group activities, including counselling, as may be specified;*
- (h) *to be allowed to have contact with its parent; and*
- (i) *to comply with such other order as the Magistrate may determine.*

It is promising to see that a mental health counselling plan (Children's Act 2020, part IV, sub-part III, section 42(2)(d)) may also form part of the requirements of a PIO, which can aim at the treatment of underlying psychological and/or psychiatric difficulties of the child with SBCs. With regards to above-quoted section 42(2)(a) of the Children's Act 2020, the Magistrate shall give priority not to remove the child from his/her usual household where he/she considers this to be in the child's best interests (Children's Act 2020, part IV, sub-part III, section 42(3)(a)). Although this can be seen as a way of preventing separation of the child from his/her parents or alternative caregiver, this can be very problematic within an RCI environment from a risk management point of view. It may even be dangerous to leave a child with SBCs who is presenting risks to self and others within the RCI environment, not only for a 21-day period

during the PSI phase, but also for an indeterminate timeframe until the issue of a PIO that may or may not recommend that child's removal from the RCI. In the meantime, other child residents and staff members of the RCI remain exposed to numerous risks and unpredictable situations that may arise from the SBCs of the child. We must not forget that RCIs often accommodate heterogeneous groups of children with different needs and behavioural profiles. Each of these children has undergone some form of trauma in their early family life. Even if they are without parental care, they have the right to live in a peaceful and conducive alternative care environment.

It is true that part IV, sub-part I, section 32 of the Children's Act 2020 provides that the police shall assist in circumstances where a child is or might be exposed to harm or further harm, represent a danger to himself or others, or is suffering from a mental disorder requiring urgent treatment. RCI Managers can access the police for help at any time. Nevertheless, we need to realise that these are only 'fire-fighting' strategies to dealing with possible emergency situations involving children with SBCs in RCIs. We must not undermine the possibility of violence, injuries or casualties as well as psychological trauma and adverse effects entailed for the other child residents, and even the staff members, during these crises. **Is it fair to say that, for the best interests of ONE child with SBCs living in an RCI, the best interests of the other child residents should not be regarded?** If our answer to this question is no, this brings us again to the ethical dilemma on where should a child with SBCs, who is without parental care and very likely suffering from severe mental health difficulties, be placed for his treatment and rehabilitation? The reality is that we do not have any such specialised structure established in the country yet, and the danger is that such children may remain without appropriate intensive therapy within institutions unequipped for such purposes.

In the case it is determined by the Magistrate that it is not in the best interests of the child to continue to remain within his/her usual household, the law provides that the child may be placed in an institution run by the PAS (Children's Act 2020, part IV, sub-part III, section 42(4&5)), which refers to the Probation Hostel for Boys and the Probation Home for Girls (Probation of Offenders Act 1946, section 2). In a correspondence sent to me by the PAS on 10 August 2022, it is argued that these two probation institutions were initially set up for juvenile offenders who have been referred to them through a probation order with a residence requirement (Probation of Offenders Act 1946, section 4(1)(c)(i)(D)). Since the proclamation of the Children's Act 2020,

probation institutions also fall under the definition of a “*place of safety*” (part I, section 2), and are open for placement of children from three different categories, namely:

- children who are issued a Court order from the Protection Division of the Children’s Court (EPO, IPO, PO, LTCO and PIO) to ensure their care and protection, including children with SBCs who are at potential risk of offending;
- children who are issued a Court order from the Criminal Division of the Children’s Court who are above the age of 14, but less than 18 years, has committed an offence and has been issued a probation order with a residence requirement; and
- children under the age of 14 who are suspected to have committed an offence and who are required to be put in a place of safety run by the PAS.

The fact that the Children’s Act 2020 allows for a mixture of the above-listed three categories of vulnerable children and young people, who are relatively distinct in profiles, needs and whether or not they have committed offences, to live within the same institution is HIGHLY WORRYING. More importantly, this is against the GACC (UN, 2010, para.124) which stipulates that: “Measures should be taken so that, where necessary and appropriate, a child solely in need of protection and alternative care may be accommodated separately from children who are subject to the criminal justice system”. I also noted that, once a PIO is issued, the Children’s Act 2020 does not provide for this order to be varied or discharged upon application to the Protection Division of the Children’s Court by any party, and this can complicate matters if there any changes in the child’s circumstances linked to the requirements of the PIO.

Until a formal revision of the Children’s Act 2020 with regards to keeping children in the care and protection system separate from those in the criminal justice system, it is imperative to organise specialised training for the staff of PAS so that they are better prepared to meet the requirements expected of them under this legislation. In addition, judicial bodies must exercise considerable sensitivity and care in determining the best interests of the child when ordering the placement of any child who has not committed a criminal offence, and who may have significant mental health difficulties, to a probation institution.

2.3.4.2.2. Children with serious behavioural concerns are NOT offenders!

IN RELATION TO CHILDREN WITH SBCs, THEY MUST NOT BE PREJUDICED AS ‘OFFENDERS-TO-BE’ BY RELEVANT STAKEHOLDERS, EVEN IF THEY MIGHT BE AT HIGH RISK OF BECOMING IN CONFLICT WITH THE LAW. With the repeal of the Juvenile Offenders Act 1935 in the Republic of Mauritius, and, along with it, the term ‘uncontrollable juveniles’, we have to be careful that the system does not subtly recreate a category of children, under the new banner of ‘children with serious behavioural concerns’, who can be unduly submitted to the criminal justice system merely by characteristic of their behaviours being beyond the control of their parents, legal guardians or caregivers. It is important to know that the Guidelines for the Prevention of Juvenile Delinquency (UN, 1990)⁶⁰, also known as ‘The Riyadh Guidelines’, warns that *“labelling a young person as “deviant”, “delinquent” or “pre-delinquent” often contributes to the development of a consistent pattern of undesirable behaviour by young persons”* (part I, para.5(f)). It also explains that *“youthful behaviour or conduct that does not conform to overall social norms and values is often part of the maturation and growth process and tends to disappear spontaneously in most individuals with the transition to adulthood”* (UN, 1990, part I, para.5(e)). It is therefore very important, when determining serious behavioural concerns of a young person, to distinguish between his/her natural youthful behaviours and behaviours that seriously interferes with his/her care and development.

Furthermore, the Riyadh Guidelines supports that *“the institutionalization of young persons should be a measure of last resort and for the minimum necessary period, and the best interests of the young person should be of paramount importance”* (UN, 1990, para.46). However, among different situations that may strictly require a young person to be institutionalised, one of them can be *“where a serious physical or psychological danger to the child or young person has manifested itself in his or her own behaviour and neither the parents, the guardians, the juvenile himself or herself nor non-residential community services can meet the danger by means other than institutionalization”* (UN, 1990, para.46(e)). Such institutionalisation may include hospitalisations or placements in probation or reform institutions, whose terms must be strictly defined as per the objectives of the placement, based on the best interests of the young person, and within the minimum time necessary to meet them.

⁶⁰ United Nations (1990). *Guidelines for the Prevention of Juvenile Delinquency (The Riyadh Guidelines)*. Geneva: Author.

I want to mention here that I highly appreciate the collaboration of key staff of the PAS for participating in important discussions in the context of my present investigation and providing my office with pertinent information and reflections on their services and concerns about their new roles in relation to the Children's Act 2020. I outline in [Appendix H](#) some useful information on the PAS.

2.3.4.2.3. Handling children with challenging behaviours: Showcase of an innovative therapy approach by the NGO 'Fondation pour l'Enfance - Terre de Paix'

During my enquiry, I had open discussions with different NGOs running RCIs on how they handled children with SBCs or challenging behaviours. I was impressed by the innovative therapeutic approach used at the NGO 'Fondation pour l'Enfance – Terre de Paix' on handling children with behaviours that challenge, including those who may also have mental health problems. I believe this local good practice must be known and disseminated in furthering our understanding of how well-designed and supervised therapeutic programmes can bring positive outcomes to the care and development of children in alternative care. I provide in the current sub-section a summary of the main elements of this approach, starting with a brief description of the NGO itself.

2.3.4.2.3.1. Brief on the organisation

The NGO 'Fondation pour l'Enfance – Terre de Paix', based in the west of Mauritius, was set up in 1979 with a vision for a society where each child is provided with the conditions for him/her to develop into a person who can contribute to the progress of humanity. It offers several services to vulnerable groups of children, including residential care services and group foster care families for children referred by the MGEFW, early childhood day care services for children aged up to 8 years, the Atelier du Savoir for children with special needs aged 9 to 17 years, and the Jardin d'Eveil, a culture-based sensory park designed to stimulate child learning and development through exploration, discovery and play. The NGO aims at the overall development of the child through therapeutic approaches and socio-pedagogical methods and believes that a warm, happy and nurturing environment contributes to the overall well-being of the child.

2.3.4.2.3.2. A psychodynamic approach to handling behaviours that challenge

For years, the organisation has been searching for an effective response to challenging and disruptive behaviours when providing alternative care, education and protection services to children. Following a thorough evaluation of its programmes in 2015, the NGO integrated to its services a psychodynamic programme in 2016 for all its beneficiaries and staff, proposed by Dr K. Vadamootoo, a psychoanalyst with over 40 years of experience. This approach was based on a combination of psychodynamic therapy and art therapy, with an emphasis on working in close collaboration with the children's families. It is built on the premises that past childhood experiences impact the present and therapy can bring the unconscious thoughts into conscious awareness to create change.

Children placed by the CDU at residential care facilities carry emotional baggage, may have traumas, developmental problems or dysfunctional behaviours. The NGO believes that psychodynamic therapy is more appropriate for children who have suffered childhood traumas and transgenerational traumas. It can help the child verbalise his/her painful experiences, better manage his/her emotions and become more functional. Caring for a child with emotional problems and problematic behaviours in an effective way demands that all the staff members in the organisation adopt the psychodynamic perspective. Consistent psychotherapy and supervision sessions are organised for both the children and the staff. A child can undergo intensive therapy, however, if the wrong response is adopted by staff towards the child, this may jeopardise the treatment process. Hence, the psychodynamic programme of the NGO aims at

- sensitising the entire staff of the NGO to the psychodynamic approach;
- addressing the disruptive and disturbing behaviours of children and adults; and
- enhancing affect regulation and improving psychodynamic ratings of the child's functioning through psychodynamic therapy and art therapy.

All children are not automatically submitted to therapy. The organisation's team of youth leaders, foster parents, social integrators and coordinators are empowered to deal with difficult situations. When the situation calls for it, a maximum information is gathered on the child and a case history is built following which it is established whether a child will need therapy or not. Depending on his/her identified difficulties and their severity, a matching exercise is carried out with a therapist who will be more apt to handle the case specificities. All children cannot be in therapy. Therapy is a hard and intensive exercise. Determining the best option for the child is fundamental to his/her development. Those who are in treatment, see their therapist every fortnight or once a month depending on cases. The reports of the therapist are submitted to Mr A. Muneean, Director of the NGO, who is also a trained nurse-social worker and an assistant trainer in art therapy. The second line of reporting is Dr Vadamootoo.

The psychodynamic approach also enlightened the organisation's response towards children based on the impact of the parent-child relationship on an individual. At the NGO, the parent-child relationship is advocated as an unbreakable bond which is fundamental for the development of a child. If the child connects with his/her family in some way, including those displaying challenging behaviours, for example, by taking him to the place where he lived or speaking to a relative over the phone, he may have an instant relief.

2.3.4.2.3.3. Verbalisation process through art therapy

Within this approach, the verbalisation process is carried out through art therapy. Art therapy is a technique of expression through music, painting and story-telling, amongst others, that can be used in psychotherapy. Its goal is to utilise the creative process to help people explore self-expression and, in doing so, find new ways to gain personal insight on unconscious motivations and develop new coping skills. Verbalisation through art is a timely and individual process, through which the child may gradually come to terms with his/her problem. Externalisation of the problem can bring about some relief. When the deep-seated cause of the negative emotions that gave way to disruptive behaviours is identified, work can begin with the child to bring about change. Psychotherapy does not aim at eliminating the negative affect in the child. It rather brings about consciousness, acknowledgement of overwhelming emotions, and enhancement of a person's functioning through affect regulation and better self-control.

2.3.4.2.3.4. Supervision and training of the personnel on the psychodynamic approach

A systematic supervision system was established under the psychodynamic programme at the NGO which is viewed as the key to the success of this approach. Supervision is a formal process in psychotherapy in which a qualified therapist discusses aspects of his/her treatment of clients including his/her own feelings with a formally trained and designated supervisor to enhance his/her practice through careful reflection on the process. In this regard, the entire personnel at the NGO followed courses approved by the Mauritius Qualifications Authority (MQA) in psychoanalytical thinking, art therapy and supervision. The principal trainer is Dr Vadamootoo, assisted by Mr Muneean.

A different cadre of the personnel have been trained over 2 years to become therapists and supervisors. There are presently 13 trained therapists at the NGO. The training of a therapist consists of two main parts: a theoretical part and an experiential part, which consists of an auto-analysis of one's early experiences and understanding the impact of those through a psychodynamic perspective. All of them undergo peer supervision every two weeks to express their feelings and experience. Some of them conduct individual therapy sessions, while others are assigned supervision duties. The case files of each therapist are reviewed by Mr Muneean as a first line supervisor, and Dr Vadamootoo as the second line supervisor.

2.3.4.2.3.5. Internal feedback on the programme

Each unit of the NGO remains under supervision. Once a month, supervisors meet the team to debrief and take cognizance of their feelings, challenges, feedback through dialogue or creativity activities. Emotions are processed during supervision prior to them becoming disruptive to the therapist-client relationship or in the way an employee handles a child. Supervision also holds the person accountable for his or her assigned duty within the organisation. This program remains a very inclusive process, inculcating a sense of belonging to the organisation. Dr Vadamootoo visits the organisation annually, for 5 months whereby the staff benefits from refresher courses and intensive sessions.

Every quarter, each employee from the various branches of service of the NGO has the duty to provide their views and feedback through an evaluation form. Mr Muneean then synthesises the feedback and meet the employees in group discussions. He said that the feedback received

regarding the programme remain positive. Supervision is often praised for its benefits and the employees eagerly wait for their supervision session.

Overall, the organisation firmly believes that the psychodynamic approach is to challenging behaviour is yielding good outcomes. The staff members have observed less disruptive behaviours among children across the different services of the NGO. Children are also keen to go to their therapy sessions. Children are progressing to attain their developmental goals and their adaptive skills are getting better. It is clear that the personnel have fully adopted the approach at the NGO. The self-evaluation exercises demonstrated that the staff is happier and more motivated to work towards the best interests of children.

2.3.4.3. The institutionalisation of babies

As at the time of the publication of the current report, in the Republic of Mauritius, there were approximately 55-60 children under 3 years old who are growing up in RCIs and 9 living in foster families. Although, I understand that the authorities do place babies and young children within the foster care system when there is availability, it is obvious that placement in RCIs still remain the most used option for this age group of children. [Textbox 6](#) on the next page provides some observations from night visits I conducted in RCIs accommodating babies and young children.

Referring to [sub-section 2.2.4](#) of the present chapter in relation to the role of family environments and the long-term impact of institutional care on the early development of children, and recognising the recommendation of the GACC (UN, 2010, para.22) that “*alternative care for young children, especially those under 3 years, should be provided in family-based settings*”, I believe that competent authorities of our country in collaboration with local civil society actors, must:

- intensively reinforce pre-natal and post-natal care strategies through parental education programmes for prospective and new parents that include a strong emphasis on the impact of early attachments on child growth and how institutionalisation of children affects their lifelong development;

Textbox 6: Night visits at some local RCIs accommodating babies and young children

During night visits at some RCIs accommodating babies and young children up to the age of 3 years old, it was observed that, after the last feeding, the infants and babies were left in their cots on their own until they fell asleep. There were no interactions between the caregivers and the babies.

In one institution there were only two caregivers for 15 babies. The smaller children were left in their cots, whilst the older children were watching cartoons on television. In another institution, after the night feeding, children under 1 year old were left in their cots. Eight other older babies were lined up in the bathroom waiting for their bath, all under the responsibility of only one caregiver! The situation in the bathroom was difficult to manage. In this RCI, children up to the age of 3 years were being fed for the evening before 4.30pm, that is, just before the day shift caregivers left. In another night visit at that same RCI, there were again two caregivers for 15 babies. The caregivers stated that their colleague had gone for dinner. While verifying the movement book, my Investigator found that the staff concerned did not sign in and sign out. We doubted whether this caregiver was present at her work site on that day. Definitely in such circumstances, quality care CANNOT be provided.

In RCIs catering for both children aged up to 5 years and those above 5 years old, the situation regarding the babies was almost the same if not worse. With the exception of Government-owned institutions where there was an adequate number of caregivers to look after the babies, the other RCIs significantly lacked personnel. As an example, in an RCI, one caregiver was looking after 8 children aged between 0 and 5 years, of which four were under 12 months. She obviously was unable to cater for each one of them.

In another RCI where very young children are placed, the situation was simply chaotic! My Investigator rightly pointed out, *“we cannot accept this type of services being provided to our children, totally unacceptable!”* Indeed, neither the physical environment was conducive to rehabilitation, nor did the personnel have adequate skills to provide care to these children.

I must also mention that, on one of my visits to another RCI accommodating young children, the gate was opened by a man who came to donate dinner to the residents. No staff seem to be around to monitor the RCI's main access. This is not acceptable.

Textbox 6. Night visits at some local RCIs accommodating babies and young children.

- carry out planned and regular community-based sensitisation activities to improve awareness on the role of wider family members, neighbours and the community in the care, protection and development of every child;
- conduct national campaigns to encourage the registration, selection, training and monitoring of more foster families;
- transfer children under the age of 3 years who are living in RCIs to family-based alternatives such as kinship care and foster care, within the shortest possible delay and based on the best interests of the individual child; and
- where placement in RCIs is unavoidable, create small residential units for young children that provide high-quality, individualised and family-like care through trained and experienced caregivers, with a clearly defined objective to move the child to a family-based alternative as soon as possible, where this is in his/her best interests.

Infants and babies do not have a voice of their own, and it is my duty to be their voice and firmly say that, **AS A PRINCIPLE, NO CHILD WITHOUT PARENTAL CARE AGED UNDER 3 YEARS OLD MUST BE PLACED IN AN INSTITUTION.**

2.3.4.4. Large structures, untrained staff and poor environment affect the personality development of children in RCIs

It is widely known that our personality is not a mere product of our genetic makeup, but it is developed and shaped through our interactions with the environment. The environment constitutes both physical features that surround us, and social aspects that influence our mental states and behaviours, including our relationships with other human beings. Hence, the environment within which a child grows up and is cared for will inevitably impact his/her personality development from birth.

For children in RCIs, including some who were placed there at or shortly after their birth, there is no doubt that their interactions with the physical and social environment of the RCI influence their personality development. Environmental features at an RCI may include, but are not limited

to – the overall infrastructure; the available space within and outside the building; the arrangement of rooms and beds; the availability of play and leisure areas; the cleanliness; the use of colourful, stimulating and child-friendly features; the number of child residents accommodated; the type of management; the material, human and financial resources of the facility; the number of caregivers; the work approach and level of training of the caregivers; the availability of specialised human resources such as medical professionals, social workers, animators, therapists and psychologists; the variety and frequency of activities proposed to the children; and the rules, regulations and legislation governing the facility, among others.

This now brings me to the point that **large structures, untrained staff and a poor-quality caregiving environment negatively impact the personality development of children of all ages living in RCIs**. By large structures, I mean RCIs which accommodate more than 10 to 12 children. Within an overcrowded RCI, the child residents do not benefit from individualised and small-group care which is detrimental to the development of healthy attachments, good self-esteem and a stable identity. I have noted with much concern, during my visits to these facilities, that some RCI Managers and their staff are not aware of the damage being done to children when they grow up in large groups. Caregiver to child ratios were high and threatened quality of care. Moreover, I was appalled by the fact that too many RCIs' staff have no training at all in basic psychology. How can someone who has no knowledge and competencies in the psychosocial development of children be of any help to vulnerable children deprived of parental care? During the night visits carried out by my office at RCIs in particular, a number of shortcomings were revealed in caregiving approaches, except for very few RCIs. In most RCIs, caregivers were mainly acting as babysitters with no meaningful activities, games and interactions with the children after dinner time. The main activity appeared to be mostly watching television. In one girls' RCI, the indiscipline amongst the residents was palpable. The three caregivers working there had to shout at more than 20 residents to make themselves heard.

The worst part for certain RCIs was their physical environment, which was not at all conducive to the development and wellbeing of children. They have very limited space and no dedicated play areas. Buildings are badly maintained, look gloomy and put children's security at risk with unnecessary furniture and other undisposed and bulky items. Children need breathing space, privacy, play and activity areas!

However, my team and I were pleased to observe that, in housing units where there were less children, mainly small RCIs with 12 or less residents and 2 or 3 caregivers, the atmosphere seemed more positive and family-like. For instance, during a night visit, we noticed a carer giving a head massage to a child who was suffering from a headache. This motherly and caring gesture seemed to have a calming effect on the child. In another evening visit, we observed the caring and empathic approach of an RCI manager who was talking to the residents, comforting them and listening to their small grievances with great attention.

Textboxes 7, 8 and 9 below depict a summary of different visits my team of investigators and I carried out at some large RCIs based in Mauritius:

Textbox 7: Visit at a large RCI where older children were helping to cook dinner for everyone

In one of the largest RCIs in the country, I noted that adolescent girls of the facility were assisting caregivers, who were also the cooks, in preparing dinner for the whole RCI. One of the adolescents was 14 years old. It appeared that this was the daily practice of this RCI. I was shocked by this information because I know that authorities demand that any personnel working in the kitchen must have a food handler's certificate. Although children in RCIs can learn cooking as a life skills activity, it is not acceptable that cooking is assigned to them as their daily chore. In addition, caregivers and cooks must be different staff members so that caregivers can focus their time and attention on caring for and supervising the children. I fail to understand how Enforcement Officers of the Licensing of Place of Safety and Enforcement Section did not notice these poor practices and ensure that the RCI recruited an adequate number of cooks.

Textbox 7. Visit at a large RCI where older children were helping to cook dinner for everyone.

Textbox 8: Visits at a large RCI in Mauritius and the value of outdoor play

Over the reporting year 2021-2022, my investigators and I visited on several occasions a particular RCI based in Mauritius which accommodated more than 25 children at the time of the visits. Each time we opened the gate of this RCI, we were appalled by the inappropriateness of the environment. We found children packed inside a filthy building, engaging in solitary activities or fighting violently over broken toys. We expected an RCI rehabilitating children, mainly young ones, to have well-maintained outdoor spaces and play areas. Outdoor play has a series of physical development benefits for children, including improvement of their motor skills, balance, agility, overall health and muscle strength. Article 31 of the CRC (UN, 1989) promotes that every child has the right to rest and leisure and to engage in play and recreational activities appropriate to his/her age.

Outdoor play also has social development benefits. When children remain indoors too long, especially in large RCIs, they compete with other residents for care and attention. The situation can get overwhelming to the detriment of all children. However, when they have adequate outdoor time, they move around freely and channel their energies. Peer-to-peer and child-caregiver relationships also improve through outdoor play and positive interactions. It is known that, when children play outside, there is more possibility for them to develop observational and reasoning skills. It must be emphasised that, in addition to social and physical benefits of outdoor play, it also strengthens children's emotional stability, develops their sense of independence, supports their brain maturation and improves their communication skills.

Unfortunately, when my Investigators and I entered the premises of that RCI, we took note that children were deprived of several rights amongst others, their rights to play, quality care, education and rehabilitation. Children need to run, walk, shout, play and enjoy open spaces. We cannot talk about rehabilitation if they are deprived of their right to spend time outdoors. Clearly the caregivers at that RCI had no appropriate skills to manage children. In such a poorly maintained infrastructure and with a large group of children, even the best staff (such as efficient carers, skilful social workers, competent RCI managers and qualified professionals such as psychologists) will struggle or fail to deliver quality services.

Imagine the fate of children in large RCIs who are in the care of untrained and inexperienced staff. I refuse to even consider the views of certain stakeholders who argue that children state they are happy within such an environment. Children, especially young ones, are sometimes **NOT** in a position to know what is best for them. Listening to the voice of immature vulnerable children and agreeing to what they say indiscriminately are not synonymous to respecting their right to be heard. This is irresponsibility that can put the child's overall health, stability and future at stake. We have reported the RCI to the relevant authorities.

Textbox 8. Visits of the OC and her investigators at a large RCI in Mauritius and the value of outdoor play.

Textbox 9: A large RCI accommodating boys with no clear rehabilitation plan

In a large RCI accommodating boys only, I observed that a group of more than 20 children of varying age groups and adults were all watching children's cartoon at the same time. There was no evidence of individualised care and attention being given to the children. The RCI appear to operate on a one-size-fits-all model. I insist that rehabilitation in such circumstances is counterproductive. There were 4 caregivers at the time of my visit including 3 ladies and 1 man. The ladies had worn uniforms, which made them look more like hospital staff, while the man was dressed casually in shorts and t-shirts. This was a confusing sight as I could not figure out the rationale behind such different dress codes for the staff. I believe it is important to realise that, for children, this is their house, and the way the staff are dressed can impact on them negatively or positively.

Textbox 9. A large RCI accommodating boys with no clear rehabilitation plan.

To better understand the psychosocial aspects of children's personality development, I have found the 20th century work of eminent German-American Psychologist, Erik Erikson, very helpful. He explained that human beings go through stages of psychosocial crises to make sense of their place in the world and acquire their personal identities. He argued that life is a series of 8 psychosocial stages, starting at birth and ending in death, spanning from infancy to late adulthood, and the way a human being meets the challenges of each stage affects his personality development. When a person resolves the challenge, they acquire a personal virtue that provide them with the resources to face future conflicts. If a person fails to successfully complete a stage, this can result in a reduced ability to complete further stages, low self-esteem and the emergence of an unhealthy personality. However, Erikson also did advance that unresolved stages could still be addressed at a later phase in life through the appropriate support and help. [Table 10](#) on the next page provides an overview of the first 5 stages which represent infancy to adolescence, the psychosocial conflict of each stage, and the associated virtue, as proposed by Erik Erikson.

Table 10. The 5 first stages of Erik Erikson's 8 psychosocial stages of personality development.

Psychosocial stage	Age range	Psychological conflict	Virtue
1. Infancy	0-18 months	Trust v/s Mistrust	Hope
2. Toddlerhood	18 months-3years	Autonomy v/s Shame	Will
3. Pre-primary	3-5 years	Initiative v/s Guilt	Purpose
4. Primary	5-12 years	Industry v/s Inferiority	Competency
5. Adolescence	12-18 years	Identity v/s Role confusion	Fidelity

Let us now look at those stages in the context of children living in large RCIs with poor caregiving environments and untrained staff:

- 1. Infancy (0-18 months):** The challenge of the first stage is about trust and mistrust. Trust is built from loving, regular and responsive one-to-one interactions between a child and his/her caregiver. This provides to the child a sense of security and safety. Within large RCIs, children are attended to by a limited number of caregivers in an inconsistent manner. The competing needs and demands of a large number of children make it hard on caregivers to provide individual and exclusive attention to each child. In this context, the infant may grow significant mistrust of the people around him/her and the world in general, which can further be carried over to other stages. He/she may also become fearful of people and withdrawn.
- 2. Toddlerhood (18 months-3years):** At this stage, children become more mobile, is curious with anything he/she can see, hear, touch, taste and smell, and seeks more control over his/her immediate surrounding environment. Within a large RCI with children of similar and different ages, all crammed within limited spaces and monitored by few caregivers, it can become challenging for the individual child to safely explore the world, under the constant supervision and encouragement of loving and responsive adults. Unsafe and unstimulating environments within RCIs can also limit the capacity of the child to build a sense of autonomy and develop his/her cognitive and emotional abilities. In addition, untrained and psychologically-uninformed caregivers may also use more restrictive or punitive approaches to disciplining the children, for instance, unfairly limiting playtime,

locking away all toys or leaving children in a closed room to calm down by themselves. These can make the child feel ashamed and doubtful of his/her need to become more independent. He/she may even lose the will to have any form of control over his environment and regress into being more dependent on caregivers to do things for him/her.

- 3. Pre-primary (3-5 years):** Children aged between 3 and 5 years old usually gain more exposure to the outside world and social interactions with peers, and assert themselves increasingly through play. At this stage, children are often seen to have a fertile imagination where they come up with various make-believe ideas and try out new games and toys with their friends. Within large RCIs with uncondusive environments and untrained caregivers, the budding imagination and efforts of children can be at times undermined and set aside as being disruptive or unruly. There may also be increased fights among the child residents, especially if space and resources are limited and restricted. Bullying from other children, too many criticisms from caregivers and other forms of violent or negative interpersonal interactions can further dampen the purposeful discovery and social play needs of the children, and they may develop a poor sense of self. Children may even start behaving in a way to conform to avoid doing 'wrong things' and fail at the eyes of the caregivers or elder children, and, at the same time, cultivate guilt for naturally wanting to explore and try things.
- 4. Primary (5-12 years):** School plays a major part at this stage in the psychosocial development of children. Support and encouragement from teachers motivate children to learn more at school and achieve better. Belonging to a peer group also becomes an important component of children's personality development. Nevertheless, this is also a time when children are compared a lot to their peers, and too much or too little praise and feedback can have a significant effect on their ability to take initiatives and attain age-appropriate competencies. In environments characterised by low support and attention, and too many criticisms towards the child, the child may develop a sense of inferiority and feel that they are not good enough or worthless. In many ways, large RCIs having untrained staff can easily recreate an atmosphere of competition, undue comparisons and limited support and attention among children, which can make it even more difficult for children of this stage to feel more competent in their daily tasks.

- 5. Adolescence (12-18 years):** At this stage, the adolescent strives for establishing an identity for himself/herself, as well as to resemble an ideal or be loyal to a specific social group. He/she experiments with different roles, activities and behaviours to discover what suits him/her best. He/she may also test out his/her family's beliefs, rules and values to figure out his/her stance of life. In this process, the adolescent may feel overwhelmed and confused. Erikson referred to this stage as an 'identity crisis'. An adolescent growing up in a large RCI might really struggle at this stage. His/her needs and behaviours may be viewed as antisocial or hostile by untrained staff. The institutional culture within the RCI may also impose strict rules and regulations which can make him/her rebel against a lack of understanding and freedom, and eventually result in him/her pushing boundaries, exhibiting challenging behaviours or becoming in conflict with the law.

Given our understanding on the impact of physical and social environments, staff training and caregiving approaches on children's psychosocial development, I recommend competent authorities and all relevant stakeholders to take prompt actions to improve the situation of children living in large RCIs and adhere to adequate care standards promoted by the GACC (UN, 2010).

2.3.4.5. Goal-oriented care plan or aimless information sheet?

Upon the point of admission of a child to an RCI, the local authorities expect the manager and other concerned staff of the RCI to prepare a care plan for him/her. However, this can be a challenging task for the RCI's staff because, often, the child arrives at the facility with very few documents and limited, or sometimes no, information on his/her family background, medical status, mental health history and educational journey, amongst others. Without a proper and in-depth initial assessment of the child's psychosocial situation before he/she entered the RCI, any care plan would lack the necessary foundation that could enable the formulation and implementation of clear rehabilitation goals for the child while at the RCI and prospects for family reintegration. Such assessments are *sine qua non* for ensuring a holistic understanding of a child's needs from a rights-based perspective. Otherwise, a care plan may look more like an information sheet with incomplete records, serving no real aim with regards to the child's care

and rehabilitation and resulting in uninformed, ineffective and adverse decisions being made for the child.

2.3.4.5.1. My enquiry on the use of care plans in RCIs

Care planning is crucial for the provision of quality care to children in RCIs. In our visits to RCIs during the present reporting year, my team of investigators and I viewed children's case files and assessed the type and quality of care plans that were being used and implemented for the child residents living at their RCIs. In relation to care plans, we asked RCIs' staff the following questions:

1. What is a care plan?
2. How do you think a care plan must be prepared?
3. Has the CDU given a comprehensive report on the children prior to being placed in your RCI or at any other point in time?
4. Did the CDU officers help you in elaborating the care plan? Do they act as advisors or only as supervisors?
5. Are your staff involved in family reunification and parental visits of child residents?
6. Have you received initial and ongoing training to better understand the needs of children living in RCIs? If yes, please give more details.
7. Do you get feedback from psychologists and other relevant professionals on children whom you care for?

We were surprised to discover that nearly all interviewed staff of these RCIs displayed a poor understanding of a care plan, its actual purpose for the child and how it is developed. Nearly all the RCI Managers had confused the information sheet required to be filled by the CDU on the child at admission as being the care plan. More recently, I did notice a document named 'care plan' in some child resident's files. However, this document did not meet the criteria for an actual care plan. It looked more like a record sheet, seemed incomplete and was not very useful in understanding the case history and goals of placement of the concerned child. **My conclusion**



**"IF YOU FAIL TO
PLAN, YOU ARE
PLANNING TO FAIL."**

~ Benjamin Franklin

is that no single child currently living in an RCI in the Republic of Mauritius has a real care plan.

During our enquiry regarding care plans, most RCI Managers complained on the lack of background information on children who were placed with them. Some of them pointed out considerable waits before being provided essential documents by the authorities such as birth certificates, updated Court orders and health cards, amongst others. Many viewed the new 'care plan' as an additional paperwork imposed on them by the authorities without providing any preparation, training, information and support. Most of the interviewees were unsatisfied by the lack of collaborative approach from the authorities. Although some RCIs facilitated phone contact between the child and a family member, none of them had been actively involved in parental visits or reunification efforts. They thought that they were not allowed by the authorities to get involved in this process. I want to mention again, as I did in [sub-section 2.2.1.6.3](#) of the current chapter, that the role of the alternative caregiver, in the present case the RCI's Manager and his/her staff, is primordial in planning the care of any child resident and in actively preparing and participating in family reintegration, and must not be undermined at any level.

In order to help stakeholders better understand the value and right approach with regards to the preparation and maintenance of a care plan for a child placed in an RCI, or any other alternative care setting, I provide some useful guidance in the following sub-section.

2.3.4.5.2. What is a care plan?

A care plan can be considered as an explicit and written roadmap that clearly and concisely states the goals of alternative care for the child which have been determined in his/her best interests by all relevant stakeholders, the desired outcomes, all the measures required to achieve them and their proposed timescales. This document must specify how the child's needs and rights can be fulfilled in the short and long term, the type of placement chosen and the support available therein, the arrangements that are proposed and the implications of each one of them, such as arrangements for the child's health, education, parental contact and family reunification, and the stakeholders who are responsible to implement these arrangements. It may also contain contingency protocols to account for unanticipated circumstances.

The development of a care plan is a collaborative undertaking by all relevant parties. Although it may be initiated and led by the local authorities, the child, his/her family members and all staff working with him/her must participate in its elaboration, and their views and responsibilities must be given due weight and incorporated in the document. All stakeholders, including the child, must be able to understand without ambiguity the content of the care plan and the actions being required of each one of them. This document must be dynamic in nature, that is, it must be responsive to changes related to any objective, measure or party within the care plan, especially when new information is obtained and reviews are carried out. The care plan must be prepared at the earliest possible in the care journey of the child, ideally before the child enters care.

Before I move ahead on discussing what constitutes a good or bad care plan, it is necessary to clarify two potential confusions regarding a care plan. **Firstly, a care plan is NOT just an assessment.** An initial assessment is normally carried out prior to elaborating a care plan, and in some cases, it may happen at the same time. It provides the basis for the preparation of a care plan. Follow-up assessments are also required to review the care planning process in a timely manner. In their toolkit for practitioners on care planning for children in alternative care, Williams and McCann (as cited in Kane; 2007, p.8)⁶¹ said that:

*The care plan is built upon a **holistic specialist assessment** which identifies **developmental need, the capacity to meet need** (parenting capacity and family and environmental factors) and an **evaluation of what has happened to the child** (history and chronology). The assessment must be continually updated and feed into revisions of the care plan and into the review process.*

In addition, the UK's Department of Health (DOH; 2001, p.19; see [Figure 6](#) on the next page)⁶² proposed a framework for the assessment of children in need and their families, which I believe can be a very helpful reference to improve assessments of children in need of care and protection in our country.

⁶¹ Kane, S. (2007) *Care planning for children in residential care*. London: National Children's Bureau.

⁶² Department of Health (2001). *Framework for the assessment of children in need and their families*. London: The Stationery Office.

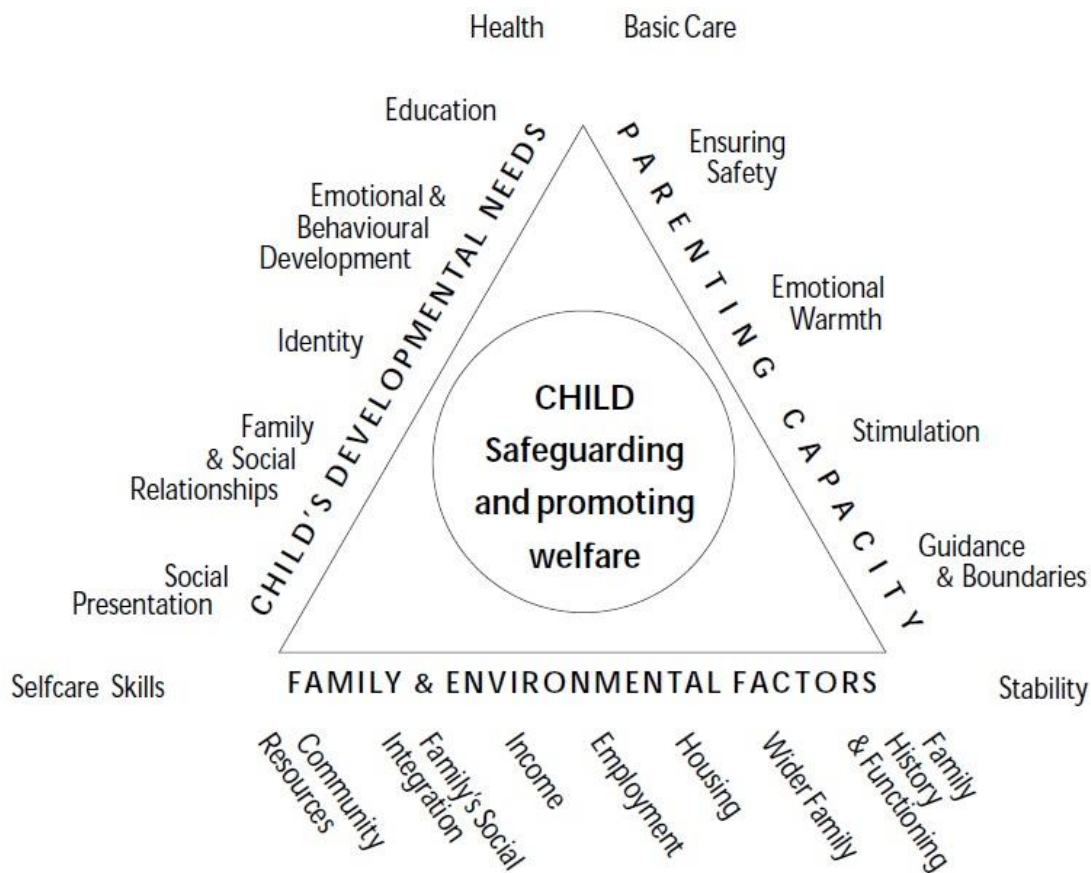


Figure 6. Assessment framework for children in need and their families (DOH, 2001).

It is clear that comprehensive and holistic initial and follow-up assessments on children in alternative care are key drivers to effective care planning and review processes and must be undertaken by qualified and trained professionals, in consultation with all relevant stakeholders. Given that these children are a highly vulnerable group, it is important to map out all the important background, historical and need-specific information on the child and his/her family to ensure appropriate decision-making regarding his/her placement. Locally, these in-depth assessments appear to be unavailable, of inadequate standard and quality, or inconsistently conducted. The absence of proper assessments before and during placement jeopardises the process of quality rehabilitation of children in RCIs and compromises care planning goals.

Secondly, a care plan is NOT solely a placement plan, an education plan, a health plan or a family reintegration plan on its own. The care plan represents the overall plan from which all of these other subsidiary plans emerge and together contribute to its long-term goals in respect to the care, development and social reintegration of the child. Any subsidiary plan that stems from the care plan must always be in harmony with the latter. If any area, such as the

education or health of the child, undergoes a change, this consequently leads to a review of the overall care plan. On the other side, if anything is modified with respect to the overall long-term goals of the care plan, this can affect the objectives and implementation of the subsidiary plans which also need to be reviewed accordingly. [Figure 7](#) below illustrates the cycle of care planning that includes assessment, planning, intervention and review processes.



Figure 7. The care planning cycle.

Now, what makes a good or bad care plan? William and McCann proposed in 2006 some guiding criteria to distinguish between a good and bad care plan (as cited in Kane; 2007, p.17), as provided in [Table 11](#) below:

Table 11. What makes a good and bad care plan? (Williams and McCann, 2006)

Indicators of a good care plan	Indicators of a bad care plan
Needs-based assessment – analysis – outcomes – services – review	Service-led
Child participates and understands the care plan	Child is excluded and does not understand the care plan
Participation of all those with parental responsibility, and carers	Non-participation of other agencies, and/or all those with parental responsibility, carers not involved

Indicators of a good care plan (ctd)	Indicators of a bad care plan (ctd)
SMART (Specific, Measurable, Achievable, Realistic/Relevant and Time-limited)	Not specific concerning who is responsible for what action; outcomes cannot be evaluated; not achievable nor realistic; no timescales
Focused	Lacks direction
Proactive	Reactive
Brings together other plans	Separate from other plans
Has a contingency plan	No contingency plan

In addition to the above criteria, we also need to avoid writing in care plans misleading and/or non-factual information, ironic or inappropriate words, and professional jargons that make the content difficult for others to understand. While reviewing the Residential Care Institutions for Children Regulations 2022 during the present investigation, I remarked that the regulations specified no provision on family/community reintegration of children living in RCIs and aftercare/follow-up arrangements for children leaving care. I believe this must be remediated by the competent authorities at the earliest possible in the form of additional regulations under section 71 of the Children's Act 2020. This can provide the necessary regulatory framework for the care plan to better meet the family reintegration and long-term developmental outcomes of a child leaving care.

Finally, drafting a good care plan, based on holistic and specialist assessments, for all children living in RCIs is a MUST. Before admission of children within RCIs, the RCI Managers must insist to obtain comprehensive reports and information on him/her from the relevant authorities and participate in the decision-making processes on whether placement within their RCIs is in the best interests of the children.

2.3.4.6. Are the authorities really meeting the parent-child contact needs of children in RCIs?

From the feedback I received from children living in RCIs and staff, there is a general sense that the number of parental visits being carried out is not satisfactory and many children still yearn to meet their families over long periods of time. I even met some children telling me that they have not met anyone from their families since being placed at the RCI, or that they needed to

behave badly at the RCI to be noticed by the CDU and obtain a visit! In the combined sixth and seventh periodic reports submitted by our country to the Committee on the Rights of the Child (2022) on 17 November 2021, although it was briefly mentioned that “regular parental visits” (para.187) are carried out, no figures or disaggregated data were provided on the actual number of parental visits conducted annually for children living in RCIs, the number of boys and girls who received visits and the average frequency of visits annually per child, amongst others.

As I discussed in [sub-section 2.2.1.6.2](#) of the present chapter, parent-child contact needs must be given due consideration by all stakeholders and facilitated through a maximum extent of available resources, where this is in the best interests of the child. Parental visits play an important role in stabilising the emotions of child residents and instilling hope for a possible return to their families. To illustrate this, I reiterate in [Textbox 10](#) below a selection of comments (in Mauritian Creole) made by children living in RCIs and caregivers that I had previously presented in my Annual Report 2016-2017 (OC, 2017, p.61):

Textbox 10: Children’s and caregivers’ comments on the effects of parental visits

Children’s comments:

- “Kan mo mama vini mo extra kontan. Toule samdi li vini. Li dir mwa aprann bien lekòl. Mo’nn ekout li. Mo’n gagne zoli rezilta.”
- “Mo’nn aret kraz partou depi ki mo papa ek mo frer vinn vizit mwa.”
- “Ti fer fet Nwel dans mo lakaz. Mo bann fami ti vini. Zot inn donn mwa ek mo bann kamarad kado. Mo’nn kone aster, shelter pa enn prizon. Se mo lakaz.”
- “Kan mo ti kit shelter pou al reste kot mo mawsi, pou li pran mwa ek mo ser, li’nn trouve ki nou pa move. Tou mis inn dir li nou pa move.”

Caregivers’ comments:

- “Kan zanfàn gagn vizit zot fami, zot pa fer move.”
- “Depi ki X inn vinn kot nou, li ti pe fer extra bouko move. Manejer ti pre pou met li RYC. Lerla CDU enn zour inn fer li zwenn so mama et so gramer. Nou les li koz ar zot souvan lor telefonn. Fini madam Rita. X so dezord finn mont lor pie koko mo dir ou.”
- “Mo’nn zwenn bann zanfàn-la zot mama. Mo’nn konpran soufrans bann zanfàn-la. Avan mo ti bien ankoler. Mo ti anvè bat tou zanfàn shelter. Aster mo konpran zot malè.”

Textbox 10. Children’s and caregivers’ comments on the effects of parental visits (OC, 2017).

It is true that organising parental visits for children living in RCIs can sometimes be challenging for different reasons, including:

- some children may be unwilling to maintain contact with their families;
- some parents or family members may show reluctance or lack of engagement to meet their children;
- some children may be orphans, undeclared at birth or have been abandoned at an early age with no information on their family's whereabouts;
- some parents or family members may be untraceable; and
- the concerned authority may not have enough resources to cater for the demand for regular parental visits for each child living in RCIs.

Regarding the above-listed latter issue, I acknowledge that officers of the CDU believe in the value of reinforcing family relationships of children living in RCIs to improve their possibilities of reintegration. However, they often feel helpless for not being able to meet this growing demand because of lack of resources, limited transport facilities and shortage of staff. In my Annual Report 2016-2017 (OC, 2017, p.61), I had mentioned that, in a meeting with some CDU officers, they voiced their frustration as follows regarding parental visits:

We want to encourage the involvement of families in the lives of their children. We want children to meet with their families regularly. Insufficient personnel! We are aware that everybody is angry with the CDU including the families and children. But we are not to be blamed.

Nevertheless, contact needs of children living in RCIs must not be measured by the number of parental visits only. There are many other alternative means of communication, such as voice/video calls or written correspondences, that can be used to facilitate contact between a child living in an RCI and his/her significant others. The GACC (UN, 2010, para.81) promotes an eclectic approach to the contact needs of children in alternative care, as stated below:

*When a child is placed in alternative care, contact with his/her family, **as well as with other persons close to him or her, such as friends, neighbours and previous carers**, should be*

*encouraged and facilitated, in keeping with the child's protection and best interests. The child should have **access to information on the situation of his/her family members** in the absence of contact with them.*

Contact persons include not only the parents and family of the child, but also any other individuals with whom the child may have a significant relationship, including friends, neighbours and previous carers. Even if contact is not possible, the child still has a right to know and be updated on his/her family situation. Whichever the family's situation, I believe that the CDU has a key role in maintaining close links with the families of children placed in RCIs and follow up regularly with them to keep track of their progress, for which the officers have to be specially trained. Imagine how distressing and even traumatising it can be for a child to hear that the CDU has no clue on where and how his/her family is doing!

I have observed with satisfaction that some RCIs have an internal practice of allowing children, if the latter wish so, to phone their families on a regular basis, which seems to have a positive impact on the children's mood and wellbeing. Organisation of parental visits currently fall completely under the control of the CDU. I believe a more collaborative approach to the overall process of family and social reintegration, as clearly defined by a regulatory framework and included in the child's care plan, that actively involves the alternative caregiver, the child, his/her family and other relevant stakeholders must be established in our country. The necessary financial, human and material resources must be allocated to all the concerned parties to achieve this goal.

2.3.4.7. Aftercare services: What is happening to children leaving care?

Since my last systemic investigation on residential care in the Republic of Mauritius presented in my Annual Report 2016-2017 (OC, 2017), I have noted, based on my field observations and interviews with many children and young people who have left care, RCIs' staff and other relevant stakeholders, that it appears there has not been a considerable change in the overall situation of children after they return to their families before they turn 18 years old or when they transition out of care at 18 years old. I also met some children who said that, since they were reintegrated within their families, they never received any visit from CDU officers. In a

few cases, I also encountered children expressing that, after return to their families, they again suffered gross neglect and violence, and had to be placed again as an emergency in RCIs.

Referring to [sub-section 2.1.5.4](#) of the present chapter, I mentioned that the Back-to-Home Programme of the MGEFW operates locally to return children to their families of origin. I also noted that there was an increase in the number of children reintegrated within their families between 2018 and 2021, and 309 follow-ups were carried out by the programme's officers with these children from July 2020 to June 2021 (MGEFW, 2021a). However, **little is formally known on the actual frequency, intensity, quality and monitoring of aftercare support being provided to children leaving care by the local authorities and other civil society actors.** If some may claim that the current approach is working, how come there are still cases of children returned to their families being so quickly moved back to RCIs like in a revolving door situation?

During my investigation, I spoke with some children under 18 years old who had already left RCIs. It became evident that NONE of them had benefitted from any form of follow-up and support when they reintegrated their families. Comments from 4 of them are provided below:

Zot inn retourne moi mo lakaz enn coup. Mo sagrin mo pann gaye létan dire mo bann kamarades salaam. Kan monne retourne lakaz, mo mama dire mwa mo bizin reste lakaz lerla li pou gaye mo pension. Zamé CDU pann révinne get moi. Mo sagrin mo banne camarades dans shelter. (Care leaver X, 13 years old)

Mo papa in rekoumans fer mwa fer louvraz lakaz e pa al lekol. (Care leaver Y, 16 years old)

Li re rod dormi avek mwa. CDU inn revinn sers mwa. Zot inn met mwa dan enn lot shelter. Mo anvi retourn dan mo shelter. (Care leaver A, 15 years old)

Enn zur bann CDU inn vinn shelter zot dir mwa 'to anvi retourn kot twa?' Mo dir zot wi. Mo ti kontan. Dan de-trwa zour mo'nn retourne ! Me mo'nn fer enn gran erer. Mo papa extra zour mwa – li kontigne bwar rom. (Care leaver B, 14 years old)

In an overall sense for those leaving care at or below 18 years, I have noted that in many cases:

- return to families is not always carried out as a gradual and supervised process and has been experienced by some children as abrupt, that they were not given enough time to say goodbye to the other child residents of the RCI with whom they had developed sibling-like relationships, their peers and their caregivers, and that they were not sure yet whether they wished again to live with their families;
- the views and opinions of the RCIs' staff have not been solicited by the local authorities during the process of family reintegration;
- there are not enough community-based support services for care leavers to avoid unnecessary institutionalisation;
- there are very few appropriate residential services available for young care leavers aged 18 years old who cannot or do not want to return to their families, such as independent living arrangements or transition homes, that can support their pathway planning and independence;
- there are not enough planned and supervised follow-ups for young care leavers by child protection authorities who often say that individuals above 18 years do not fall under their responsibility;
- many RCIs lose touch with care leavers due to lack of contact details and do not know where and how they are;
- unsupported young care leavers are at higher risk of not having an income, living in inappropriate housing conditions, becoming homeless or engaging in drug trafficking or other criminal activities; and
- the young care leavers undergo further marginalisation and stigmatisation within society.

From a neurodevelopmental perspective, there is well-established research evidence that the adolescent brain does not attain full maturation until the age of approximately 25 years, in other words, there is a high probability that the new age span for adolescence may rather be 10 to 24 years, instead of the typical 10-18 years (Arain *et al.*, 2013)⁶³. Given this ground-breaking knowledge and our understanding of the impact of ACEs on children and young

⁶³ Arain, M., Haque, M., Johal, L., Mathur, P., Nel, W., Rais, A. *et al.* (2013) Maturation of the adolescent brain. *Neuropsychiatric Disease and Treatment*, 9, 449–461.

people placed in care (refer to [sub-section 2.2.2](#) in the current chapter), it is simply wrong to assume that a young person leaving care at 18 years old is physically, cognitively and socio-emotionally prepared to face his/her transition to adulthood. Solely based on the age of majority as defined by local legislation, it seems unfair for a young person to be made to feel that they should exit alternative care before they are ready. The UK's Department of Education (2022, p.8)⁶⁴ captured well in a statutory guidance the predicament of transition to adulthood for care leavers in the following words:

Transition to adulthood is often a turbulent time: transitions are no longer always sequential – leave school, work, relationship, setting up home, parenthood. Young people can become adult in one area but not in others. For many young adults, their transition to adulthood can be extended and delayed until they are emotionally and financially ready and they have the qualifications they need and aspire to, so that they have the opportunity to achieve their economic potential. Young people from care may not have this option. Whilst most young people know they can call on the support of their families to help them through unforeseen difficulties, care leavers may not be able to rely on unqualified support if things do not work out as they make their journey into adulthood.

It is also important to realise that we do not currently have a legal regulatory framework on aftercare provisions for these children. The UK, for instance, enacted a law for ensuring appropriate protection and support to care leavers, namely the Children (Leaving Care) Act 2000. In [Appendix I](#), I provide an extract of the purpose of this law that I think can be used as a guide to creating similar legal provisions for children leaving care that are adapted to our local context.

⁶⁴ Department of Education (Rev.) (2022) *The Children Act 1989 guidance and regulations. Volume 3: planning transition to adulthood for care leavers*. UK: Author. Retrieved on 05 September 2022 from www.gov.uk/government/publications/children-act-1989-transition-to-adulthood-for-care-leavers

2.3.4.8. In conversation with stakeholders in Rodrigues

Throughout the reporting year 2021-2022, I have been in regular communication with Rodrigues and I also engaged relevant parties in Rodrigues around conversations regarding the alternative care of children. The following are a collection of views, experiences and perspectives of Rodriguan stakeholders on different axes, including:

- strengths and limitations of the present alternative care system in Rodrigues;
- handling of children with serious behavioural concerns (SBCs) in Rodrigues; and
- ideas on improving the existing alternative care system in Rodrigues.

2.3.4.8.1. Strengths and limitations of the alternative care system in Rodrigues

Among the **strengths** of the existing alternative care system, Rodriguan stakeholders highlighted the following:

1. Although there are not many foster families in Rodrigues, foster care has been seen to work very well with many success stories.
2. All children, including those in alternative care system, are given food in pre-primary and primary schools. They are offered tea, milk, local cakes, bread, *brioche*, butter, cheese and grapes. This has improved children's attendance at school.
3. All the stakeholders working with children, including the Sister-in-charge of the RCI, the police and the Commission for Child Development and Others, try their best to resolve issues regarding children with SBCs without demanding the intervention of Probation and Aftercare Services.

Some **limitations** of the existing alternative care system were expressed by the stakeholders as follows:

1. The RCI in Rodrigues accommodates both boys and girls within the same premises. Use of bathrooms and toilets are shared. There are risks of potential sexual promiscuity, harassment or abuse among the residents. To maintain precautions, an adult supervises the use of these facilities by the residents. Separate bathrooms and toilets are still under construction.

2. The financial resources allocated to the RCI in Rodrigues are viewed to be not enough to employ sufficient staff.
3. The RCI did not yet receive a licence to operate by the local authority due to the fact that the toilet structure is not as per the norm.
4. Owing to a lack of water in Rodrigues, the sisters at the RCI have to buy water for the children. Water provided by the truck is not enough.

2.3.4.8.2. How does Rodrigues deal with children with SBCs?

As at September 2022, there were 9 children identified as displaying SBCs in Rodrigues. Before the proclamation of the Children's Act 2020, the police used to solicit the intervention of the CDU. Now, the legal responsibility has moved to the Probation and Aftercare Service (PAS) in Rodrigues, which falls under the Commission for Health and Social Security. This state of things is difficult for the PAS as they only have 2 probation officers and no psychologists attached to it. There are no probation residential institutions for boys or girls in Rodrigues. Probation officers in Rodrigues have not received any training on the new law and regulations. When they need further information, they have to rely on the Mauritius PAS. The Commission for Child Development and Others bears no responsibility in the event of providing support to children with SBCs under the Children's Act 2020.

In Rodrigues, when parents come to see the police regarding a child with SBCs, they first try to see if they can resolve the problem at their level without calling on the PAS. For children displaying SBCs at the RCI, the Sister-in-charge stated that she tries to find ways of helping the concerned child at the level of the organisation itself. The Commission for Child Development and Others also supports the Sisters working at the RCI to try their best to solve issues with children having challenging behaviours, without necessarily pursuing the PSI application route through the PAS. There is also an RYC support group in Rodrigues run by a Father, who can extend his support to children with SBCs by providing follow-up and support to them so that they can reintegrate school. Listening to those practices, I also agree that it is better to explore what can be done within the home or RCI setting or the community to improve the child's behaviours with available resources, and with the support of the Police or the CDU where necessary, before taking legal action against the child.

In the case where PSI applications have been made by parents in Rodrigues and they turned out to be unsuccessful, parents are unsure about accessing the Children's Court and often feel at a loss on how to seek further help. There is a general consensus among relevant stakeholders in Rodrigues that 21 days are too restrictive for the PAS to produce any favourable outcome with regards to children with SBCs. If children with SBCs have to be removed from their usual household, their placement shall be ordered to a probation institution. This is an issue in Rodrigues because they do not have any local probation institution, and the children are not offenders, so they cannot be placed in RYC.

The PAS also expressed another challenge that they are facing with the new law. Previously, the CDU used to assist investigations regarding a child victim or witness. Probation officers thought that, if it happened that they had to assist child victims or witnesses affected by children with SBCs who are under this supervision, this can result in conflicts of interest for their service.

2.3.4.8.3. Avenues on improving alternative care in Rodrigues

Different stakeholders in Rodrigues shared compelling points with regards to the improvement of alternative care in their country as well as other important considerations regarding children with SBCs as summarised below:

1. The NSIF must consider to register the RCI in Rodrigues as an NGO so that they can also benefit from additional funds through the National Programme for Residential Care Institutions for the Protection and Welfare of Children and improve their services for the child residents.
2. The existing alternative care system can be improved by reducing the number of children at the RCI to not more than 12. If there are 24 children, there need to be two separate RCIs.
3. The existing RCI must be separated by gender to minimise risks of sexual promiscuity or abuse among the residents.
4. Probation homes for boys and girls must be set up in Rodrigues, otherwise the new provision for placing children with SBCs in a probation institution has no *raison d'être* in Rodrigues.

5. If PAS is being expected to work with children with SBCs, the Rodrigues' staff team must be reinforced with additional probation officers and qualified psychologists.
6. Probation officers also need specialised training so that they can carry out psycho-social assessments as per the new law and make the right decisions regarding cases of children with SBCs referred to them.
7. Ms Marie Christine Agathe, the Commissioner for Child Development and Others of Rodrigues stated that the intervention of probation officers should be sought only when it is absolutely necessary to do so. The child should come out as the winner in this whole process and all stakeholders must have a spirit of cooperation. The best interests of the child remain an important principle in the CRC (UN, 1989).
8. Due consideration must be given to international laws as well. The GACC (UN, 2010) stipulates that child offenders and child victims must not be put together, yet the local legal framework is placing these two categories together within probation institutions.

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2.4. Deinstitutionalisation: The UN Guidelines for the Alternative Care of Children as a framework for change

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2.4.1. Unpacking the concept of deinstitutionalisation of alternative care of children

The international community has demonstrated sufficient and well-documented evidence on the adverse impact of institutionalisation on the care, health, development, wellbeing and future opportunities of children, especially for young children (refer to [sub-section 2.2.4.2](#) of the present chapter). *“Institutionalised care is often characterised by fragmentation because of its regimented nature, high child-to-caregiver ratio, multiple shifts to cover continuous care, and the high turnover of underpaid and insufficiently trained staff”* (Goldman et al., 2020, p.611)⁶⁵. In the world today, many countries are joining the momentum and taking steps towards the deinstitutionalisation of alternative care of children in their respective societies.

In better understanding this concept, let me first dispel a common misconception - the deinstitutionalisation of alternative care of children does NOT mean the overnight closure of all institutions where children without parental care are placed with nothing to replace them! It is rather **a carefully planned, stepwise and transformational process carried out at the highest levels of decision-making of a country, through a multi-stakeholder participatory and coordinated approach, with a view to progressively replacing institutional settings of care with nurturing and safe family-based care for children**. Deinstitutionalisation of alternative care of children is not only a series of structural changes, but it also requires in-depth research, and profound and evidence-based legal and political reforms to enable a mentality shift that strengthens the crucial role of families as the fundamental group of society where children can grow and thrive healthily, and at the same time ensure that the proportion of children who are without parental care access the alternative care that suits their best interests.

The Guidelines on the Alternative Care of Children (GACC; UN, 2010) is currently the most referenced international instrument that can help States ensure that children’s rights are respected to the highest standards possible within any care setting that accommodates children without parental care. The GACC (UN, 2010) highlighted in its paragraphs 21 to 23 (provided

⁶⁵ Goldman, P.S., Bakermans-Kranenburg, M. J., Bradford, B., Christopoulos, A., Lim Ah Ken, P., Cuthbert, C. et al. (2020). Institutionalisation and deinstitutionalisation of children 2: Policy and practice recommendations for global, national, and local actors. *Lancet Child and Adolescent Health*, 4, 606–633.

in full in [Textbox 11](#) below), some important elements of the deinstitutionalisation strategy as outlined below:

1. to use residential care as a last resort alternative care option for any child without parental care, unless determined in his/her best interests;
2. to avoid the placement of children under the age of 3 years in residential care, as long as it is in their best interests;
3. to progressively eliminate large residential care facilities (institutions);
4. to promote high care standards including individualised and small-group care in residential care facilities; and
5. to regulate the establishment of new residential care facilities within the overall strategy of deinstitutionalisation.

Textbox 11: The deinstitutionalisation strategy by the GACC

21. The use of residential care should be limited to cases where such a setting is specifically appropriate, necessary and constructive for the individual child concerned and in his/her best interests.

22. In accordance with the predominant opinion of experts, alternative care for young children, especially those under the age of 3 years, should be provided in family-based settings. Exceptions to this principle may be warranted in order to prevent the separation of siblings and in cases where the placement is of an emergency nature or is for a predetermined and very limited duration, with planned family reintegration or other appropriate long-term care solution as its outcome.

23. While recognizing that residential care facilities and family-based care complement each other in meeting the needs of children, where large residential care facilities (institutions) remain, alternatives should be developed in the context of an overall deinstitutionalization strategy, with precise goals and objectives, which will allow for their progressive elimination. To this end, States should establish care standards to ensure the quality and conditions that are conducive to the child's development, such as individualized and small-group care, and should evaluate existing facilities against these standards. Decisions regarding the establishment of, or permission to establish, new residential care facilities, whether public or private, should take full account of this deinstitutionalization objective and strategy.

~ Guidelines on the Alternative Care of Children (UN, 2010, paras.21-23)

Textbox 11. The deinstitutionalisation strategy by the GACC.

2.4.2. Why should we deinstitutionalise alternative care for children?

To ensure that no child has to ever live in a large residential care institution with poor care standards that are detrimental to his care and long-term development, policy makers and all relevant stakeholders including funding agencies must refer constantly to the CRC (UN, 1989) and the GACC (UN, 2010) in their endeavours to rehabilitate children deprived of parental care. It is important to highlight here that the GACC (UN, 2010) is guided by two core principles:

1. **The necessity principle:** Situations and conditions that can lead to the alternative care of children must be prevented. Unnecessary separation from birth families must be avoided at all costs. Removal of a child from the care of his/her family should be a measure of last resort.
2. **The suitability principle:** When it has been determined that a child is genuinely at risk with his/her family environment and alternative care is inevitable, it must be provided in an appropriate way, with priority given to family-based placements such as kinship care and foster care. Placement in alternative care must be for the shortest time possible with a clear plan towards family and social integration based where this is in the best interests of the child. All care settings must meet all minimum quality standards as promoted by the GACC (UN, 2010), protect the rights of children without parental care, and provide individualised or small-group care to children. This implies amongst others that care settings must ensure the assessment and meeting of the specific needs of children, provide specialised training to its caregivers and be regularly monitored by competent authorities.

Hopes and Homes for Children, an international organisation based in the UK with global expertise in the field of deinstitutionalisation and child care system reform, clearly outlined strong cases against institutional care and for deinstitutionalisation in one of its recent publications (2020)⁶⁶, which I quote in [Table 12](#) on the next page:

⁶⁶ Hope and Homes for Children (2020). *Beyond Institutional Care: A roadmap for child protection and care system reform for governments in Latin America and the Caribbean*. UK: UNICEF. Retrieved on 05 September 2022 from www.unicef.org/lac/media/19666/file/beyond-institutional-care.pdf

Table 12. A case against institutional care and for deinstitutionalisation (Hopes and Homes for Children, 2020)

A case against institutional care	A case for deinstitutionalisation
<ul style="list-style-type: none"> • It violates children's rights and leaves an already vulnerable population even more vulnerable to exploitation, abuse and violence. • It is inherently harmful for all children regardless of background and whether or not they have special needs or disabilities in the short and long-term. • Institutionalisation itself is a form of violence against children, with particularly devastating impacts on babies and young children. • Adults who have come through the institutional care system are much more likely to struggle to function in communities later in life, leaving them more vulnerable to poverty, exclusion, trafficking, exploitation and crime. • It is expensive (except in cases where cost savings are achieved by actively neglecting children) and it is unnecessary. • The institutionalisation of children does not address root causes of family separation and does not produce good results. It exacts a terrible cost on society, harming children, families, communities. • The system perpetuates itself in a vicious cycle that undermines and distorts child protection systems by appearing to be the only or obvious choice for decision-makers responsible for children in need. 	<ul style="list-style-type: none"> • The UN Guidelines for Alternative Care of Children prioritises family strengthening and prevention of separations, and family and community-based care when children are without parental care. • Family and community-based services are more cost-effective in the long-run when set against the cost to society of adults who remain vulnerable long after they have left the care system. • Child protection and care reform enables governments to redirect funding and strengthen other public services to better meet the needs of their populations. It also allows countries to significantly progress towards the implementation of the Sustainable Development Goals. • A global shift towards deinstitutionalisation is already underway and gathering momentum across Africa, Asia, Europe and Latin America. • It does not make sense to continue to spend valuable and increasingly limited resources with no positive outcomes for children, families and society at large. • Governments can create the conditions for new generations to realise their rights and fulfil their potential, thus fulfilling the 2030 agenda and the aim to 'leave no one behind'. • The process of preparing for and implementing deinstitutionalisation strengthens families and enables authorities to understand and address fundamental issues affecting wider communities at local, regional and national levels.

2.4.3. A multi-stakeholder colloquium on deinstitutionalising alternative care

To end reliance on institutional care locally, I realised that it was first and foremost necessary to open a multi-stakeholder dialogue on our current beliefs on the rehabilitation of children living in alternative care, and on appreciating the value and necessity of deinstitutionalisation among key local actors in the field of alternative care. It was also important to understand how the new local child legislation, the Children's Act 2020, and its two new regulations related to alternative care of children, namely the Residential Care Institutions for Children Regulations 2022 and the Child (Foster Care) Regulations 2022, conjugate with international standards set by the CRC (UN, 1989) and the GACC (UN, 2010).

Hence, on 26 and 27 May 2022, I carried out a colloquium, supported by the funding of the European Union, entitled '*Harmonisation of the Children's Act 2020 with the UNCRC: A focus on deinstitutionalising alternative care for children*'. This event grouped 50 different governmental and non-governmental stakeholders who intensively discussed and reflected upon several areas related to alternative care. The stakeholder target groups for this colloquium were all linked directly or indirectly to the field of alternative care of children and comprised representatives from local authorities, NGOs running RCIs, the NSIF, the Law Reform Commission (LRC), the Office of the Director of Public Prosecutions, the Master and Registrar of the Supreme Court of Mauritius, the Mauritius Police Force, the Mauritius Probation and Aftercare Service (PAS), and the *Brigade pour la Protection de la Famille*. The objectives of the two-day colloquium were to:

1. promote the importance of the CRC (UN, 1989) and the GACC (UN, 2010);
2. encourage a national multi-stakeholder approach in the domain of alternative care for children for renewed commitment and reinforced motivation among local stakeholders to collaborate and coordinate their efforts in the best interests of children; and
3. emphasise at a local level the global objective of deinstitutionalisation in alternative care for children, through a sound articulation between the Children's Act 2020 and the GACC (UN, 2010).

Pictorial highlights and summaries of the various perspectives of different stakeholders regarding alternative care are given as follows.

A two-day colloquium on deinstitutionalising alternative care of children

Harmonisation of the Children's Act 2020 with the UNCRC: A focus on deinstitutionalising alternative care for children

**Westin Turtle Resort & Spa,
Balaclava
26 & 27 May 2022**

From December 2021 to April 2022, I carried out various consultations with different civil society actors working in the domain of alternative care of children. It was firmly indicated that organising a colloquium could be a unique opportunity to bring together relevant stakeholders in reflecting on how laws and regulations in relation to alternative care of children could be more efficiently translated into practice through coordinated collaboration and in reference to the deinstitutionalisation strategy advanced by the UN Guidelines for the Alternative Care of Children (2010).



Photograph source: Government Information Service, 2022

From left to right – H. E. Vincent Degert, European Union Ambassador to the Republic of Mauritius, H. E. Mr Marie Cyril Eddy Boissézon, Vice President of the Republic of Mauritius, Ms. Marie Christiane Agathe, Rodrigues Commissioner for Child Development and Others, Mrs. Rita Venkatasawmy, Ombudsperson for Children, and Mr. Sabir Kadel, Chief Executive Officer, Law Reform Commission. All these eminent personalities were present for the opening ceremony of the two-day colloquium.

A two-day colloquium on deinstitutionalising alternative care of children

THE OMBUDSPERSON FOR CHILDREN'S OFFICE



Two-Day Colloquium entitled
“Harmonisation of the Children’s Act 2020 with the United Nations Convention on the Rights of the Child:
A focus on deinstitutionalising alternative care for children”
A European Union funded project

Dates: Thursday 26 May 2022 & Friday 27 May 2022

Time: 09 30 hrs to 15 30 hrs

Venue: Westin Turtle Bay Resort & Spa, Balaclava

PROGRAMME

<u>DAY 1: Thursday 26 May 2022</u>	
9 00	Welcome and registration
9 30	<u>Opening Ceremony</u> <ul style="list-style-type: none"> • Address by Mr. Sabir Kadel, Chief Executive Officer, Law Reform Commission • Address by Mrs. Rita Venkatasawmy, O.S.K, Ombudsperson for Children • Address by Mrs. Agathe Marie Christiane, Commissioner for Women’s Affairs, Child Development and Family Welfare • Address by H.E. Mr. Vincent Degert, Ambassador & Head of Delegation, European Union • Address by H.E. Mr. Marie Cyril Eddy Boissézon, G.O.S.K, Vice President of the Republic of Mauritius
10 30	Coffee, tea and connect
10 45	Presentation of the UNGACC by Mr. Alain Muneean, Director, Terre de Paix
11 05	Presentation of the UNCRC and a Child Rights Based Approach to Alternative Care by Mrs. Rita Venkatasawmy, Ombudsperson for Children
11 25	General discussion on the UNCRC and the UNGACC facilitated by Mr. Ismail Areff Bawamia, Investigator, Ombudsperson for Children’s Office
12 30	Lunch
13 30	Group Work - Guiding questions by moderators on the topic of deinstitutionalisation with respect to the UNGACC and the UNCRC
15 00	Plenary Session facilitated by Mrs. Rita Venkatasawmy, Ombudsperson for Children
15 30	Tea/Coffee Break
End of Programme for Day 1	

A two-day colloquium on deinstitutionalising alternative care of children

DAY 2: Friday 27 May 2022							
9 00	Registration / Coffee, tea and connect						
9 30	Panel discussion on the importance of follow-up, placement reviews and close monitoring of residential care institutions (RCIs) <i>Chaired by Mrs. Rita Venkatasawmy, Ombudsperson for Children</i>						
	<table> <tr> <td>TOPICS TO BE DISCUSSED: How are children placed in RCIs? How are assessments by authorities carried out before a child's placement in an RCI?</td><td>PANELISTS: Mrs. R. Nundah, Ag. Head of the Child Development Unit, Ministry of Gender Equality and Family Welfare (MGEFW)</td></tr> <tr> <td>What are the difficulties encountered by the Licensing and Enforcement Section in the monitoring of RCIs?</td><td>Mr. A. Appadoo, Head of Planning and Research Unit (Licensing and Enforcement Section), MGEFW</td></tr> <tr> <td>Who monitors the work of RCIs (Internal and External Monitoring)?</td><td>Mr. Christiano Arlanda, Managing Director, SOS Children's Village, Bambous & Mr Ismail Areff Bawamia, Investigator, Ombudsperson for Children's Office</td></tr> </table>	TOPICS TO BE DISCUSSED: How are children placed in RCIs? How are assessments by authorities carried out before a child's placement in an RCI?	PANELISTS: Mrs. R. Nundah, Ag. Head of the Child Development Unit, Ministry of Gender Equality and Family Welfare (MGEFW)	What are the difficulties encountered by the Licensing and Enforcement Section in the monitoring of RCIs?	Mr. A. Appadoo, Head of Planning and Research Unit (Licensing and Enforcement Section), MGEFW	Who monitors the work of RCIs (Internal and External Monitoring)?	Mr. Christiano Arlanda, Managing Director, SOS Children's Village, Bambous & Mr Ismail Areff Bawamia, Investigator, Ombudsperson for Children's Office
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10 30	Q&A						
11 05	Panel discussion on providing quality services to children with serious behavioural concerns in alternative care <i>Chaired by Ms. Nishita Devi Horill, Law Reform Officer</i>						
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11 50	Q&A						
12 05	General Discussion						
12 30	Lunch						
13 30	Group Work - Guiding questions by Moderators on the topic of children with serious behavioural concerns in alternative care						
14 30	Plenary Session facilitated by Mrs. Rita Venkatasawmy, Ombudsperson for Children						
15 30	Tea/Coffee Break						
End of Programme for Day 2							

A two-day colloquium on deinstitutionalising alternative care of children

“Today, all child rights activists welcome the three laws that have been enacted to better protect children of the Republic of Mauritius, namely the Children’s Act 2020, the Children’s Court Act 2020 and the Child Sex Offender Register Act 2020. These laws and their respective Regulations are more harmonised with international laws, in particular with the United Nations Convention on the Rights of the Child.”

~ Mrs. R. Venkatasawmy, Ombudsperson for Children



Photograph source: Government Information Service, 2022

In her address, Mrs. R. Venkatasawmy stated that article 7 of the CRC (UN, 1989) stipulates that the child has the right to know his/her parents and to be brought up by them. Both parents have a joint responsibility to ensure the development of the child. However, article 9 of the CRC (UN, 1989) states that a child can be separated from his/her parents against his/her will if it is in his/her best interests to do so, for instance in cases of child abuse or gross neglect by parents. Accordingly, we can see that two fundamental rights of the child are opposed: the right to family life and the right to be protected from all forms of violence whilst in the custody of his/her parents.

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Photograph source: Government Information Service, 2022

The new legal framework also concerns children deprived of parental care and during the two-day colloquium, we combined our efforts to acquire more insight on the new laws enacted, to assess their merits and propose concrete solutions where we felt that the principles of the Convention were called into question. At this stage, it is important to remember the four fundamental principles of the Convention on the Rights of the Child (UN, 1989). Priority should be given to:

- *The best interests of the child;*
- *Full protection against discrimination;*
- *The right to life, survival and development; and*
- *The right to be heard.*

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Mr. S. Kadel, Chief Executive Officer, Law Reform Commission, elaborated on the importance of allowing children to be children! To illustrate his statement, he provided the example of 'Apu' in the film named 'Pather Pancheli' who would hear the whistle of the train every afternoon. He would run each time to get a glimpse of the same train at the same time because he is a child, basking in the excitement, innocence, epiphany and curiosity that are so vital to our childhood phase.



Photograph source: Government Information Service, 2022



Photograph source: Government Information Service, 2022

Ms. C. Agathe, Rodrigues Commissioner for Child Development and Others, stated that her priority remains the protection of children. Her hope is that more children who are deprived of parental care find foster families that will love and cherish them as their own. She expressed her gratitude towards the OC for involving her in this process of reform within the alternative care domain. She reiterated that each and every child needs to grow up in a loving family environment.

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H. E. Mr. Marie Cyril Eddy Boissézon, Vice President of the Republic of Mauritius, stated that he was honoured to be part of the colloquium which gathered important stakeholders around the best interests of the child. He congratulated the OC for this initiative and declared that the new law aims to better promote the CRC (UN, 1989) and the African Charter on the Rights and Welfare of the Child (AU, 1990). He also highlighted the fact that removing a child from his/her family should be done as a last resort because the perfect environment for a child to grow up in is with his family.

Photograph source: Government Information Service, 2022

H. E. Mr. V. Degert, Ambassador of the European Union to the Republic of Mauritius, stated that the colloquium which focuses on the deinstitutionalisation of alternative care of children is a noble endeavour by the OC in view of giving all stakeholders the opportunity to reflect together on the importance of deinstitutionalisation. The children, he affirmed, need our help and support more than ever before to face the challenges of the 21st century.



Photograph source: Government Information Service, 2022

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Mr. A. Muneean, Director of the NGO 'Terre de Paix', stated that institutional care itself is a problematic term. We have to look for the least traumatic structure for a child who has already been through so much trauma. The least that we can do as stakeholders concerned with the best interests of the child is to minimise the suffering of the child by giving him an alternative care setting which is as close to a home as possible. A small structure means that the child will receive better care and more individualised attention.



A two-day colloquium on deinstitutionalising alternative care of children

General Discussion on the UNCRC and the UNGACC



The participants were given the opportunity to express themselves on different issues regarding the alternative care domain. Some of the points raised are listed below:

The training and profile of carers – Specially trained personnel in an alternative care setting remain a priority as the latter are the ones responsible for the care and protection of children who need to be treated with utmost sensitivity and in a child-friendly manner.



The right to grow up in a loving family environment – Children should grow up in a nurturing environment where all their rights and needs are respected. Mr. V. Ramanjooloo, Clinical Psychologist, stated that a baby is in a stable condition as long as his parents' relationship entails a harmonious balance. The baby can absorb 4 to 5 litres of the hormonal stress of the mother.



The right to stay in their natural environment – One of the most pertinent questions raised during the session was why should a child who has been victim of abuse by a family member be removed from her natural environment and placed in an institution? Why do we not remove the abuser from the family instead?

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The lack of financial resources for quality alternative care – In the best interests of the child, we have to get the child on the path of development and reintegration and this requires significant amounts of financial resources. Alternative care settings have to be well-funded to be better equipped to provide quality care to children.



Replying to the comment of a participant who declared that there needs to be trained professionals within the alternative care domain who can identify the needs of each and every child, Mrs. R. Nundah, Coordinator, stated that the Ministry of Gender Equality and Family Welfare makes provision for the **ongoing training of caregivers**, which also involves the support of the Mauritius Institute of Education. She also pointed out that **more sensitisation** is needed at different levels so that people can become aware of the law. She stated that the law makes provisions for children who no longer live with their parents and for those who have both mild and serious behavioural concerns.



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Père Labour, Board President of 'Foyer Père Laval', stated that it is thanks to his participation in the working sessions of the colloquium and in interaction with other stakeholders, that he realised the need to question himself. He did not have the means to deinstitutionalise his homes and now, he can question himself in order to align his alternative care facilities with the CRC (UN, 1989) and the GACC (UN, 2010). He said that all institutions must be aware of these international documents so that they can align themselves with the process of deinstitutionalisation. Charity is an important and sacred word, albeit charity and good will are no longer enough. People can have good will, but at the same time they are not taking the required actions. He gave the example of parents loving and cherishing their child, yet this does not mean that they are respecting and promoting the rights of that child. Accepting that their child has rights remains of paramount importance.

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First panel discussion on the importance of follow-up, placement reviews and close monitoring of residential care institutions



The first panel discussion was chaired by Mrs. R. Venkatasawmy, OC. The panelists included Mrs. R. Nundah, the then Acting Head of the CDU, Mr. A. Appadoo, Head of Planning and Research Unit, Mr. C. Arlanda, Managing Director of the SOS Children's Village, and Mr. I. A. Bawamia, Investigator at the OCO. The topic discussed by Mrs. R. Nundah concerned the placement of children in RCIs and the assessments carried out by authorities before the child's placement.

Mr. A. Appadoo then talked on the difficulties encountered by the Licensing and Enforcement Section of his unit in the monitoring of RCIs. He said that there needs to be a reduction in the number of children in an alternative care facility to be able to better monitor the situation. Resources must be put at the disposition of RCIs' managers and carers and discussion with the latter must be ongoing and collaborative.

Next, Mr. C. Arlanda gave his impressions on the monitoring of the work of RCIs, both internal and external monitoring. He stated that the RCI must be like a second home for the child where his/her best interests are promoted. The child must be placed in a facility that adopts a holistic approach that helps his/her development and supports his/her reintegration in society, not a prison that requires approval for something as ordinary as an outing!

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Question and Answer Session 1



Some of the comments and questions of the participants were as follows:

- There needs to be a specific approach with such traumatised children. The **bonding between the carers and the children** within the walls of a facility must not be lost.
- Mr. Ramanjooloo stated that parents must be informed on the **negative effects of telling the child that “we will take you away from here!”**. These promises build the expectations of the child so much that he/she becomes reluctant to stay and adapt in the RCI, or even display challenging behaviours.



- Mr. Appadoo pointed out that entry in a **foster care family** must be done in a cautious and sensitive manner.
- Mrs. Nundah affirmed that the **Back-to-Home programme** is carried out under the supervision of CDU officers. They accompany the child and, even when the child is removed from the RCI, his/her care plan is available. Follow-ups are carried out as well. Till date, she said that 613 children have returned to their homes.

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Some participants affirmed that alternative care is an essential service in the Republic of Mauritius. Deinstitutionalisation must be institutionalised. There must be dialogue and collaboration between different stakeholders so that common actions can be undertaken. Monitoring is done in an approach of institutionalisation and this needs to be changed – monitoring must be done in a way that does not dehumanise the alternative care setting.



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The OC observed that, when we look at the part I, section 2 of the Children's Act 2020, the definition of a **'family member'** also includes **"any other person with whom the child has developed a significant relationship, based on psychological or emotional attachment, which resembles a family relationship"**. One cannot deny that such bonds are often developed between caregivers and children during their passage in an alternative care setting. When a child is being placed in or removed from an alternative care setting, it is often the case that the words, opinions and feelings of the people working within that setting are not being taken into consideration. The OC highlighted the fact that it is not the CDU officers who are living with the children on a daily basis. It is the manager and the carers who know the children personally and have formed a close bond with them. Returning home must not mean that children are abruptly removed from the alternative care facility that they have lived in for a certain amount of time, sometimes years. It must be recognised that, although temporarily, **the personnel at the RCIs often represent the children's second family and their thoughts and opinions matter enormously in the process of reintegration to their families.**

"Children are the living messages we send to a time we will not see."

~John F. Kennedy

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Second panel discussion on providing quality services to children with behavioural concerns in alternative care



The second panel discussion was chaired by Ms. Nishita D. Horill, Law Reform Officer (in the middle in the photo). The panellists included Ms. Dhan Devi Sookur, Law Reform Officer (far left), Mr. Noorani Fareed, representative from the Mauritius Probation and Aftercare Service (far right), Ms. Pareemala D. Mauree, representative from the Office of the Director of Public Prosecutions (second from the right), and Dr. Trisha Boodhoo, Clinical Psychologist and Project Manager, CEDEM (second from the left).

Ms. D. Sookur gave an overview of the ways the Children's Act 2020 and the Residential Care Institutions for Children Regulations 2022 promote the rights of children in alternative care. She highlighted the rights of the child to privacy, to protection from abuse and so on. Furthermore, she mentioned the requirements of an RCI including appropriate equipment, sufficient number of caregivers, security measures, nutritious food, proper accommodation and the promotion of child participation.

The topic discussed by Mr. N. Fareed, Ms. P. D. Mauree and Dr. T. Boodhoo concerned the ways we deal with children living in alternative care who have serious behavioural concerns, which each panelist presented from their respective professional background and experience.

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Mr. N. Fareed, representative of the Probation and Aftercare Service (PAS), asserted that when it comes to children with serious behavioural concerns, previously called ‘uncontrollable juveniles’, our aim is to focus on finding solutions. The role of PAS itself is to work in a system of criminal justice. When a child commits an offence, the Court gives him/her a probation order with residence. Mr. Fareed highlighted the fact that PAS works solely with offenders and he stated that reform in the law is necessary so that children with serious behavioural concerns do not end up being offenders! He also questioned the audience on whether it is possible, as the law asks, to rehabilitate an aggressive child within 21 days.

“Children have their own dignity. They should not be labelled by their challenging behaviours, but understood in their individual contexts. All stakeholders concerned must join hands to help these children address the underlying reasons of their behaviours.”

~ Dr. T. Boodhoo, Clinical Psychologist

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Question and Answer Session 2

Police officers present at the colloquium openly said that it is often hectic for them to work in isolation from other authorities such as when trying to locate parents who have custody of the child. The Assistant Superintendent of Police queried whether she will get the necessary assistance and support from the CDU and the Probation and Aftercare Service. Mr. Fareed stated that the focal authorised officer used to be the CDU, but with the new legislation in place, it becomes the Probation Officer who needs to get involved in cases of child placement orders, child with serious behavioural concerns, child victims and child witnesses, and whose experience and training are more linked to the criminal justice system.



Most participants agreed that, if we take a child with serious behavioural concerns and send him/her to an institution that belongs to the criminal justice system, we are obviously stigmatising that child! Alternatives must be found for children who are not offenders. Mr Kadel, CEO, Law Reform Commission, said that it is aberrant that a child who has not committed any criminal offence be submitted to the criminal justice system. Ms. Mauree added that it is not justified to treat a child as a criminal. The moment the Probation and Aftercare Service (PAS) comes into play, the child is already being regarded as a 'criminal'. She also argued that assisting the recording of child victims is not the role of PAS. She emphasised that a child should not suffer while we are still deciding who is going to do what! There is a conflict among stakeholders such as the CDU, the PAS and the Police, which is why an open dialogue is essential.

A two-day colloquium on deinstitutionalising alternative care of children

Responses to questions brainstormed during group working sessions



Question 1: What do you understand by the term "child with serious behavioural concerns" in the context of alternative care?

- Children with aggressive or disruptive behaviours to self and others.
- Children with antisocial behaviours.
- Children who damage property.
- Children with psychological problems victims of traumatic family environments.
- Children with suicidal tendencies and self-harm behaviours.
- Children with age-inappropriate sexual behaviours.
- A term that has the risk of being interpreted subjectively by different stakeholders.

Question 2 : How is the country dealing with children with serious behavioural concerns in alternative care settings?

- Applying for a parenting support intervention to the Probation and Aftercare Service.
- Follow-ups by CDU officers.
- Psychological assistance to the child concerned.
- Close supervision to encourage the child to become more conscious of his/her behaviours.
- Contacting the *Brigade pour la Protection de La Famille* when necessary.
- Concerns expressed from different stakeholders on how to effectively administer the law on children with serious behavioral concerns.



A two-day colloquium on deinstitutionalising alternative care of children

Question 3: What is the pathway proposed in the Children's Act 2020 to deal with children with serious behavioural concerns in alternative care settings?

- Application for a preventive intervention order by the RCI Manager and supervision by the Probation and Aftercare Service.
- Determination of serious behavioural concerns by the Magistrate of the Protection Division of the Children's Court.
- The child can be ordered to follow a rehabilitation programme, counselling, and other instructions given by the Magistrate.
- RCI Managers present reports on the children as requested by the CDU.
- Follow-ups by all parties to review updates and next steps.
- The children can be placed in a probation institution in accordance with the Probation of Offenders Act 1946.



Question 4: How can alternative care settings be supported in the provision of care and assistance to children with serious behavioural concerns?

- Clear protocol to be established when identifying these children and the assistance to be provided for their rehabilitation.
- Organising workshops with all parties concerned (e.g., CDU, PAS, Police, NGOs) to better assess the situation and work together.
- Clear multi-stakeholder guidelines to be established following workshops.
- Providing regular psychological assistance to concerned children in RCIs.
- More recreation and leisure facilities to be provided to these children in RCIs.
- Organising parental visits for the concerned children to help them stabilise.
- Aftercare services to be provided to these children.
- Carers need specialised training to work with these children.



A two-day colloquium on deinstitutionalising alternative care of children

What did participants say on the way forward in alternative care?

"The issues and concerns have been placed on the table. Let us remember that diversity is what makes the charm of a garden."

(Mrs. Venkatasawmy, OC)

"The colloquium has given way to a multi-stakeholder approach and this has to be put in action. A committee with all the concerned stakeholders including the police, Probation, CDU, psychologists, personnel from RCIs and stakeholders from Rodrigues must be put in place so that they can sit together and reflect on actions that must be taken in the best interests of the child."

(Ms. Mauree, Office of the Director of Public Prosecutions)

"This colloquium has promoted an open debate. Now, Probation is going to propose reforms to the Regulations regarding children with behavioural concerns. They are only children who should not be defined by their behaviours. Regular sessions must be organised by the OCO on rights-based approach with stakeholders that deal with children including CDU and the Probation and Aftercare Service to ensure continuous professional development."

(Mr. Fareed, Mauritius Probation and Aftercare Service)

"It is now urgent to establish a dialogue to review the Regulations which prevent the functioning of small residential units. This review can be facilitated by the OCO."

(Mr. Muneen, Director, RCI)

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“Deinstitutionalisation of alternative care must remain our focus. Each and every one operating an alternative care facility should see where they can start to deinstitutionalise their structures. Help one another, connect the local laws with the international ones, and ensure that you pursue evidence-based policy and practice.”

~Mrs. R. Venkatasawmy, Ombudsperson for Children

"The treasure of Mauritius is its people. The colloquium might be coming to an end but its effects will be everlasting and will take us far in the domain of alternative care. We must now take actions to institutionalise deinstitutionalisation for the quality alternative care of children."

(Mr. Rabemananjara, Coordinator RCI)

"There are a lot of issues regarding coordination itself. It would be better if everyone including the Police, CDU and Probation could have a common goal and could collaborate together to continue this discussion that the OC has begun. The OC has started it, will you follow her steps?"

(Ms. Patricia, RCI)

"We must now understand the depth of deinstitutionalisation after these 2 days. All services around children must be deinstitutionalised as soon as possible."

(Ms. Sharonne, RCI)

"The UNCRC must be transformed into a document of reference for all alternative care settings. The Convention on the Rights of the Child must be made law."

(Père Labour, Board President, RCI)

"The OC has put all the relevant international instruments in our hands – these are tools that we will take with us as we go from here. We might still have our differences, but based on these tools, we are all united!"

(Dr. Boodhoo, Clinical Psychologist)

"We have got a lot of materials to reflect upon. There is still confusion in the role of CDU and Probation regarding children with serious behavioural concerns. Discussion must be ongoing because otherwise we will not know from whom to seek help."

(Mrs. Hossain Saeb, Director, RCI)

2.4.4. How can we go about achieving the deinstitutionalisation objective in the Republic of Mauritius?

Deinstitutionalisation of alternative care of children is a highly relevant matter in the Republic of Mauritius. In reference to [Table 2](#) and [Appendix E](#) of the present document and defining large RCIs in our local context as those with an accommodation capacity of more than 12 children, I have noted that

- Fourteen RCIs or housing units in Mauritius and Rodrigues accommodate more than 12 children at time (large RCIs), out of which 10 are owned/rented by NGOs and 4 by the State.
- These 14 RCIs have together a total accommodation capacity of 317 children which represents 57 per cent of the whole residential care capacity of our country.
- It is promising to see that 32 RCIs, including 31 owned/rented by NGOs and 1 by the State, are already practising individualised and small-group care with accommodation capacities of less than 12 each, and representing a total accommodation capacity for 241 children (43 per cent of the national residential care capacity).

Size is not the only factor in a deinstitutionalisation strategy, but it remains a significant one. **I strongly believe that, in the context of our country, the downsizing of ALL concerned RCIs to only accommodate 12 or less children at any time within the next 3-5 years is achievable and realistic. We are already 43 per cent there, which represents 32 out of 46 RCIs or housing units already operating as small-group care facilities!** Within these 3-5 years, different reforms must be applied in a coordinated manner as part of the deinstitutionalisation strategy, including:

- 1) empowering parents on looking after their child by providing them, especially the most socio-economically disadvantaged ones, with the appropriate knowledge, skills and support, which can in turn decrease the likelihood of children losing parental care and being referred to the alternative care system;

- 2) improving assessment mechanisms of children in need of care and protection to focus more on strengthening vulnerable families through psychosocial, housing and financial support, and preventing unnecessary separation of children from birth families;
- 3) devising targeted programmes that sensitise wider family members, neighbours and other community members on the value of kinship care for children deprived of parental care and encourage and support them to come forward to take on parental responsibilities towards children known to them;
- 4) reinforcing policies and legal reforms towards improving the local adoption system to allow for more opportunities of permanent family solutions, where applicable, for children without parental care;
- 5) sensitising the public on the value of fostering a child and increasing the number of registered foster parents who are carefully selected and approved by the Foster Care Advisory Committee, intensively trained on all relevant aspects to foster caring and closely supervised by the competent authorities, in order to provide more family-based options for children without parental care and decrease reliance on non-family-based residential care;
- 6) reviewing the Children's Act 2020 and the Residential Care Institutions for Children Regulations 2022 to disallow any new establishment of large RCIs seeking to accommodate more than 12 children;
- 7) funding agencies, including the Ministry of Finance, Economic Planning and Development, and the National Social Inclusion Foundation, preventing and prohibiting the funding of large RCIs;
- 8) changing the local terminology of '**residential care institutions for children**' to '**small-group homes for children**' to challenge the institutional paradigm and redefine residential care facilities as high quality and family-like environments for children without parental care, though remaining as a last resort option of alternative care;

- 9) avoiding at all costs the placement of children aged under 3 years old in residential care, unless this is in their best interests; and
- 10) ensuring that each child placed in residential care has a proper care plan (refer [sub-section 2.3.4.5](#) of the present chapter) that clearly aims at returning the child to the care of his/her family, or if this is absolutely not possible, to find another suitable and permanent solution, including adoption and *kafalah*⁶⁷ of Islamic law, as promoted by the CRC (UN, 1989) and GACC (UN, 2010).

Unless and until ALL children needing alternative care in our country are taken care of in family-based settings (e.g., homes of kins or foster homes) or family-like living environments (high-quality, small-group homes), it will mean that we have not yet understood the value of a healthy family and the right of every child to live in a “*supportive, protective and caring environment that promotes his/her full potential*” (UN, 2010, para.4). All relevant stakeholders must do whatever it takes at their different levels to achieve the deinstitutionalisation goal.

Goldman and his colleagues (2020, p.617) advanced that the national vision and strategy of successful deinstitutionalisation go hand in hand with strong political will and effective multi-agency consultations including with international experts, and they promoted a continuum of care provisions that are resourced as per their priority order on the continuum, as illustrated in [Figure 8](#) on the next page. A maximum of resources must be focused by countries on ensuring that children grow and develop healthily and safely within their birth families, followed by other forms of family-based care when alternative care is required. High-quality, small group homes are at the margins of the continuum and must be fewer in numbers compared to family-based alternatives, with a clear target to revert placement to family-based alternatives or the child’s own family. Institutional care is shown outside the care continuum because it must be gradually eliminated as a form of care provision for children in every society.

⁶⁷ *Kafalah* in Islamic law describes “a situation similar to adoption, but without the severing of family ties, the transference of inheritance rights, or the change of the child’s family name”. (Source: bettercarenetwork.org/library/the-continuum-of-care/adoption-and-kafala)

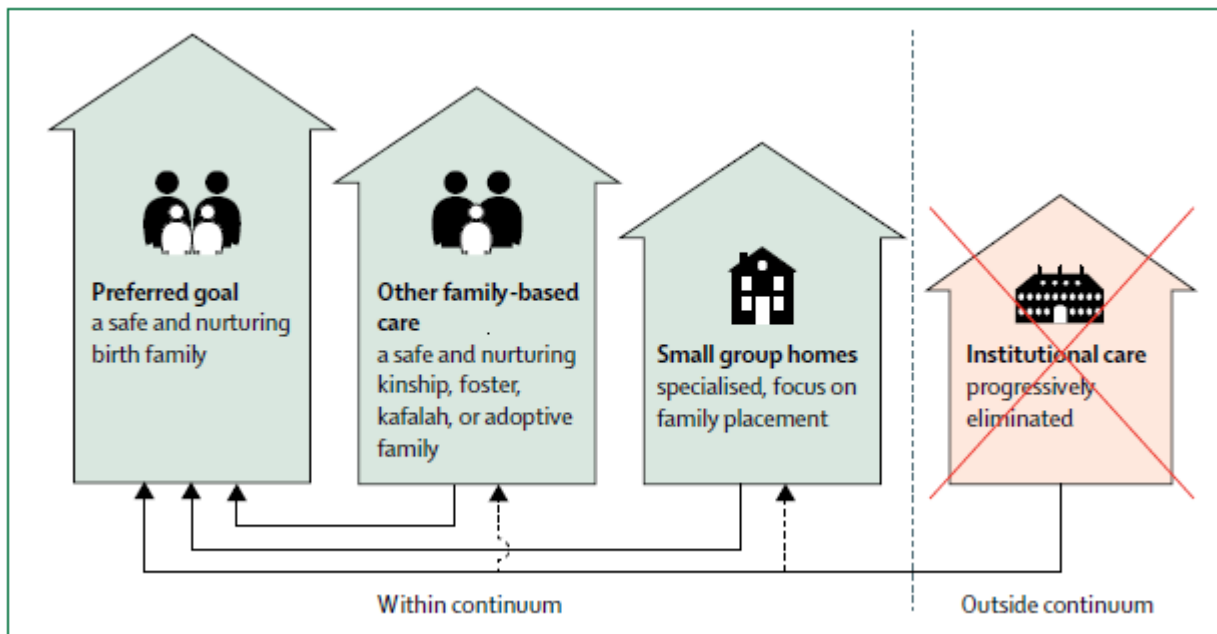


Figure 8. The care continuum (Goldman *et al.*, 2020)

I want to showcase here **a successful model of deinstitutionalisation** that was implemented in the Republic of Moldova by the Lumos Foundation (as cited in National Academies of Sciences, Engineering and Medicine; 2016).⁶⁸ This country of a population of 3.5 million people with one-fifth being children had more than 11,000 children living in 67 residential institutions as at the year 2007. It elaborated a National Strategy and Action Plan on the residential child care system reform for 2007–2012. The local authorities combined their efforts with Lumos Moldova and other NGOs to reduce the number of children in institutions by 50 per cent by 2012. Their results were beyond their expectations with an actual decrease of 62 percent by 2012 on the number of children in institutions. This had been possible through the implementation of the ‘Lumos Foundation’s 10-Step Model for Deinstitutionalization’, which was proposed by Irina Malanciuc, the Country Director of Lumos Moldova, in 2015 (as cited in National Academies of Sciences, Engineering and Medicine; 2016, p.19). [Textbox 12](#) on the next page provides an outline of this model that I think can be adapted to our local context in our move towards deinstitutionalisation.

⁶⁸ National Academies of Sciences, Engineering, and Medicine (2016). *Reaching and investing in children at the margins: Summary of a joint workshop*. Washington, DC: The National Academies Press.

Textbox 12: Lumos Foundation's 10-Step Model for Deinstitutionalization (Malanciuc, 2015)

1. **Raising awareness**—Citing well-documented research, Lumos spreads evidence about the negative effects of institutionalization on children, highlights better alternatives to residential care, describes the process of change, and educates stakeholders about the roles of each actor involved in the deinstitutionalization process.
2. **Managing the process**—Malanciuc emphasized the importance of this step, as residential institutions are generally housed under different ministries and varying local public authorities. Establishing intersectorial steering committees at the regional level that manage the deinstitutionalization process and providing oversight to these committees is a key strategy for Lumos.
3. **Country analysis to assess the current situation and needs.**
4. **County [specific local region] and residential institution analysis.**
5. **Service design** to support the creation of new, alternative services based on country, county, and institutional analyses.
6. **Plan the transfer of resources to support the creation of new services.** Malanciuc stated that funding and human resources in very poor countries are directed to residential institutions. Lumos aims to transfer these resources to alternative family and community services to help prevent institutionalization.
7. **Preparing and moving children**—For Malanciuc, children are the most critical component of the deinstitutionalization process, and it is important to inform them about what is happening, prepare them for change, and allow them to participate in decision making.
8. **Preparing and moving personnel**—Transferring human resources, goods, and financial services from institutions to alternative services is very difficult, said Malanciuc.
9. **Logistical planning for the entire process.**
10. **Monitoring and evaluation**—This step is an important component of deinstitutionalization, said Malanciuc, as the entire process needs to be supervised to determine if the strategic plan needs to be revised based on implementation roadblocks.

Textbox 12. Lumos Foundation's 10-Step Model for Deinstitutionalization (Malanciuc, 2015).

2.4.5. Proposed funding model of small-group homes for children

It is fact that financial costs of institutional care of children, including the long-term social and financial costs that are entailed for society when these children continue to rely on institutional resources in adulthood, are significantly higher than the costs incurred for maintaining children in family-based alternative care settings. There is no doubt that institutions for children, which are large RCIs with regimented practices and poor care quality standards, must phase out completely from our society.

Despite being an alternative care option of last resort, residential care providing individualised and small-group care is still necessary for some children of our country. The operation of **high-quality, small-group family-like homes for children** is a very feasible goal in the Republic of Mauritius in the near future. I am confident in saying that following the laudable announcement of the Honourable Dr R. Padayachy, Minister of Finance, Economic Planning and Development, during his budget speech of 2022-2023 (MFEPD, 2022)⁶⁹, that an additional Rs 200 million has been provided to the NSIF to support children in RCIs. I believe that this money can help our country achieve the target of scaling down at least all NGO-run large RCIs, which concern 10 RCIs in Mauritius and Rodrigues with a total accommodation capacity of 220 children, through the establishment of adequate small-group homes for their child residents. Approximately 20 structures for the 220 children (not exceeding 12 per structure) can be provided by reconvertng the 10 large RCIs to 10 small-group homes, and creating 10 additional small structures to compensate for children who are moved out of the large RCIs. I encourage that these homes must be rented by the NGOs within residential areas to enable these children to experience life as normally as possible within a community and break the institutional stigma that are too often associated with them.

One may ask, **how much can it cost to run a small-group home for a maximum of 12 children?** We need to remember that, in comparison to home-reared children, children placed in alternative care are highly vulnerable and require intensive care, therapy and social support, through trained and qualified caregivers and other specialised staff such as social workers, psychologists and animators, among others. I propose a tentative monthly estimate for operating

⁶⁹ Ministry of Finance, Economic Planning and Development (2022). *Budget Speech 2022-2023: With the People, For the People*. Retrieved on 05 September 2022 from budgetmof.govmu.org/documents/2022_23budgetspeech_english.pdf

such a structure with consideration given to the increasing costs of living within our society in [Table 13](#) below.

Table 13. Tentative monthly budget estimates for a small-group home for 12 children.


SN	Expenditure item	Monthly cost estimates (Rs)
1.	<u>Building costs</u>	
1.1	Rent (house of suitable size to accommodate 12 children including a yard)	50,000
1.2	Utility bills (electricity, water & telephone/internet)	10,000
2.	<u>Human resources (Salary including transport, employer contributions and overtime costs)</u>	
2.1	1 home manager	30,000
2.2	6 caregivers	120,000
2.3	1 social worker	20,000
2.4	1 psychologist (part-time)	20,000
2.5	1 cook	15,000
2.6	1 cleaner	12,000
2.7	1 administrative secretary	15,000
2.8	1 handyperson/gardener	15,000
2.9	End-of year bonus for all staff	21,000
3.	<u>Material resources for 12 children</u>	
3.1	Foodstuffs	50,000
3.2	Clothing	10,000
3.3	School materials	15,000
3.4	Stipend for children	10,000
3.5	Leisure activities	10,000
3.6	Christmas, New Year and other celebrations	5,000
4.	<u>Other relevant costs</u>	
4.1	Transport (school, outings and others)	10,000
4.2	Alarm system monitoring	2,000
4.3	Maintenance and repairs	5,000
4.4	General expenses	3,000
4.5	Office costs	2,000
TOTAL (Monthly cost estimates)		450,000

I also wish to point out that the above budget estimates are only indicative of the general monthly running costs of a small-group home for 12 children. They may be re-calculated to suit small-group homes with lower number of children, or more specialised structures involving children with disabilities or underage children. With regards to implementing small-group homes for children not exceeding 12 as a way to replace large RCIs, and given that an additional budget of Rs 200 million has been allocated to the NSIF by the MFEPD (2022) for the year 2022-2023 to support children in residential care run by NGOs, I propose to the competent authorities to consider the estimated allocation of resources as shown in [Table 14](#) below:

Table 14. Estimated allocation of resources for prioritising high-quality, small-group homes for a maximum of 12 children.

Expenditure item	Annual resource allocation
<u>Estimated financial allocation</u>	
New governmental budget allocated by the MFEPD to the NSIF for supporting children in residential care	Rs 200,000,000
Annual estimated expenditure for running 1 small-group home for children (NGO-rented)	Rs 5,400,000 (Rs 450,000 x 12 months)
Annual estimated expenditure for running 35 small-group homes for children (NGO-rented)	Rs 189,000,000 (Rs 5,400,000 x 35 small-group homes)
Remaining money from the governmental budget for the opening of <u>10 new small-group homes</u> in 2022-2023	11,000,000 (Rs 1,100,000 x 10 small-group homes)
<u>Estimated accommodation capacity for children needing alternative care</u>	
Maximum number of children that can be accommodated in 35 small-group homes (NGO-rented)	420 (35 small-group homes x 12 children)
Current accommodation capacity of Government-owned RCIs (refer to breakdown in Appendix E)	107
Total number of children who can be accommodated within 35 NGO-rented small-group homes and Government-owned RCIs	527 (420 + 107)
Number of children estimated to be referred to foster care annually	15

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2.5. Overarching recommendations for a better way forward in the alternative care of children in the Republic of Mauritius

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2.5.1. Introductory notes

It is important to highlight here that I am empowered by section 6(a-e) of the Ombudsperson for Children Act 2003 to:

- (a) make proposals to the Minister on legislation, policies and practices regarding services to, or the rights of, children;*
- (b) advise the Minister on public and private residential placement facilities and shelters established for the benefit of children;*
- (c) advise public bodies and other institutions responsible for providing care and other services to children on the protection of the rights of children;*
- (d) take such steps as he may deem necessary to ensure that children under the care of, or supervision of, a public body are treated fairly, properly and adequately;*
- (e) propose measures to ensure that the legal rights of children in care are protected and that the placement facilities promote the safety of children and conform with such norms as the Ombudsperson for Children may, from time to time, recommend(.)*

The recommendations I present in the current sub-section stem from my in-depth systemic investigation on several aspects on the alternative care of children in the Republic of Mauritius, with a special focus on residential care being currently the most used option of alternative care locally. It is noteworthy that my enquiry has lasted almost one year and my recommendations are based on local findings obtained from different methods of investigation (refer to [sub-section 2.1.8](#) in the present chapter), national child legislation and international research and legal frameworks, including of course the CRC (UN, 1989) and the GACC (UN, 2010). I firmly believe that these evidence-based overarching recommendations will be in the best interests of the child if they are applied by the competent authorities and other relevant stakeholders. Although you may have noted that I have already made some specific recommendations, as and when relevant in different sub-sections of the present chapter, the current sub-section contains the compilation of my overarching recommendations in relation to different preventive and improvement strategies that can contribute to the ultimate goal of completely deinstitutionalising our alternative care system.

2.5.2. Strategies to prevent the need for alternative care

2.5.2.1. Strengthening families – A MUST

I believe it is appropriate to say that the family is where society begins. In [sub-section 2.2.4.1](#) of the present chapter, I evoked the essential role of the family as a secure base for the psycho-emotional and social development of children. The GACC (UN, 2010) makes it clear that families should be empowered to take care of their own children. Family separation must be a measure of last resort and family reintegration must be actively pursued. Consequently, the GACC (UN, 2010) encourages States to respect as far as possible **the necessity principle** (refer to [sub-section 2.4.2](#)), which involves preventing a series of conditions that may lead child protection services to consider alternative care for a child, and to make special efforts to prevent family breakdown. Paragraph 32 of the GACC (UN, 2010) states that:

States should pursue policies that ensure support for families in meeting their responsibilities towards the child and promote the right of the child to have a relationship with both parents. These policies should address the root causes of child abandonment, relinquishment and separation of the child from his/her family by ensuring, inter alia, the right to birth registration, and access to adequate housing and to basic health, education and social welfare services, as well as by promoting measures to combat poverty, discrimination, marginalization, stigmatization, violence, child maltreatment and sexual abuse, and substance abuse.

To promote parental care, it is necessary that all relevant authorities engage to empower and skill up families in providing love and adequate care to their children, in understanding the rights of their children, in keeping their families closely knit together, and in creating safe, peaceful and nurturing home environments for their children. As a primary prevention activity, I recommend that the MGEFW, NGOs active in the work with children and families, the Ombudsperson for Children's Office and the media join hands together to conduct **intensive and regular national-scale sensitisation and awareness-raising campaigns on the important role of parents in the care, development, rights and future of their children**. These campaigns must be developed and worked out collaboratively among all relevant stakeholders to maximise efficiency. They must be carried out mainly in Mauritian Creole to ensure that the campaigns' materials are simple to understand and accessible to all. They must also be designed and delivered using pedagogical approaches, including creative arts, music, dance, play,

leisure activities and the use of multimedia, because boring talks and speeches will not at all be effective in engaging, motivating and sensitising parents on their crucial roles in society. I also think that debates and talk shows aired on television and radio channels on topics such as good-enough parenting and child development should be proposed regularly outside usual working hours when parents are more likely to be watching or listening.

Social protection measures can provide important safeguards in ensuring that children continue to remain and grow safely within their families of origin. Paragraph 34 of the GACC (UN, 2010) promotes the following list of such measures:

- (a) **Family strengthening services**, such as parenting courses and sessions, the promotion of positive parent-child relationships, conflict resolution skills, opportunities for employment and income generation and, where required, social assistance;
- (b) **Supportive social services**, such as day care, mediation and conciliation services, substance abuse treatment, financial assistance, and services for parents and children with disabilities. Such services, preferably of an integrated and non-intrusive nature, should be directly accessible at the community level and should actively involve the participation of families as partners, combining their resources with those of the community and the carer;
- (c) **Youth policies aiming at empowering youth to face positively the challenges of everyday life**, including when they decide to leave the parental home, and preparing future parents to make informed decisions regarding their sexual and reproductive health and to fulfil their responsibilities in this respect.

Paragraph 35 of the GACC (UN, 2010) further adds on the methodology of implementing the above-listed measures as follows:

Various complementary methods and techniques should be used for family support, varying throughout the process of support, such as home visits, group meetings with other families, case conferences and securing commitments by the family concerned. They should be directed towards both facilitating intrafamilial relationships and promoting the family's integration within its community.

I have noted with satisfaction that, as a welfare state, the Republic of Mauritius has already taken a series of measures to consolidate families, especially vulnerable families and their children, through the Ministry of Social Integration, Social Security and National Solidarity (MSISSNS). Upon my request for information, I was sent a list of the different mechanisms in place in this regard by the Social Integration Division of the MSISSNS on 30 August 2022, of which I provide some extracts in [Appendix J](#) of the present document. Hence, **I strongly recommend that the MGEFW and the MSISSNS jointly conceptualise and implement national programmes that can build the capacity and skills of families to better respond to the needs of their children and to promote stronger family relationships within our society.** In this endeavour, references can be made to two international strengthening families programmes listed below that are well-evidenced and known for their success in many parts of the world, namely:

1. The **Strengthening Families Program**⁷⁰, a multicultural family skills training initiative developed by Dr. Karol L. Kumpfer, Psychologist and Associate Professor of Health Promotion and Education at the University of Utah, US, and her colleagues; and
2. The **Strengthening Families Project**⁷¹ by SOS Children's Villages International.

At this point, I want to draw the attention of policy decision makers, public bodies and civil society actors towards the work accomplished by Lovebridge, a local NGO in Mauritius that provides psychosocial support to vulnerable families with a special focus on early childhood. The Lovebridge programme aims at empowering households that are caught in the poverty trap. Families benefitting from this initiative are paired with a *"famille accompagnateur"* and a social worker who support and guide them to face the challenges of life.

In a study carried out by the University of Mauritius (UoM) to analyse the long-term holistic accompaniment approach adopted by Lovebridge, it was found that, after having joined the NGO's programme, *"beneficiaries [were] clearly more willing and better equipped to stand on their own feet and face the daily struggles with a positive mindset."* The work done by this NGO

⁷⁰ Two useful links to the Strengthening Families Program: (1) strengtheningfamiliesprogram.org/research/ (2) www.codes06.org/image/2208/6521?size=1800,800®ion=full&format=pdf&download=1&crop=centre&realWidth=1275&realHeight=1650&force-inline

⁷¹ Link to the Strengthening Families Project (SOS Children's Villages International): www.sos-childrensvillages.org/our-work/quality-care/strengthen-families

is a promising example of how the empowerment of vulnerable families can prevent the need for alternative care. Its programme aims at offering children with a caring environment and empowering socio-economically vulnerable families to care for and protect their children. The management committee and staff of Lovebridge have clearly understood that poverty should not be the reason for separating children from their parents, exactly what the GACC stipulates (UN, 2010, para.15):

Financial and material poverty, or conditions directly and uniquely imputable to such poverty, should never be the only justification for the removal of a child from parental care, for receiving a child into alternative care, or for preventing his/her reintegration, but should be seen as a signal for the need to provide appropriate support to the family.

In [Appendix K](#) of the present document, I provide more information on Lovebridge's programme and the UoM's study on this initiative, as extracted from Lovebridge's progress report (2020)⁷².

2.5.2.2. Professional comprehensive assessments to prevent family separation

Sometimes children can become exposed to particular harmful circumstances within his/her family, which can threaten their continuity of care by their parents. How can we know that family separation is in the best interests of such children? In this regard, the necessity principle of the GACC (UN, 2010) guides countries to put in place robust **gatekeeping mechanisms** so that children are sent to an alternative care setting ONLY after all possible means of keeping them with their families (biological parents and other members) have been exhausted. A rigorous assessment framework must be applied with the primary intention of supporting families where children may be at risk to a maximum extent to prevent them from separating. In a document published by the Centre for Excellence for Looked After Children in Scotland (Cantwell *et al.*, 2012, p.59)⁷³, the authors explained this process as follows:

When it comes to removing a child from parental care, the competent decision-making authority must first ensure that a professional and participatory assessment is made of the

⁷² Lovebridge (2020). *Progress Report 2020*. Mauritius: Author. Retrieved on 05 September 2022 from www.lovebridge.mu/sites/default/files/progress_report_2020_final_lowres_1.pdf

⁷³ Cantwell, N., Davidson, J., Elsley, S., Milligan, I. & Quinn, N. (2012). *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'*. UK: Centre for Excellence for Looked After Children in Scotland.

parents' actual and potential caring capacities. Removal should not proceed unless the results show it is the sole way to adequately safeguard the well-being of the child – and only after judicial review if the parents object.

The GACC indeed prescribes that such assessments “*should be made by **suitably qualified and trained professionals**, on behalf of or authorised by the competent authority, **in full consultation with all concerned** and bearing in mind the need to plan for the child's future*” (UN, 2010, para.40). Hence, it is of paramount importance that the CDU trains its staff on undertaking professional assessments that can be used to implement tailor-made support for each family in need and prevent separation as far as possible. These assessments must be written clearly and concisely to promote transparency and appropriate follow-up. CDU officers must also be trained to interact with vulnerable families with utmost sensitivity and respect to encourage their participation and collaboration on working out personalised solutions in the best interests of children.

2.5.2.3. Planning a successful and sustainable return to the birth family

For children who have already been placed in alternative care, it remains the duty of the relevant authorities to enable these children's families to recover and sustain their care, and to prevent the recurrence of circumstances that caused family separation in the first place. The GACC (UN, 2010, para.14) insists that

Removal of a child from the care of the family should be seen as a measure of last resort and should, whenever possible, be temporary and for the shortest possible duration. Removal decisions should be regularly reviewed and the child's return to parental care, once the original causes of removal have been resolved or have disappeared, should be in the best interests of the child, in keeping with the assessment foreseen in paragraph 49 below.

Paragraphs 49 to 52 of the GACC promotes family reintegration (UN, 2010; paras.49-52 quoted in full in [sub-section 2.2.1.6.3](#) of the present chapter). Of note, the GACC (UN, 2010) highlights this process as being “*assessed by a duly designated individual or team with access to multidisciplinary advice, in consultation with the different actors involved (the child, the family, the alternative caregiver)*” (para.49), as having “*aims of the reintegration and the family's and*

alternative caregiver's principal tasks in this respect (...) set out in writing and agreed on by all concerned" (para.50), as providing and monitoring *"regular and appropriate contact between the child and his/her family"* (para.51) and as being *"gradual and supervised, accompanied by follow-up and support measures"* (para.52). Family reintegration must also be clearly elaborated as a core objective of the care plan of a child in alternative care and appropriate comprehensive assessments with the child and his/her family must be carried out to regularly evaluate possibilities of successful return with due weight always given to the best interests of the child.

However, I have noted with great concern that all too often children in alternative care are being returned home without the authorities consulting or collaborating with the alternative caregivers, such as the key staff of RCIs or foster parents, who have been the most closely linked to the care of the concerned children before their reintegration. In line with the GACC (UN, 2010), **I recommend that no decision related to sending children back home must be taken by the authorities without the participation of key staff of RCIs or foster parents, and the reintegration aims and the tasks to be carried out by the family and the alternative caregiver must be agreed upon, written, circulated to all concerned, followed diligently and reviewed as appropriate.**

Family reintegration does not stop at the point of the physical return of a child to his birth family. Referring to the testimonies collected from children who have left care provided in [sub-section 2.3.4.7](#) of the present chapter, there is a general sense that their transitions were not carefully and gradually prepared, and that they were unmonitored by the authorities after their reintegration unless they again became victims of abuse or neglect and were reported to the CDU. **Follow-up and support measures after family reunification, including psychosocial support, remain crucial for sustaining family care, and must be planned and executed comprehensively and in a coordinated manner by all relevant parties, involving children, families and previous caregivers, and facilitated by the CDU.** I must also remind all stakeholders that the GACC (UN, 2010, para.68) recommends that *"the child should be prepared for all changes of care setting resulting from the planning and review processes"*.

2.5.2.4. A specialised unit to prevent alternative care at all levels

I recommend that a specialised unit specifically aimed at preventing alternative care of children as per the provisions outlined by the GACC (UN, 2010, paras.32-52) be set up under the aegis of the MGEFW. This unit can constitute of a team of qualified child social workers who have at least an undergraduate level education in the field of psychology or other social sciences, and who will be specially trained to operate at three levels of prevention with families, namely:

- **Primary prevention:** Strengthening families with adequate knowledge and tools to promote parental care;
- **Secondary prevention:** Assessing vulnerable families where children are at risk of being deprived of parental care and ensuring that they get the right support and services to avoid family separation; and
- **Tertiary prevention:** Promoting family reintegration of children placed within the alternative care system and ensuring post-reintegration follow-up (I suggest the Back-to-Home Programme of the MGEFW could be merged under this new proposed specialised unit to harmonise prevention strategies in alternative care as per the GACC (UN,2010)).

This unit must work in close collaboration with all ministries, more specifically with ministries responsible for child development, health, education, social security, housing, youth and sports. It must also coordinate on the field with other authorities such as the *Brigade pour la Protection de la Famille* and NGOs working with these families. It must be adequately equipped with relevant human and financial resources, transport facilities and sub-offices across the country containing child- and family-friendly spaces to host family meetings and therapy sessions. The social workers working in this specialised unit will also act as family case managers for families identified as vulnerable and they will regularly follow-up on any applications or referrals made with or on behalf of a family for any form of preventive support, such as psychological support from psychologists of the MGEFW, family counselling programmes run by an NGO, or social housing schemes of the MSISSNS. Vulnerable families targeted by this unit must not be restricted only to those on the Social Register of Mauritius (SRM). My office can also organise targeted

workshops to empower the staff members of this unit on how to better promote the rights of children in their practices and prevent the alternative care of children.

2.5.2.5. The Child Mentoring Scheme for preventing loss of parental care

Part IV, sub-part IV of the Children's Act 2020 makes provision for a Child Mentoring Scheme. The purpose of this scheme is to provide assistance to children aged between 8 and 16 years old who

- (a) *are victims of neglect;*
- (b) *suffer from behavioural problems;*
- (c) *are in distress; or*
- (d) *have problems of social adaptation.*

(Children's Act 2020, part IV, sub-part IV, section 43(2))

Eligible child mentors are recruited and monitored by a Child Mentoring Committee chaired by the SO of the MGEFW. Upon the issue of a mentoring order for a child by the Protection Division of the Children's Court, the child mentor will follow a programme of work with the concerned child to achieve the necessary goals to improve the child's wellbeing while he/she remains under the care of his/her parents. The child mentor reports back on the child's progress to the Committee on a timely basis. According to figures provided by the Children's Court, from January to August 2022, only 4 mentoring orders were granted and 1 was varied.

I believe that the Child Mentoring Scheme could be a useful initiative that could prevent the need for alternative care of children. By supporting children under mentoring orders, this will not only help the child at an individual level, but can alleviate pressures on the parents who may be having difficulties to assume their responsibilities towards their children and require some help and support, thus potentially avoiding the risk of family separation. I recommend that:

1. This Child Mentoring Scheme must be used more extensively to support vulnerable families having difficulties caring for and handling their children from an early stage to prevent these children from being referred unnecessarily to the child protection system.

2. An adequate number of child mentors must be recruited and trained to efficiently meet the demands of a possible increase in the number of children requiring this scheme.
3. A child mentor could also serve the purpose of following up on and supporting children who have been reintegrated to their families from alternative care.
4. The mentoring order could also be used in conjunction with other support programmes and social measures for both the child and his/her parents such as poverty alleviation schemes, parental empowerment and family counselling.

2.5.3. Applying the suitability principle of the GACC (UN, 2010)

2.5.3.1. Which care setting is best for the child?

When the authorities, judicial bodies, and other relevant stakeholders reach the last resort decision of separating a child from his/her birth family in his/her best interests after thorough screening, assessments and attempts to support the family and the child, the next question to be asked as per suitability principle of the GACC (UN, 2010) is ‘which care setting is best for the child?’ Determining the most appropriate form of care that can best promote and protect the child’s rights must be achieved through rigorous case-by-case assessments, planning and reviews by qualified and trained relevant professionals in a multi-disciplinary team, in full consultation with the child and his/her parents or legal guardians (UN, 2010, para.57).

To provide children in need with quality out-of-home care that is adapted to their needs and profiles, a range of informal or formal family-based options or non-family-based arrangements should be available for consideration as per the best interests of the child. Both the child and his/her parents or legal guardians must be provided with adequate information on these placement options, their implications and their rights and obligations relative to each option (UN, 2010, para.64). These living arrangements generally include kinship care, foster care, family-like care placements and residential care. In its Concluding Observations, the UN Committee on the Rights of the Child (2015, para.44(c)) recommended our country to “*ensure adequate safeguards and clear criteria, based on the needs and the best interests of the child, for determining whether a child should be placed in alternative care*”.

Unfortunately, in the Republic of Mauritius, there are not many placement options for a child in need of alternative care. Placement decisions tend to be largely influenced by the availability of beds. The rigour required in determining the most appropriate form of care for a child often is compromised by this single factor and this can inevitably result in ineffective practices that are not responsive to the complexity of the children's needs. **I bring the attention of the authorities and the judicial body to ensure that placement decisions are not based on singular factors and all efforts are expended by competent authorities in finding a family-based alternative for a child before considering placement in RCIs.**

2.5.3.2. Balancing group dynamics in RCIs

The fact that RCIs are the most locally used option of alternative care of children, many RCIs become overwhelmed with an incompatible mix of children. The needs of highly vulnerable children are often not matched to the needs and behavioural characteristics of those already placed in these institutions. For instance, the manager of an RCI expressed their frustration as follows:

Zot avoy tou bann ki 'beyond control' dan nou 'shelter'. Apre zot dir nou pa pe kapav kontrol zanfàn. Kouma mo fer ek 15-20 zanfàn 'beyond control'? Zot zoure, lager, bate, sove. Zot pa ekout nou ditou. Nou 'shelter' setenn RYC. Nou bon dir balans group zanfàn, person pa tande.

RCI managers who are conscious of the importance of maintaining the stability of their respective facilities occasionally may refuse the admission of too many children with severe mental health difficulties or serious behavioural concerns. Placing such a child among other residents who have already adapted at the RCI can abruptly change the dynamics of the facility, and cause highly conflictual situations including physical and psychological harm to not only the existing residents, but also the new resident. These RCIs are sometimes perceived by some authorities as being 'choosy' and uncooperative instead of being praised for their professionalism in considering the best interests of the child. **I believe that each RCI has the right to ensure that the authorities provide them with enough information on potential new residents, and even meet the prospective resident where possible, BEFORE his/her placement at the RCI so that an informed and collaborative decision can be made on the**

SUITABILITY of this placement for the resident with consideration given to existing group dynamics and challenges within the RCI.

2.5.3.3. Introducing a new care planning system as per international standards in RCIs

There is presently no legal provision enforcing the requirement to define clear placement goals based on evidence-based criteria and the needs of each child. **The current ‘care plan’ provided by the authorities to RCIs is not at par with expected international standards** (refer to [sub-section 2.3.4.5](#) of the present chapter for more information on the care plan). The Children’s Act 2020 is also not clear on the obligation for periodic reviews of placement decisions in line with the CRC (UN, 1989) and GACC (UN, 2010). In this context, I want to bring attention to the GACC’s (UN, 2010) emphases on the unequivocal role of proper care planning for children in alternative care (para.61-63) and the need to regular review placement decisions for children (UN, 2010, para.67), as quoted below:

61. Planning for care provision and permanency should be carried out from the earliest possible time, ideally before the child enters care, taking into account the immediate and longer-term advantages and disadvantages of each option considered, and should comprise short- and long-term propositions.

62. Planning for care provision and permanency should be based on, notably, the nature and quality of the child’s attachment to his/her family, the family’s capacity to safeguard the child’s well-being and harmonious development, the child’s need or desire to feel part of a family, the desirability of the child remaining within his/her community and country, the child’s cultural, linguistic and religious background, and the child’s relationships with siblings, with a view to avoiding their separation.

63. The plan should clearly state, inter alia, the goals of the placement and the measures to achieve them.

67. States should ensure the right of any child who has been placed in temporary care to regular and thorough review – preferably at least every three months – of the

appropriateness of his/her care and treatment, taking into account, notably, his/her personal development and any changing needs, developments in his/her family environment, and the adequacy and necessity of the current placement in these circumstances. The review should be carried out by duly qualified and authorized persons, and should fully involve the child and all relevant persons in the child's life.

I recommend that a new care planning system, as per the description provided in [subsection 2.3.4.5.2](#) of the current chapter, that regroup ALL stakeholders directly linked to the care of children placed in alternative care must replace the current system at the soonest possible. Such a system must be characterised by clear written goals of the alternative care for the child, the desired outcomes and all the steps required to achieve them within specific proposed timescales. Although it may be initiated and led by the local authorities, the child, his/her family members and all staff working with him/her must participate in its elaboration, and their views and responsibilities must be given due weight and incorporated in the care plan. It must also be responsive to changes in the care journey of the child and be reviewed regularly by all stakeholders. Given that the care plan is a dynamic documentation and can be subject to changes and updates at any time based on the child's evolving circumstances, **I recommend that a digitalised system be adopted for the recording and monitoring of the care plans of all children living in RCIs.** A digitalised care plan will make it easier for all authorised stakeholders to access the necessary information on the child at any time on a secured network, add updates to the care plan as and when necessary, flag safeguarding issues if any, and even review the care plan through multi-stakeholder video-conferencing facilities. Even if a child is moved to another alternative care setting, there will be no loss of records which will ensure the continuity of the care plan. It can also provide substantial information for determining placement decisions or pathway reviews of the child.

2.5.4. Recognising kinship care at a national level

Kinship care is defined by the GACC (UN, 2010, para.29(c)(i)) as “*family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature*”. Kinship care is highly recommended before considering any other alternative care option. This form of care can allow the child to remain within a family environment and community that share his/her cultural, religious and linguistic backgrounds, thus promoting

his/her sense of individual and collective identity and self-esteem. Within the limits of specific safeguards for the child from previous or potential perpetrators in the family of origin, he/she can continue to enjoy proximity with significant members of his/her family, which can help in alleviating trauma and distress caused by family separation. A family-based environment known to the child is also in itself a form of protection from the adverse effects of being placed in institutional care (refer to [sub-section 2.2.4.2](#) of the present chapter).

Although there is clear mention in part IV, sub-part II, section 36(3)(e) of the Children's Act 2020, that an Emergency Protection order may provide for *"the child to be placed with a family member who is willing and able to care for the child"*, such provision is not explicitly made at the levels of a Placement Order or a Long-Term Care Order (part IV, sub-part II, sections 37&39). **I believe that, in view of deinstitutionalising alternative care, kinship care must be nationally and formally recognised as a valuable form of alternative care of children.** Before considering placement alternatives with people not previously known to the child, the authorities must explore every possibility of securing a placement for the child with one of his/her kins. I also recommend that relevant measures must be established by the authorities to provide necessary support to kinship caregivers. Child protection agencies must ensure the continued protection of children under kinship care from any form of abuse or exploitation through monitoring mechanisms that respect the privacy of the child and that of the kinship caregiver.

It must also be noted that there may be other children without parental care in our country who are not already known to the authorities and who live in informal care arrangements with relatives or friends. Informal kinship caregivers must be sensitively encouraged by local authorities to make themselves known so that they can also benefit from the same status as formal kinship caregivers who are recognised by the local authority and the Court, and access the necessary range of support to which they can be eligible. Kinship caregivers can also be further motivated to assume a more permanent role in the care of the child, including adoption, if there is no scope for the child's return to his/her birth family and if found to be in the best interests of the child.

2.5.5. Professionalise foster care in the Republic of Mauritius

The UN Committee on the Rights of the Child recommended to the Republic of Mauritius to “support and facilitate family-based care for children wherever possible, including for children in single-parent families, and establish a system of professionalized foster care for children who cannot stay with their families, with a view to avoiding the placement of children under the age of 3 in institutions, and reducing the institutionalization of children in general” (2015, para.44(b)). I have provided in [sub-section 2.1.4.4](#) of the present chapter, an overview of the current local foster care system as overseen by the Foster Care Unit (FCU) of the MGEFW. I have also reviewed in [Appendix G](#) the Child (Foster Care) Regulations 2022 which were recently proclaimed in January 2022. In reference to [sub-section 2.1.5.3.1](#) of the current document, I am also aware that, as at 30 June 2022, there were, in Mauritius, 76 registered foster parents accommodating 91 children, and in Rodrigues, 3 foster parents accommodating 3 children as at September 2022. As at 30 June 2022, approximately 79 per cent of children placed in foster families in Mauritius were aged 10 years old or under, including only 9 children under 3 years old. It is also of note that 64 per cent of children living in foster care in Mauritius as at 30 June 2022 were initially placed there under the age of 3 years old.

Hence, in a view to prioritise family-based alternative care and professionalise foster care, I recommend the following:

1. The FCU must be provided with adequate financial and human resources as well as the necessary logistics to carry out nation-wide campaigns, in every urban and rural area of the country, on child fostering and encouraging individuals or families to provide foster care to children in need of care and protection. These campaigns must be conducted in a pedagogical manner, including the use of multi-media platforms. They must not just be information-giving on how to become a foster parent, but also allow prospective foster parents to meet and listen to the experiences and success stories of existing foster parents and children. Ideally, as promoted by the GACC (UN, 2010, para.119), “a pool of accredited foster carers should be identified in each locality who can provide children with care and protection while maintaining ties to family, community and cultural group”.

2. To meet an increasing demand of registration as foster parents (which can result as an effect of intensive national campaigns mentioned in the point above), the staff group of the FCU must be increased to include more qualified and trained FWPOs and full-time psychologists and improve the frequency and delivery of social enquiries, psychological assessments, screening, selection, training and monitoring of registered foster parents.
3. Given that there were, as at 30 June 2022, only 9 children under 3 years old in foster care placements in Mauritius, and most children of this age group who need alternative care have been placed in RCIs, I believe urgent consideration must be given to transfer children aged under 3 living in RCIs to family-based placements, mainly existing and newly registered foster families, in the shortest possible delay where it is determined to be in their best interests.
4. Current foster care statistics demonstrate that there is a preference for foster parents to accommodate younger and pre-pubertal children. However, foster parents must be empowered and encouraged to welcome any child needing alternative care on an equal basis, irrespective of their age, and to feel confident to accommodate adolescents in need.
5. The Foster Care Advisory Committee as provided by the Child (Foster Care) Regulations 2022 must be operational at the earliest possible so that applications, registrations, suspensions revocations and renewals of foster parents can be done in a timely and efficient manner. I also advance that at least one relevant representative of an NGO having experience in foster care must be included in this Committee.
6. Local foster care training packages must address multiple components to improve the readiness and efficiency of foster parents, including legal provisions in foster care, children's rights, child psychology, the impact of abuse and neglect on children and positive discipline strategies to manage challenging behaviours of children. Foster carers themselves must be provided with regular psychological support and therapy to enable them to better undertake their responsibilities towards the children in their care.

2.5.6. Improving local care provisions in residential care

2.5.6.1. Upgrading physical infrastructure of RCIs

As already elaborated in [sub-section 2.3.4.4](#) of the current chapter, the physical infrastructure of RCIs can make a huge difference in the experiences of care of children placed there. I have already expressed my concerns on some RCIs whose physical environments are not conducive to the care, development and safety of their child residents, including overcrowded RCIs, lack of good ventilation and lighting arrangements, children from different families sharing beds, inappropriate or old furniture, no space for children to put their personal belongings, unclean and poorly maintained facilities, unstimulating and unattractive visual features such as dull or flaking wall paints, no green corners and play areas, accessibility issues for children with mobility difficulties and environmental hazards.

I am glad that NGOs can apply to the NSIF for financial support to renovate and refurbish their RCIs as per the needs of their residents. All RCIs must accommodate their residents within child-friendly, spacious, stimulating and safe environments with clean and well-maintained indoor and outdoor spaces, as well as play, leisure and rest areas. I reiterate that RCIs must not be configured to accommodate more than 12 children to allow for adequate privacy and personal space for each child. As a general provision for any alternative care setting, the GACC stipulates that *“all adults responsible for children should respect and promote the right to privacy, including appropriate facilities for hygiene and sanitary needs, respecting gender differences and interaction, and adequate, secure and accessible storage space for personal possessions”* (UN, 2010, para.89). It also advances that *“accommodation in all alternative care settings should meet the requirements of health and safety”* (UN, 2010, para.91).

2.5.6.2. Mandatory training for all relevant stakeholders working in the domain of residential care

It has become clearer that the complexity of the problems of children deprived of parental care and who are placed in RCIs is not well understood by many stakeholders. This is a major lacuna that needs to be addressed by **providing mandatory training to all staff who are directly or indirectly involved with residential care of children in order to better understand their vulnerabilities and how to sensitively and professionally handle them.** These staff

include not only those working in RCIs, but also those from the relevant authorities, including the CDU and the Licensing of Place of Safety and Enforcement Section (LPSES) of the MGEFW, and funding agencies linked to those RCIs. They can be working in any capacity at any point of the process of residential care of children, including prior to, during and after the admission of a child within an RCI, during the placement of the child at the RCI, and before, during and after the child leaves the RCI.

Moreover, I want to emphasise that the trainers themselves must be highly qualified and trained individuals in various disciplines related to alternative care, such as child psychology, child welfare, child rights, child legislation, paediatrics, specialised social work with children, amongst others, and experienced in working directly with children in alternative care for a substantial amount of time. Speeches delivered to participants by untrained and inexperienced 'trainers' in a one-off 'training session' is NOT called training!

Hence, **I insist very strongly on the need of mandatory training and continuous professional development for all relevant stakeholders in residential care, and alternative care as a whole.** Such training must be built within the framework of child rights programming, which can be defined as *"using the principles of child rights to plan, implement and monitor programmes with the overall goal of improving the position of children so that all boys and girls can fully enjoy their rights and can live in societies that acknowledge and respect children's rights"* (Save the Children Sweden, 2005)⁷⁴.

2.5.6.3. Caregivers in RCIs: A role needing specialised training, proper recognition and incentive

Among the whole chain of staff working with and for children in RCIs, caregivers remain the frontline personnel who are the most directly and closely involved in the day-to-day care of these children. There is no doubt that vocation and dedication to work with children are important factors for a person to take on the role of a caregiver. However, in the work with vulnerable children who have complex needs and challenging behaviours, these are not enough. Long are gone traditional practices where only subjective parenting experiences and common-

⁷⁴ Save the Children Sweden (2005). *Child Rights Programming: How to Apply Rights-Based Approaches to Programming*. Sweden: Save the Children. Retrieved on 15 September 2022 from resourcecentre.savethechildren.net/pdf/2658.pdf/

sense approaches are sufficient to handle children in residential care. The GACC (UN, 2010, para.113) advances that “as a matter of good practice, all agencies and facilities should systematically ensure that, prior to employment, carers and other staff in direct contact with children undergo an appropriate and comprehensive assessment of their suitability to work with children”. The better caregivers can be trained and motivated to do their work, the more positive outcomes can be achieved in the care and psychological wellbeing of children living in RCIs. With regards to training of caregivers, the GACC (UN, 2010, paras.115-117) recommended the following:

115. Training should be provided to all carers on the rights of children without parental care and on the specific vulnerability of children, in particularly difficult situations, such as emergency placements or placements outside their area of habitual residence. Cultural, social, gender and religious sensitization should also be assured. States should also provide adequate resources and channels for the recognition of these professionals in order to favour the implementation of these provisions.

116. Training in dealing appropriately with challenging behaviour, including conflict resolution techniques and means to prevent acts of harm or self-harm, should be provided to all care staff employed by agencies and facilities.

117. Agencies and facilities should ensure that, wherever appropriate, carers are prepared to respond to children with special needs, notably those living with HIV/AIDS or other chronic physical or mental illnesses, and children with physical or mental disabilities.

I therefore propose that a specialised training pathway, led by an accredited educational institution in collaboration with the MGEFW and NGOs working in residential care, must be elaborated for all existing and new caregivers. This training must include both theoretical components that are relevant to the role of caregivers in RCIs and practical and supervised placements within RCIs. It is necessary to realise that many existing local caregivers only have basic school qualifications and in-service work experience with children in RCIs. The specialised training pathway must recognise the prior learning and experience of these caregivers and adapt the training to suit different qualification and experience levels. Additional in-service training within RCIs must also be recognised and given value as part of the continuous professional development of a caregiver.

Today, we are talking about meeting international quality care standards in alternative care. Working in an RCI is often a stressful job and dealing daily with complex and fragile children is emotionally, cognitively and physically demanding for the staff, especially for the caregivers. In his book, Roger Clough (2000)⁷⁵ brought attention to three essential elements that RCIs' staff must understand within their work:

1. the needs of the residents from social, medical, psychological and rights-based perspectives;
2. the practical skills to perform care tasks; and
3. themselves as staff, in other words, understand their own history, feelings and responses to residents' pain or disturbance.

Although training may adequately fulfil the first two above-listed elements, it cannot in itself guarantee that caregivers in RCIs will carry out their work excellently and manage their emotions perfectly at all times. Caregivers are first and foremost human beings and they also need to be closely supervised and supported psychologically to perform their jobs. **I recommend that all RCIs must develop in-service staff welfare and support policies, including access to psychological therapy, and carry out regular activities to build the morale and team spirit of staff, including caregivers, and provide them with respite when necessary.** I also refer back, as an example of good practice, to the psychodynamic therapy approach being used by the NGO 'Fondation pour l'Enfance – Terre de Paix' that not only benefits its child residents, but also contributes to staff welfare (see [sub-section 2.3.4.2.3](#) in the current chapter).

As a sad reality in our country, caregivers in RCIs can be considered as one of the most underpaid roles for one of the most complex jobs – taking care of one of society's most vulnerable groups of children. Caregivers in many RCIs only receive a minimum salary for working long shifts with children with high vulnerabilities, challenging behaviours and, at times, suffering from medical and mental illnesses. This low pay demotivates many of them and often RCI Managers report high rates of caregivers' turnovers, whereby caregivers decide to leave the job after a period of time, thus creating considerable difficulties in providing a continuity

⁷⁵ Clough, R. (2000). *The practice of residential work*. England: Palgrave.

of care to children in RCIs. This also has an impact on the psychological wellbeing of child residents who relive separation from caregivers with whom they have developed significant bonds. I remember one girl in an RCI saying to me in tears, “*tou miss ki mo kontan, ale (...) Mo nepli anvi aprann lekòl. Mo sagrin mo miss kit mwa ale*”. The GACC (UN, 2010, para.114) recommended that “*conditions of work, including remuneration, for carers employed by agencies and facilities should be such as to maximize motivation, job satisfaction and continuity, and hence their disposition to fulfil their role in the most appropriate and effective manner*”. **I propose that caregivers must be provided with better salaries and relevant incentives that fairly reflect the intensity and complexity of their roles, and these pay rises must be fully supported by funding agencies such as the NSIF.**

As any worker, a caregiver is also eligible to the provisions of the Workers’ Rights Act 2019, including paid leave entitlements. When caregivers go on leave, a significant difficulty that arises for RCI Managers is the sudden decrease in staff numbers on specific shifts which can further compromise the care and supervision of the child residents within those periods. On one side, there is the requirement of maintaining an adequate caregiver to child ratio in RCIs, and on the other side, caregivers can take leave as a basic worker’s right. Owing to the rigorous procedures being required to register caregivers as per the Residential Care Institutions for Children Regulations 2022, RCI managers are often worried on how to find overnight replacement staff to cover for the absence of caregivers when they are on leave. Although some caregivers may be requested to do overtime or double their shifts, this is not a sustainable solution as the caregivers have the right to refuse these requests. **I advise that the NSIF must further financially support NGO-run RCIs to allow for the recruitment and payment of additional caregivers above the required ratio to compensate for short staffing difficulties in RCIs and prevent breaks in the care continuity of children.**

2.5.6.4. Enhancing RCIs as high-quality and professional work environments

I have noted that the disparities between the financing of NGO-run RCIs by the NSIF and that of NGO-managed Government-owned RCIs through the MGEFW (refer to [sub-section 2.1.5.3.2](#) in the present chapter) create imbalances in the salaries and workers’ rights’ entitlements provided to staff members employed at these differently funded RCIs. **I highlight here that currently no NGO-run RCI funded by the NSIF is being provided with the necessary finance**

to reimburse unused annual leave of their staff at the end of the year. This is unfair in comparison to staff employed by Government-owned RCIs. **I recommend to the NSIF to redress this disparity for all NGO-run RCIs by funding the reimbursement of unused annual leave and any other relevant work entitlement as per the Workers' Rights Act 2019 for all RCIs' staff.**

I have often noted that there is a significant lack of highly qualified and trained professionals in most RCIs. Many RCIs are not able to afford the salaries of specialist staff in a substantial capacity such as clinical psychologists, nutritionists, qualified child or youth animators, specialised child social workers and occupational therapists, among others. It is very rare that such professionals are offered full-time posts within RCIs. The limited increase in the annual funding provided by NSIF to these NGOs does not provide them with enough financial capacity to recruit specialist staff. Relying on the strained resources of local authorities to cater for the psychosocial needs of individual children in the RCIs is also not an option. Multi-disciplinary approaches to care in RCIs are also almost inexistent due to the lack of professionals in RCIs' staff teams. **Again, I recommend the NSIF to facilitate NGO's funding requests for professional posts in RCIs to enhance their work quality in the best interests of children.** Only professionals who have proven qualifications, recognised professional registrations, relevant training and experience in their respective disciplines must be considered for these posts.

2.5.6.5. Ensuring caring, respectful, peaceful and participatory environments for children in RCIs

Children living in RCIs have a right to enjoy a high-quality caregiving environment that is respectful of their various rights and that promotes the development of a positive sense of identity. Several paragraphs of the GACC (UN, 2010) makes reference to the child's rights in alternative care, including his/her right to parental contact (para.82), good nutrition (para.83), quality health (para.84), education (para.85), play, leisure and life in community (para.86), freedom of religious and cultural beliefs (para.88), privacy and personal space (para.89), protection from all forms of abuse and exploitation (paras.92-93), and protection from stigmatisation during and after placement (para.95).

As a way of ensuring violence-free environments in RCLs and preserving the physical and psychological well-being of child residents, paragraphs 96 and 97 of the GACC (UN, 2010) highlighted practices that should be avoided in all alternative care settings as follows:

96. All disciplinary measures and behaviour management constituting torture, cruel, inhuman or degrading treatment, including closed or solitary confinement or any other forms of physical or psychological violence that are likely to compromise the physical or mental health of the child, must be strictly prohibited in conformity with international human rights law. States must take all necessary measures to prevent such practices and ensure that they are punishable by law. Restriction of contact with members of the child's family and other persons of special importance to the child should never be used as a sanction.

97. Use of force and restraints of whatever nature should not be authorized unless strictly necessary for safeguarding the child's or others' physical or psychological integrity, in conformity with the law and in a reasonable and proportionate manner and with respect for the fundamental rights of the child. Restraint by means of drugs and medication should be based on therapeutic needs and should never be employed without evaluation and prescription by a specialist.

Owing to difficult beginnings in life and various transitions in care for children living in RCLs, it can be challenging for them to develop a stable sense of identity. I point out here a highly recommended approach by the GACC (UN, 2010, para.100) in this regard:

*To promote the child's sense of self-identity, **a life story book** comprising appropriate information, pictures, personal objects and mementoes regarding each step of the child's life should be maintained with the child's participation and made available to the child throughout his/her life.*

In addition, as I discussed in [sub-section 2.2.3](#) of the current chapter, children's right to be heard and to participate in matters that concern them must be respected in all settings, including RCLs. Paragraph 94 of the GACC (UN, 2010) states that:

All carers should promote and encourage children and young people to develop and exercise informed choices, taking account of acceptable risks and the child's age, and according to his/her evolving capacities.

I recommend that it is important to establish child-led mechanisms in RCIs, such as a children's committee, whereby child residents can participate actively in decision-making processes regarding matters of their care, development and future opportunities at the level of the RCIs. When children feel understood or have their voices heard, they may experience a shift in their attitudes and feel empowered. This can contribute to a more participatory, inclusive and collaborative atmosphere between child residents and staff of the RCIs.

2.5.6.6. Personalising activities for babies in RCIs

In principle, all children without parental care who are under 3 years of age must be placed in family-based care settings. As I mentioned in [sub-section 2.3.4.3](#) of the present chapter, around 55-60 infants and babies aged up to 3 years old are still finding themselves in RCIs due to a lack of family-based alternatives. These young children require individualised care and activities that are adapted to their different abilities and evolving capacities. Although they are fully dependent on adults for their care, they must not be treated as dolls that do not have emotions, needs and preferences. They do not require only feeding, cleaning and changing. They cannot be left on their own in cribs to spend their time or deal with their own emotions. Well-established evidence on attachment theories have shown how important it is for a baby to be consistently attended by a one-to-one, responsive and loving caregiver to be able to develop secure attachments and receive adequate stimulation. In addition to recommendations made in [sub-section 2.3.4.3](#), I propose that:

1. Caregivers in RCIs that accommodate babies must be specially trained and certified for early childhood care and development, and closely supervised on the quality of their work.
2. In the shortest possible delay, I suggest that existing RCIs accommodating babies and young children under 3 years old must be made to decrease their current number of child residents to 10.

3. More trained caregivers must be employed by these RCIs to increase possibilities for consistent and individualised care, ideally one caregiver for two babies and young children.
4. A personalised activity plan for each baby or young child must be designed and implemented in RCIs that flexibly adapts to changing needs and rhythms of the child, and not to the needs and convenience of the RCI.

2.5.7. Refining local inspection and monitoring mechanisms for RCIs

2.5.7.1. Improvements needed in the monitoring of RCIs by public bodies

As already mentioned in [Table 5](#) of the present report, the MGEFW set up on 17 August 2020 the Licensing of Place of Safety and Enforcement Section (LPSES) under its Planning and Research Unit. Two of the main functions of the LPSES are to process licensing applications for the opening of new RCIs and ensure that licensed RCIs follow licensing norms and standards as per local regulations, currently the Residential Care Institutions for Children Regulations 2022. This is conducted by a team of Enforcement Officers who regularly inspect the buildings of RCIs, the food menu planning for the residents, the availability of clothes for children, the hygiene of the children, the caregiver to child ratio, the state of the yards and the premises in general, the presence of bed bugs, rats or other pests, the validity of fire certificates and other records including admission registers, staff registers, availability of case files, cash books, activity and outing plans, amongst others. Inspection and monitoring play a crucial role in ensuring quality alternative care to children and I noted with appreciation that the LPSES has made special efforts to fulfil its obligations despite being staffed with only 6 Enforcement Officers as at September 2022.

During the present reporting year, I have had several meetings with the Coordinator of the LPSES and his team. I noted that, not only there is a good team spirit among them, but they are also very eager to acquire new professional skills and improve the quality of their work. I also observed that, every time Enforcement Officers carry out an inspection in an RCI, they write an observation report, which means that their work is transparent, traceable and provides RCIs with feedback on their strengths and areas of improvement. The LPSES also took the initiative

this year to organise a training session on the GACC (UN, 2010) and invited me to sensitise its staff on the importance of this international instrument on the aspects of inspection and monitoring. I highlight in [Table 15](#) below paragraphs of the GACC (UN, 2010) that relate to the licensing (paras.55, 73 & 105), inspection and monitoring (paras.128 & 129) of alternative care settings, including RCIs, by public bodies:

Table 15. Licensing, inspection and monitoring provisions of the GACC (UN, 2010).

Licensing of alternative care settings
55. States should ensure that all entities and individuals engaged in the provision of alternative care for children receive due authorization to do so from a competent authority and are subject to regular monitoring and review by the latter in keeping with the present Guidelines. To this end, these authorities should develop appropriate criteria for assessing the professional and ethical fitness of care providers and for their accreditation, monitoring and supervision.
73. All alternative care provision should be based on a written statement of the provider's aims and objectives in providing the service and the nature of the provider's responsibilities to the child that reflects the standards set by the Convention on the Rights of the Child, the present Guidelines and applicable law. All providers should be appropriately qualified or approved in accordance with legal requirements to provide alternative care services.
105. Legislation should stipulate that all agencies and facilities must be registered and authorized to operate by social welfare services or another competent authority, and that failure to comply with such legislation constitutes an offence punishable by law. Authorization should be granted and be regularly reviewed by the competent authorities on the basis of standard criteria covering, at a minimum, the agency's or facility's objectives, functioning, staff recruitment and qualifications, conditions of care and financial resources and management.
Inspection and monitoring of alternative care settings
128. Agencies, facilities and professionals involved in care provision should be accountable to a specific public authority, which should ensure, inter alia, frequent inspections comprising both scheduled and unannounced visits, involving discussion with and observation of the staff and the children.
129. To the extent possible and appropriate, inspection functions should include a component of training and capacity-building for care providers.

While I acknowledge the good work of the LPSES, I wish to underline certain areas of concern which need to be addressed:

1. The staff of the LPSES lack basic understanding on human and children's rights. Enforcement Officers are not well-versed and trained in areas such as child psychology, welfare and development. **Intensive and ongoing training on these aspects is a must for these officers.**
2. The Enforcement Officers have insufficient knowledge on the practical work realities in RCIs. This limits their capacity to assess and propose meaningful recommendations to management, and gives way to them making decontextualised observations. **I believe the training and capacity building of these officers must include a requirement of fulfilling a set number of practical hours within RCIs to be more sensitised to these realities. I also propose that the LPSES team must receive international exposure on the inspection and monitoring systems in alternative care of children of other countries to improve their local interventions.**
3. I have noted that Enforcement Officers do not necessarily use a standardised and objective approach in evaluating criteria at a similar level playing field across RCIs. There are sometimes major differences in the way two officers may inspect and report observations made for the same RCI. While one officer may rate an RCI as unsatisfactory on certain norms such as level of cleanliness, or activity plans, another officer may describe the same RCI as exceeding expectations for the same criteria. These inconsistencies and subjective approaches from different Enforcement Officers can mean that some RCIs may be facing institutional discrimination and are not being evaluated fairly relative to other RCIs. **All Enforcement Officers must adhere to a standardised and objective practice in the inspection and monitoring of RCIs.**
4. The alleged 'military-like' attitudes of some Enforcement Officers have also been reported to me by some RCIs' staff. **I wish to point out that inspection and monitoring are essentially aimed at educating, supporting, collaborating and improving practices, and taking appropriate sanctions where necessary. They must not be carried out in an authoritarian manner.**

5. Some children have told me that they sometimes do not feel at ease when Enforcement Officers come to their RCIs and open their fridges, food vessels and personal wardrobes. **Enforcement Officers need to be careful that they perform inspections in a respectful and non-intrusive manner as these RCIs are homes to highly vulnerable children.**

In addition to inspection and monitoring by LPSES, I also encourage all RCIs to have their own internal staff supervision and monitoring mechanisms in place to ensure that children's rights are being respected at all levels and recommendations applied. For instance, responsible staff of the RCIs can visit the facilities during night times to ensure that relevant care standards are being duly maintained.

2.5.7.2. Recognising the role and importance of independent monitoring of RCIs

It is important to know that inspection and monitoring by a public body is not the only way to verify and improve care provisions and standards in RCIs. An *“independent but officially-sanctioned body (...) whose status, nature, resources and mandate correspond to the criteria set out in the ‘Paris Principles’⁷⁶”* (Cantwell, 2012, p.112) must also be in place. I highlight, in [Textbox 13](#) on the next page, the GACC's (UN, 2010, para.130(a-d)) recommendation on the need of an independent monitoring mechanism in the alternative care of children: Three necessary elements to retain from [Textbox 13](#) are the following:

1. the need for an independent monitoring body that is accessible to children, parents and those responsible for children without parental care;
2. the requirement that children can be consulted by this body in conditions of privacy; and
3. the need for the independent monitoring body to make recommendations and proposals to concerned authorities and policy makers to improve the situation of children in alternative care based on 'the preponderance of research findings' in the field of alternative care of children, and other related areas including child welfare, protection and development.

⁷⁶ The Paris Principles were approved by the UN General Assembly in 1993 and concern the principles relating to the status of national institutions, such as the office of an ombudsperson, for the promotion and protection of human rights. (It can be accessed at the following link: www.ohchr.org/en/instruments-mechanisms/instruments/principles-relating-status-national-institutions-paris).

Textbox 13: An independent monitoring mechanism for the alternative care of children (UN, 2010, para.130)

States should be encouraged to ensure that an independent monitoring mechanism is in place, with due consideration for the principles relating to the status of national institutions for the promotion and protection of human rights (the Paris Principles). The monitoring mechanism should be easily accessible to children, parents and those responsible for children without parental care. The functions of the monitoring mechanism should include:

- (a) Consulting in conditions of privacy with children in all forms of alternative care, visiting the care settings in which they live and undertaking investigations into any alleged situation of violation of children's rights in those settings, on complaint or on its own initiative;
- (b) Recommending relevant policies to appropriate authorities with the aim of improving the treatment of children deprived of parental care and ensuring that it is in keeping with the preponderance of research findings on child protection, health, development and care;
- (c) Submitting proposals and observations concerning draft legislation;
- (d) Contributing independently to the reporting process under the Convention on the Rights of the Child, including to periodic State party reports to the Committee on the Rights of the Child with regard to the implementation of the present Guidelines.

Textbox 13. An independent monitoring mechanism for the alternative care of children (UN, 2010)

In the Republic of Mauritius, my office, that is, the Ombudsperson for Children's Office (OCO), is the independent monitoring mechanism, established nationally and mandated by the Ombudsperson for Children Act (OCA) 2003 to carry out the above-listed functions with regards to children living in alternative (refer to section 6(b-e) and 7(2)(b)(i) of the OCA 2003 below)

6. Functions of Ombudsperson for Children

- (b) *advise the Minister on public and private residential placement facilities and shelters established for the benefit of children;*
- (c) *advise public bodies and other institutions responsible for providing care and other services to children on the protection of the rights of children;*

- (d) *take such steps as he may deem necessary to ensure that children under the care of, or supervision of, a public body are treated fairly, properly and adequately;*
- (e) *propose measures to ensure that the legal rights of children in care are protected and that the placement facilities promote the safety of children and conform with such norms as the Ombudsperson for Children may, from time to time, recommend;*

7. Investigation

(2) *For the purposes of an investigation under this Act, the Ombudsperson for Children may*

—

- (b) *enter premises where —*
 - (i) *a child is present, either temporarily or permanently, including an educational or health institution and a place of detention, in order to study the environment of such a place and assess its suitability.*

It is necessary not to confuse the monitoring mechanism of the OCO with that of the LPSES, as they are fundamentally different in reference to the Paris Principles (UN, 1993)⁷⁷. The LPSES is a governmental agency, while the OCO is an independent national child rights institution. Opinions, reports, policy proposals or recommendations expressed by the OCO are independent, objective, impartial and evidence-based, and are not influenced by the requirements or exigencies of public agencies. In my capacity as the OC, I can in fact, as I did in [sub-section 2.5.7.1](#) above, recommend improvements to the LPSES on their inspection and monitoring functions of RCIs to ensure compliance with the CRC (UN, 1989), ACRWC (AU, 1990) or other relevant international instruments such as the GACC (UN, 2010). Another example is that, although children can make complaints or express their concerns to public officers of the CDU or LPSES, they are also free to access me directly for their complaints and concerns in all confidentiality without consent from local authorities or care providers, including when they are not satisfied with the interventions of other stakeholders. This is clearly recommended in paragraph 99 of the GACC (UN, 2010), as quoted below:

⁷⁷ United Nations (1993). *Principles relating to the Status of National Institutions (The Paris Principles)*. Geneva: Author. Retrieved on 15 September 2022 from www.ohchr.org/en/instruments-mechanisms/instruments/principles-relating-status-national-institutions-paris

*Children in care should have access to a **known, effective and impartial mechanism** whereby they can notify complaints or concerns regarding their treatment or conditions of placement. Such mechanisms should include initial consultation, feedback, implementation and further consultation. Young people with previous care experience should be involved in this process, due weight being given to their opinions. This process should be conducted by competent persons trained to work with children and young people.*

2.5.8. Quality treatment for children with severe mental health issues in alternative care

In [sub-section 2.3.4.1](#) of the present chapter, I have already elaborated on the various challenges in handling children with severe mental health problems in alternative care settings, mainly RCIs. In this context, I therefore recommend that:

1. In future reforms of the Children's Act 2020, this piece of legislation must also explicitly include the category of children with severe mental health issues and make specific provisions for their identification, assessment, treatment, supervision and recovery of this target group. This category must include all children with significant psychological or psychiatric issues irrespective of the care setting in which they live in, but it must be recognised that children living in RCIs are a high-risk group for mental health problems including risks to self and others.
2. A therapeutic residential mental healthcare facility for children with severe mental health issues must be established that can provide multidisciplinary and holistic approaches of treatment solutions to these children, including support to their caregivers. I once again urge the relevant authorities to refer back to my Annual Report 2017-2018 for an outline proposal of such a mental healthcare facility (OC, 2018, pp.273-278).
3. All children in the process of being placed in any alternative care setting, including RCIs, must be properly screened and assessed for mental health difficulties before their placements, as far as possible, so that the care of these children could be better planned in a collaborative manner between the authorities and the alternative caregivers, and

interventions carried out early to prevent the occurrence of mental health and behavioural crises.

4. The deinstitutionalisation of alternative care of children in the Republic of Mauritius can ensure that large RCIs are converted to small-group homes not exceeding 12 children, where children can get more individualised care and attention, and their mental health needs can be more effectively managed.
5. Very few RCIs so far have employed their own clinical psychologist who is available to provide regular, consistent and direct psychological support and follow-up to child residents and caregivers. The remaining ones appear to rely on psychological services in regional hospitals, which are appointment-based only, or solicit the help of the psychologists of the MGEFW who, due to limited capacity, intervene on request and crises situations mainly. I think NGOs running RCIs must recruit, through the financial support of the NSIF, a clinical psychologist to provide intensive and appropriate psychological interventions and follow-up to the child residents of their respective facilities, and training, supervision and support to their staff members as well.

2.5.9. Dealing with children with SBCs in alternative care

In reference to the understanding developed on the new provision of the Children's Act 2020 with regards to children with serious behavioural concerns (SBCs) in [sub-section 2.3.4.2](#) of the present chapter, I summarise my recommendations in relation to this vulnerable group of children as follows:

1. Terminologies in relation children with SBCs must be clarified in future reforms of the Children's Act 2020 to avoid multiple interpretations by different involved stakeholders.
2. All relevant stakeholders must understand that the SBCs of the child are symptoms of his/her actual problems, and interventions must address the root causes of the child's underlying difficulties. These may include undiagnosed or unassessed mental health problems that require intensive therapy.

3. The Parent Support Intervention (PSI) procedure must be reviewed in the Children's Act 2020 to better adapt to field realities when they concern children with significant behavioural challenges. I propose that RCIs and the Child Rehabilitation Service of the MGEFW must collaborate on every possible solution first to support the child with SBCs, before applying for a PSI.
4. Letting children with SBCs stay in RCIs is a protection issue for other child residents living in those RCIs because all children and staff become exposed to possible physical and psychological harm that can be inflicted during behavioural and mental crises situations involving the children with SBCs. Judicial authorities are requested to pay due attention to this reality.
5. I believe that an **alternative specialised residential care unit must be created under child protection services to cater for the individualised treatment, rehabilitation and care of children with SBCs living in RCIs**. Intensive psychotherapeutic approaches could be practiced at this facility as portrayed by a good practice example by an NGO in [sub-section 2.3.4.2.3](#) of the present chapter.
6. Children with SBCs must not be labelled or prejudiced as offenders by any stakeholders or treated as such if there are no evidence of unlawful behaviours.
7. The GACC (UN, 2010, para.124) clearly states that “[m]easures should be taken so that, where necessary and appropriate, a child solely in need of protection and alternative care may be accommodated separately from children who are subject to the criminal justice system”. Consequently, I discourage judicial bodies to place children with SBCs who is not in conflict with the law in probation institutions which currently are being legally required to accommodate both offender and non-offender young people. I believe the creation of an alternative specialised residential care unit (as proposed in point 5 above) for children with SBCs needing quality rehabilitation is a necessity.
8. Until future revisions of the Children's Act 2020, specialised training must be organised for the staff of the Mauritius Probation and Aftercare Service so that they are better prepared to meet the requirements expected of them under this legislation.

2.5.10. Establishing aftercare support for children leaving care

Aftercare support to care leavers either before or at 18 years old is essential to help them improve their chances for more positive long-term outcomes with regards to their health, education and life opportunities. In [sub-section 2.3.4.7](#) of the present document, I have provided a list of my concerns with regards to the lack of adequate support to children after they leave care and the revolving door situation of some children who reported again to child protective services following reintegration. It is also important to realise that we do not currently have a legal regulatory framework on aftercare provisions for these children. In this regard, my recommendations are:

1. With improvements in local family reintegration processes (refer to [recommendations 2.5.2.3 to 2.5.2.5](#)) and care planning systems (refer to [recommendation 2.5.3.3](#)), I believe this can enhance aftercare support provided to care leavers. Family reintegration and aftercare support must involve the active participation of all relevant stakeholders including the authorities, the child, his/her family and previous caregivers.
2. Regulations in relation to aftercare follow-up and support of care leavers must be clearly elaborated under section 71 of the Children's Act 2020 (reference can be made to the UK's Children (Leaving Care) Act 2000 provided in [Appendix I](#) of the present report).
3. The Back-to-Home Programme of the MGEFW must be better resourced financially and with trained human resources to ensure regular and intensive follow-ups of children returned to the care of their parents or family members.
4. Exit from care must be clearly elaborated in a pathway plan for every care leaver, and especially for those who exit care at 18 years and do not have any form of family support. Such a plan can help in guiding the care leaver through educational, housing and other life decisions and obtain support from the authorities as necessary.
5. Extended care protocols for those expected to exit the care system at 18 years could be considered by authorities to allow more time to these young people to be ready for departure.

6. Supervised independent living arrangements for young care leavers aged between 18 and 25 years old could also be considered as a way forward for care leavers who do not have any place of abode until they are able enough to have their own housing.

2.5.11. A need for disaggregated data and local research initiatives in the domain of alternative care of children

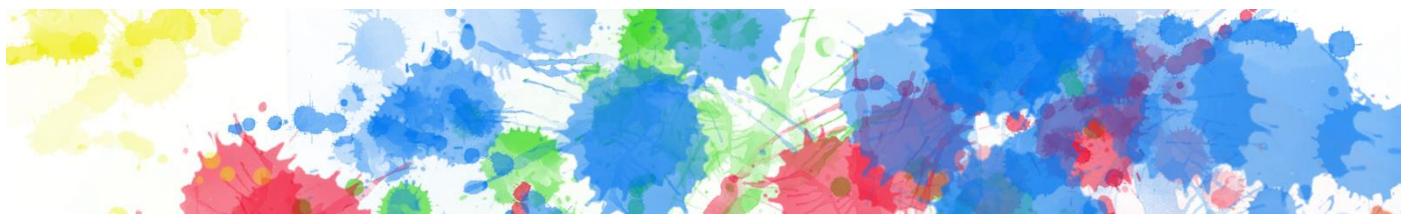
I have noted during my investigation that figures provided or published in relation to the alternative care of children in the Republic of Mauritius were not systematically disaggregated or did not always provide enough statistical information to allow meaningful interpretations. There is a need for better recording and reporting of high quality, disaggregated statistical data in this domain because they have implications in policy decision-making as well as in evaluating our country's compliance with international standards. Of note, the UN Committee on the Rights of the Child (2015) has recommended to our country to “*collect disaggregated data on children in need, on those provided with services and those in various forms of alternative care, on support services for parents and kinship caregivers, on the abandonment, neglect and abuse of children, and on measures adopted, other than legislation*” (para.44(e)).

Furthermore, without scientifically robust quantitative and qualitative research in alternative care of children, it would be difficult to adequately map the extent of its effects on our local child population and propose evidence-based interventions to children and their families. Local research is therefore warranted on different aspects of alternative care including the efficiency of the current legal system for alternative care, evaluation of services provided to children in care, understanding individual, parental and systemic factors that increase or decrease risks of family separation, and assessing the long-term impact of institutional care of children on adult life.

2.5.12. Prepare and implement a roadmap to deinstitutionalisation of alternative care of children

Deinstitutionalisation, as a meticulously planned, stepwise and transformational process carried out at the highest levels of decision-making, through a multi-stakeholder participatory and coordinated approach, with a view to progressively replacing institutional settings of care with

nurturing and safe family-based or family-like care for children, is POSSIBLE and REALISTIC in the Republic of Mauritius. In [sub-section 2.4](#) of the current report, I explained in detail the process of deinstitutionalisation and its rationale as a major strategy recommended by the international community through the GACC (UN, 2010). I also provided how such a process can be implemented in our country and I reflected further on a potential funding model for small-group homes not exceeding 12 child residents instead of large RCIs. I believe that the vision is there, the political will is there too. The forward-looking initiative of the Honourable Dr R. Padayachy, Minister of Finance, Economic Planning and Development, to provide an additional Rs 200 million to support children in RCIs for the financial year 2022-2023 can already make us move some steps towards the progressive elimination of institutional care of children in the best interests of children and our society as a whole. [Sub-sections 2.4.4 and 2.4.5](#) of the present chapter summarise my recommendations on the preparation and implementation of a roadmap to nationally deinstitutionalising alternative care of children.



CHAPTER 3:

Report on Activities of the Ombudsperson for Children's Office 2021-2022



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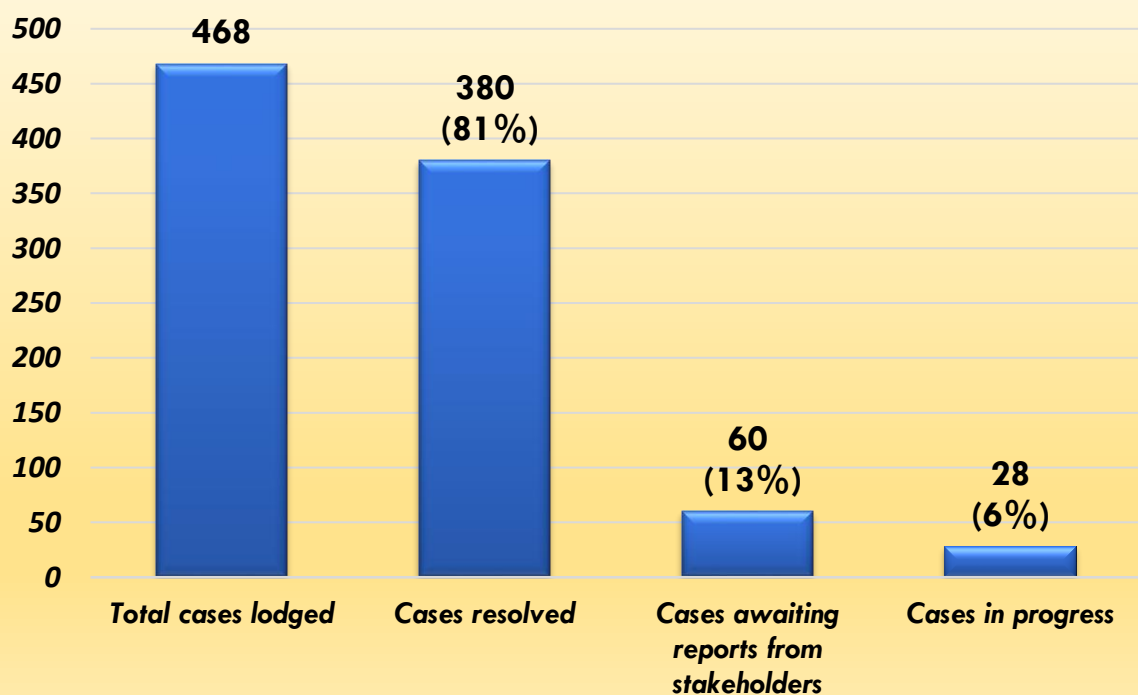
3.1. Reporting Year 2021-2022 in Figures

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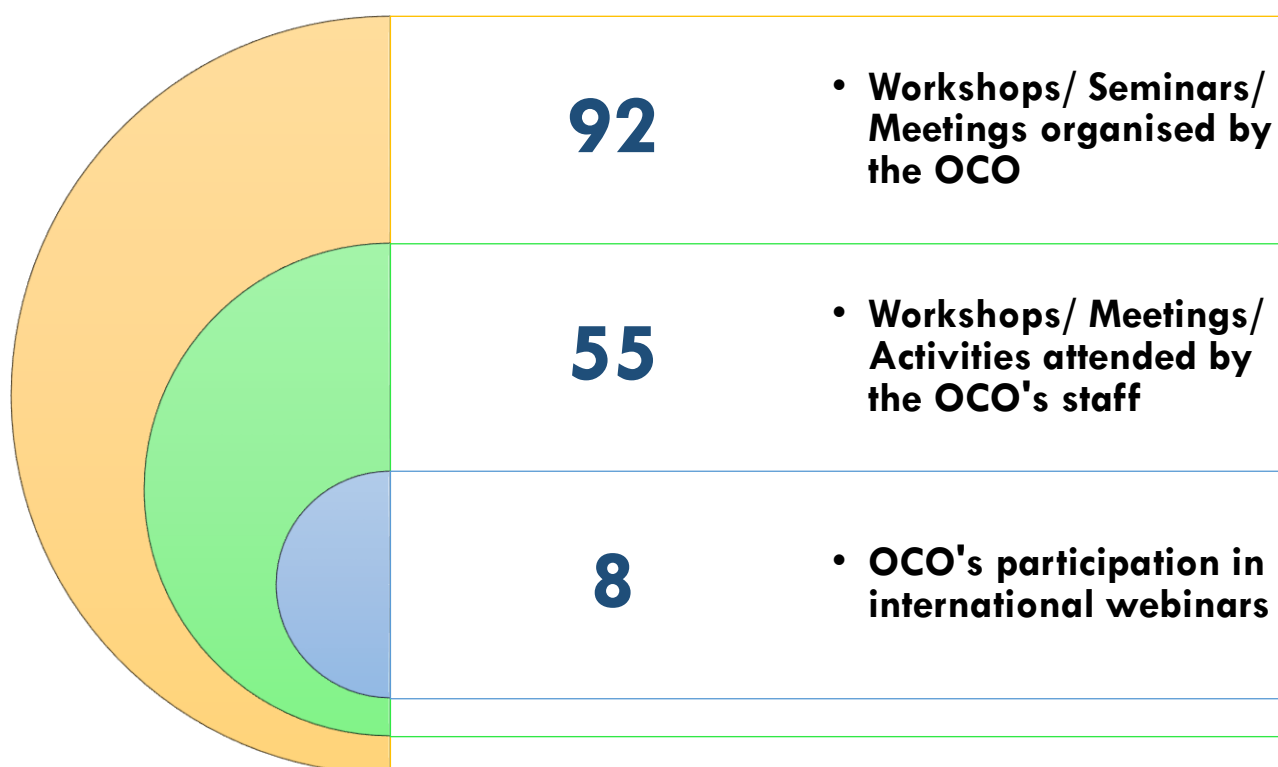
Reporting year 2021-2022 in figures

**1 Secretary****5 Investigators****14 Support Staff**

Caseload and case status at the OCO for the reporting period from July 2021 to August 2022



Reporting year 2021-2022 in figures

176**Number of child
abuse cases****136****Number of cases
regarding school
problems****More
than 100****Media
interviews****Around
8500****Phone calls**

Reporting year 2021-2022 in figures

Sensitisation on the promotion of children's rights

**More than 6500 children
reached**

**More than 6000 adults
attained**


Visits / Missions

More than 200 field visits

**More than 100 visits to
Residential Care Institutions
(including night visits)**

1 mission to Rodrigues

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3.2. Promotion of Children's Rights in Mauritius: A Selection of Activities

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Report of activities for the year 2021-2022

The Ombudsperson for Children (OC) has the duty to submit her report annually before the 30th of September to the President of the Republic of Mauritius on the activities carried out by the Ombudsperson for Children's Office (OCO) during the preceding year. Every year, it is a marking event for the OCO and an opportunity for the OC and her team to renew their commitment to protect and promote the rights of children. The main target groups chosen by the OCO for the year 2021-2022 were District Councillors and Presidents of Village Councils, Early Childhood Care and Education Authority (ECCEA), Le Service Diocésain de l'Éducation Catholique (SeDEC), children in afterschool programmes run by NGOs, children placed in RYC, CYC and RCIs, children of incarcerated parents and Managers and Educators of Special Education Needs (SEN) schools amongst others. In this regard, a series of activities including workshops were organised.

“In all actions concerning the child undertaken by any person or authority, the best interests of the child shall be a primary consideration.”

~ African Charter on the Rights and Welfare of the Child, article 4(1)

Half-day workshop on “The importance of promoting the right to peace and non-violence”

*Half-day workshop on
“The importance of
promoting the right to
peace and non-violence”*

**Conference Room,
OCO**

22 September 2021

A workshop entitled “The importance of promoting the right to peace and non-violence” was organised at the OCO for 6 inmates of the RYC (girls) on 22 September 2021. Acts of vandalism that occurred at the RYC were reported to the Ombudsperson for Children. Following an investigation on the purposeful damage caused by the residents to the facility’s infrastructure, the OC decided to organise this workshop in order to provide a safe space for the children to express their thoughts and deep feelings, and cultivate a sense of peace and non-violence.



“As kids reach adolescence, they need more than ever for us to watch over them. Adolescence is not about letting go. It’s about hanging on during a very bumpy ride.”

~ Ron Taffel

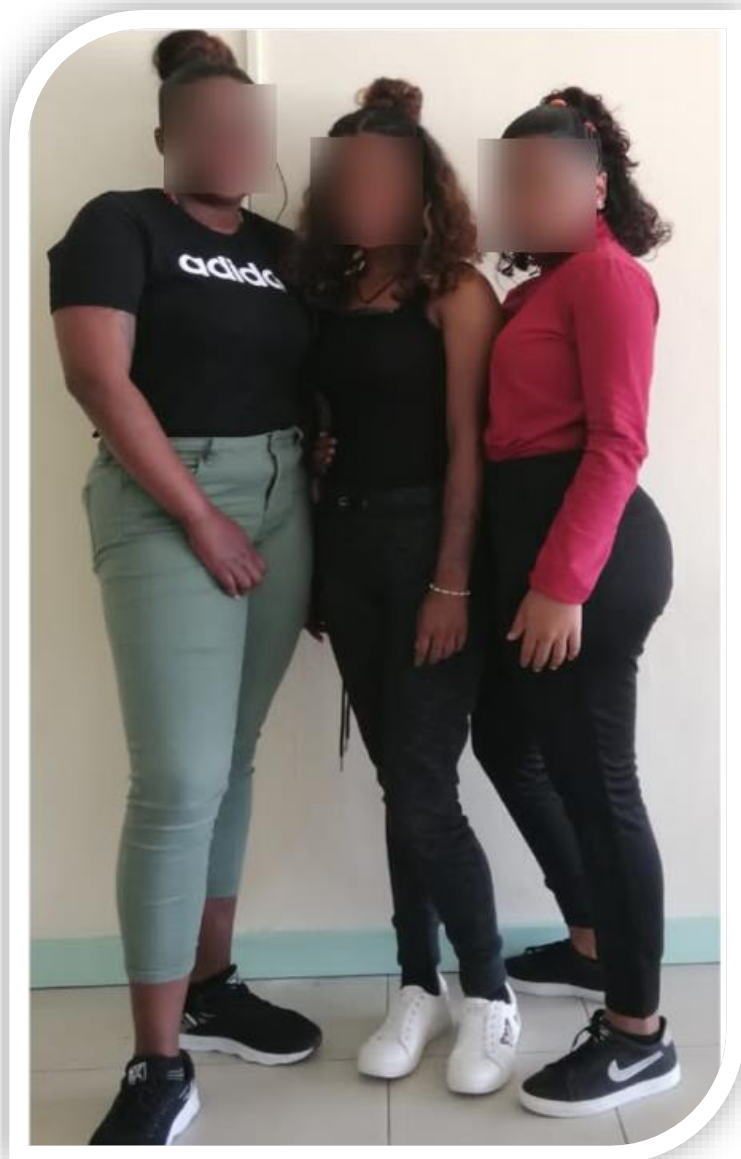
Half-day workshop on “The importance of promoting the right to peace and non-violence”

The OC wanted the children’s feelings, thoughts and words to not only be heard and understood but also validated. The girls were asked to reflect on the causes of anger and rage. A person’s childhood gives an indication on the adult he or she can become. In this light, the OC advised that we need to contemplate and deal with our childhood sufferings one way or another to be able to move forward. The OC asked the girls to reflect on the little girl they once were and to face her. At the end of the workshop, the children were granted a 15-minute phone call to their families.

The inmates were divided into subgroups where they were given notebooks and pens to express themselves by writing about the experience they have had in their childhood and how they ended up in RYC. Some of the inmates narrated the difficult childhood they have had.

“I was giving vent to my feelings and I started breaking things at the RYC. I had a lot of hatred and rage inside of myself.”

~ Extract from one of the girls’ narrations



Half-day workshop on "The importance of promoting the right to peace and non-violence"

*Extracts from the experiences of Anna**

Name: Anna (Pseudonym)*

Language: Mauritian Creole

- ❖ « Mo apel Anna. Mo ena 17 an. Mo ena enn ti frer. Bon mwa mo lanfans inn mal pase parski depi mo ena 2 an, mo ti frer 1 an, mo mama ek mo papa inn met nou dan Centre. Lerla depi sa mo'nn koumans gagn bate ar bann mis ki ti pe travay dan Centre la e pa zis ar bann mis, ar zanfani osi, lerla mo pa ti pe kapav fer nanye parski mo ti pe bizin get mo ti frer. »
- ❖ « Apre inn avoy mwa dan enn lot Centre. Mo ti ena 11 an. Mo'nn res laba ziska mo'nn gagn 13 an. Lerla laz 13 an mo'nn fer move laba parski mo ti anvi retrouv mo fami. Apre mo ti pe koumans gagn laraz parski kan mo ti pe get sa bann zanfani la ar zot fami sa ti pe fer mwa dimal parski mwa osi mo ti anvi konn mo fami, pas enn bann moman ar zot. Mo'nn sove, lerla mo'nn rant RYC. »
- ❖ « Mem kouma bann la ete zot pou res mo papa ek mo mama »
- ❖ « Mo fer move dan RYC parski bann la res dir mwa mo pou ale me zame mo'nn ale, aköz sa mo'nn fer move parski fer 4 an mo laba. »

Half-day workshop on "The importance of promoting the right to peace and non-violence"

*Extracts from the experiences of Julie**

Name: Julie (Pseudonym)*

Language: Mauritian Creole

- ❖ « Mo apel Julie e mo ena 14 an. Mwa depi ki mo tipti mo'nn res san mo papa. Mo lanfans ti bien difisil parski touletan mo ti pe santi mwa apar parski dan mo fami zis mo tousel ki pa ti kone kisannla ki mo papa, sa ti pe bles mwa me mo ti pe gard tou pou mwa dan mo leker. »
- ❖ « Mo ti pe fer tou pou mo rann mo mama erez. Mo'nn resi pas mo PSAC, zot tou ti kontan. Tou ti korek ziska ki mo'nn rant dan kolez. Depi sa bann zour la mo lavi inn sanze. Mo'nn koumans les mwa inflianse par mo bann kamarad. Mo'nn koumans sorti ar garson e se aköz sa ki mo'nn koumans tom dan move sime, koumadir mo ti pe rod sa lafeksion ki zame mo'nn gagne ar enn papa la ar bann garson ki mo ti pe sorti. »
- ❖ « Mo kopin ek mwa finn tom dan ladrog. Kan mo ti pe droge mo ti'nn sanze konpletman. Mo pa ti pe rekonet momem, mo'nn fer boukou erer. Mo'nn dir mo mama boukou kitsoz ki'nn bles li e ki'nn fer li soufer. Mo regrete seki mo'nn fer ek dernie fwa ki bann Brigad de Miner la inn gagn mwa zot pa'nn donn mwa sans. Mo pa'nn mem pas dan stasion, mo'nn pas direk Lakour. Mazistra la inn met mwa dan RYC. »

Submission of the OC's Annual Report 2020-2021 to the President of the Republic of Mauritius

***Submission of the OC's
Annual Report 2020-
2021 to the President
of the Republic of
Mauritius***

***State House,
Réduit***

29 September 2021

Every year, the Annual Report of the Ombudsperson for Children is submitted to the President of the Republic of Mauritius. It is both a statutory requirement and a significant moment for the OCO. Section 11(1) of the Ombudsperson for Children Act 2003 states that "the Ombudsperson for Children shall, not later than 30th September in each year, submit a report on its activities during the preceding year to the President of the Republic". This serves as an important opportunity to disseminate the OCO's recommendations with policy makers.



(From left to right) Mrs. L. Jhugroo, Secretary at the OCO; Mrs. R. Venkatasawmy O.S.K, Ombudsperson for Children; His Excellency, Mr. P. Roopun G.C.S.K, President of the Republic of Mauritius; and Mr. I. A. Bawamia, Investigator at the OCO.

Launching of the OC's Annual Report 2020-2021

Launching of the Ombudsperson for Children's Annual Report 2020-2021

Conference Room,
OCO

07 October 2021

The Ombudsperson for Children officially launched her Annual Report 2020-2021 on 07 October 2021 in the Conference Room of the OCO. The objective of the event was to disseminate the findings and recommendations of the OC on 3 main areas - the in-depth investigation on Résidence Anoska, the phenomena of online child sexual abuse and exploitation and the impact of lockdowns during the COVID-19 pandemic on the rights of children with disabilities and those with special education needs.



Due to the pandemic, the event was held with a limited number of guests: Mrs. A. D. Burrenchobay, the then Senior Chief Executive of the Ministry of Foreign Affairs, Regional Integration and International Trade; Mrs. R. S. Nundah, Coordinator at the Ministry of Gender Equality and Family Welfare; Mrs. P. Ravaton, Programme Manager at the National Social Inclusion Foundation; 11 representatives of NGOs and 5 representatives from Résidence Anoska. The OC informed the audience that every 5 years, Mauritius presents a report on the situation of children in the Republic of Mauritius to the United Nations.

Launching of the OC's Annual Report 2020-2021



From left to right in the picture: Mr. I. A. Bawamia, Investigator; Mrs. R. Venkatasawmy, O.S.K., Ombudsperson for Children; and Mrs. L. Jhugroo, Secretary at the OCO.

During her address, the OC elaborated on online child sexual abuse, online sexual exploitation and on the right of the child to be safe in the digital environment. She discussed the impact of COVID-19 lockdowns on the right of children with disabilities and those with special needs whereby the latter faced major difficulties to follow online classes. Furthermore, the OC advocated on the need to carry out systemic investigations. She emphasised on the importance of qualitative and quantitative data obtained from such investigations which eventually aid to inform policies and strategies that can better protect and promote children's rights.

“A scientific approach to protecting and promoting children’s rights is of utmost importance in advocating for systemic and macro-level changes.”

~ Mrs. R. Venkatasawmy, Ombudsperson for Children

Celebration of the International Day of the Girl Child 2021

On December 19, 2011, the United Nations General Assembly adopted Resolution 66/170 to declare October 11 as the International Day of the Girl Child, to recognise the rights of girl children across the world. The International Day of the Girl Child lays emphasis on the need to promote the empowerment of girl children.

According to the Sustainable Development Goals Report 2021, girls are more likely to be victims of sexual abuse. This is why it remains crucial to empower girls so that they can break barriers and boundaries, and reduce gender inequality, child marriage, violence, educational inequality and so on. This International Day is thus an occasion to educate the wider public on issues of concern relating to girl children and to reinforce their achievements.

“Every child shall be entitled to the enjoyment of the rights and freedoms recognised and guaranteed in this Charter irrespective of the child’s or his/her parents’ or legal guardians’ race, ethnic group, colour, sex...”

~ African Charter on the Rights and Welfare of the Child, article 3

Celebration of the International Day of the Girl Child (EU Funded Project)

Celebration of the International Day of the Girl Child (EU Funded Project)

**Labourdonnais Hotel,
Port Louis**

11 October 2021

To mark the International Day of the Girl Child, the OCO organised a workshop entitled “Empowering girls for a brighter tomorrow” under the EU-funded project “Protecting and Promoting the Rights of Children in the Republic of Mauritius”. 29 students and 7 educators from Medco Cassis Secondary School participated in the workshop. This year’s theme for the International Day of the Girl Child 2021 was ‘Digital Generation, Our Generation’. The aim of this session was to empower the participants on leadership and to sensitise them on the rights of the girl child in the digital environment.



Recalling that last year, on 30 September 2020, the same group of students from Medco Cassis Secondary School participated in a one-day workshop on ‘Stop Violans dan Lekol’. In a spirit of continuity, the same group of students who were sensitised on the consequences of violence at school were invited to participate in a workshop on the empowerment of girls.

Celebration of the International Day of the Girl Child (EU Funded Project)

From left to right in the picture: Mr. J. Lohest, First Counsellor of the French Embassy, Mrs. R. Venkatasawmy, Ombudsperson for Children, Ms. L. Nosib, Project Manager at the European Union delegation, and Mrs. L. Jhugroo, Secretary at the Ombudsperson for Children's Office.

During this event, the OC also delivered a speech on the importance of 'Protecting the Rights of the Girl Child in the Digital Environment'.

“On this day, we stand with girls everywhere as they inspire, innovate and take charge of their own future. We celebrate the strength and potential of the 1.1 billion girls in today's world.”

~ Phumzile Mlambo-Ngcuka, UN Under Secretary-General and Executive Director of UN Women

Celebration of the International Day of the Girl Child (EU Funded Project)

An entertaining afternoon to pay tribute to the girl child

Laura Beg, a famous local artist, and the girls sang together cheerfully!



To celebrate the girl child, a surprise local guest artist and child rights' activist was invited for an animation with the participants. Laura Beg and the girls sang together cheerfully. It was a memorable afternoon to pay tribute to the girl child. Laura sang 'Drwa Zanfán Morisien' and the lyrics touched everyone's hearts:

« Sak zanfán bizin lamour lor later. Edik li pou li kone ki bon ki move. Enn zanfán li met lazwa dan leker. Ofer li to lamour, non na pa fer li soufer. »

Celebration of the International Day of the Girl Child (EU Funded Project)

Voices of the children



The children actively participated in group discussions on the following topics: Dangers of the internet; intimate partner violence; teenage pregnancy; and leadership. The educators also had the opportunity to discuss the above topics from their perspective in a group facilitated by the OC.



The children were divided into small working groups which were facilitated by the Investigators, the Secretary and other resource persons. Each group was invited to reflect and discuss on one theme.

Workshops on conflict management among young people of Rehabilitation and Correctional Youth Centres

Respecting and promoting the rights of children in RYC and CYC is sine qua non for the rehabilitation and reintegration of children in conflict with the law into society. There must be knowledgeable, trained and compassionate staff members who work in the best interests of children in conflict with the law. It is important to remember that most juvenile offenders are children with histories of abuse and neglect. This is why the system should be rehabilitative instead of punitive. RYCs and CYCs could become models regionally and worldwide if best practices inspired by international instruments such as the UNCRC, Riyadh Guidelines, Beijing Rules and UN experts' recommendations were fully endorsed, adopted and successfully implemented.

“Every child deprived of liberty shall be treated with humanity and respect for the inherent dignity of the human person, and in a manner which takes into account the needs of persons of his or her age...”

**~ United Nations Convention on the Rights of the Child,
article 37(c)**

*Workshops on Conflict Management amongst Youngsters****Workshops on
'Conflict Management
amongst Youngsters'******Hennessy Park Hotel,
Ebene******14 & 19 October 2021***

Workshops on 'conflict management among youngsters' were organised at the Hennessy Park Hotel on 14 October 2021 and 19 October 2021 respectively. Participants at each workshop comprised:

14 Oct 2021 – 14 CYC Officers, 7 CYC inmates and 10 participants from Safire; and

19 Oct 2021 – 11 RYC Officers, 6 inmates from RYC (girls), 2 inmates from RYC (boys) and 15 participants from Safire



These two workshops were funded by the European Union under the project entitled "Promoting the rights of vulnerable children in the Republic of Mauritius". The objectives of the workshops were to firstly sensitise participants on the different forms of abuse perpetrated on children in reform institutions and secondly to improve their awareness on how to better protect children from violence.

Workshops on Conflict Management amongst Youngsters

The youngsters participated actively in group discussions on the theme 'Right to a Peaceful Environment'. They were divided in three groups and each group was facilitated by an Investigator of the OCO. They were invited to reflect and discuss on their understanding of the word 'peace'.



As for the accompanying adults, they were grouped together and participated in a group discussion facilitated by the OC on the theme of conflict management at their workplace with children under their authority.

Workshops on Conflict Management amongst Youngsters

In their discussion on a 'peaceful environment', the young people were of the opinion that it is the environment in which they live in that affects their life, an environment without any conflict with family members and friends, and favouring respect and dignity. The children described their happy place as clean, where trees grow, flowers bloom, and birds sing. Participation in leisure activities would also contribute to a peaceful environment. Many children related 'a peaceful environment' to the situation within the family. They described 'a peaceful environment' as a family living in harmony, caring for each other. A setting where one has peace of mind and can reflect on life. The children believed that discipline is a key component to create a peaceful environment.



*In another group, young people from RYC/Safire described their peaceful environment as one where they can enjoy material comfort and good food. They also believed that a peaceful environment is where a person's rights are respected: right to leisure; right to cleanliness and hygiene and right to maintain contact with one's parents. A young man from RYC said **"Pena nanye pou kontan dan RYC. Mo pa kontan Samdi, Dimans. Wikenn long dan RYC, koumadir enn mwa parski pena nanye pou fer, pena rol."***

Workshops on Conflict Management amongst Youngsters

The children were full of ideas on how they could help to make their environment more peaceful. The key word was cleanliness. All the groups were of the opinion that they could start by cleaning their living environment and maintain that cleanliness. They also proposed to plant flowers, vegetables and help others to improve their living environment. The inmates of the CYC also proposed to paint the centre themselves. The children stated that respect for mothers, sisters and girlfriends would contribute to peace as, according to them, very often it is the nasty remarks on one's mother, sister or girlfriend that provoke each other and create conflicts.



The girls from RYC also stated that physical environment of the facility must be tidier. They said that they are deprived of basic amenities such as good bedding. They also claimed that the officers working with them need training because a change in their approach and attitude is required. Adults in a situation of responsibility towards children are duty bearers. The children stated that adults must set the good example by avoiding to perpetrate violence of any form on children.

**« Bizin plis aktivite dan RYC. Bizin ena formasion bann paran
parski se zot ki determinn nou lanvironnman. »**

~ RYC's inmates' opinion on the environment

Workshops on Conflict Management amongst Youngsters

A memorable ending for all of us!

At the end of the day, the children were encouraged to express themselves through artistic activities. Children from Safire sang along with percussion musical instruments such as the 'ravann' and 'jembe'. The girls from RYC joined in and the children had a great time.

“The fact that children can make beautiful music is less significant than the fact that music can make beautiful children.”

~ Cheryl Lavender



Consultative Workshops on Children's Rights in Residential Care Institutions (RCIs)

The United Nations Committee on the Rights of the Child has constantly expressed serious concerns about the rights of children in alternative care, especially those living in Residential Care Institutions (RCIs). Children and young people in RCIs are considered to be among the most vulnerable members of society. In the Republic of Mauritius, there are around 500-600 children living in RCIs. They have complex needs and find themselves in residential care mainly because of family disintegration and violence. Many of them are known to engage in activities that may place them and others at high risk. Some of these include self-harm, violent or sexualised behaviours, or substance abuse.

“Any child who is permanently or temporarily deprived of his family environment for any reason shall be entitled to special protection.”

~ African Charter on the Rights and Welfare of the Child, article 25(1)

Consultative workshops: Children's Rights in RCIs

Consultative Workshops: Children's Rights in RCIs

*La Cannelle,
Domaine les Pailles*

**16 & 23 October 2021 &
6 November 2021**

Consultative workshops on Children's rights in RCIs were held at La Cannelle, Domaine les Pailles on 16 October, 23 October and 6 November 2021 respectively. This activity was funded by the EU. 52 adults and 84 children from Foyer Monseigneur Leen; Terre de Paix; CEDEM; Foyer Père Laval; Centre for Counselling and Mindfulness; Shelter La Marguerite; Pure Mind Haven; Association des Amis de Don Bosco; Gayasingh Ashram; Shelter for Women and Children in Distress; Havre d'Avenir; Etoile du Berger; SOS Children's Village; and AFED participated in the workshops.



The OC welcomed the participants and introduced the rights of children to a conducive environment and the importance of healthy and safe living conditions in facilities accommodating children. Hazards to children's mental health and well-being are a reality in certain facilities and represent a violation of children's rights. The OC sensitised the carers and managers of RCIs on ways and means of ensuring that this group of children are well cared for. The OC appealed to representative of RCIs to work in the best interests of all children.

Consultative workshops: Children's Rights in RCIs

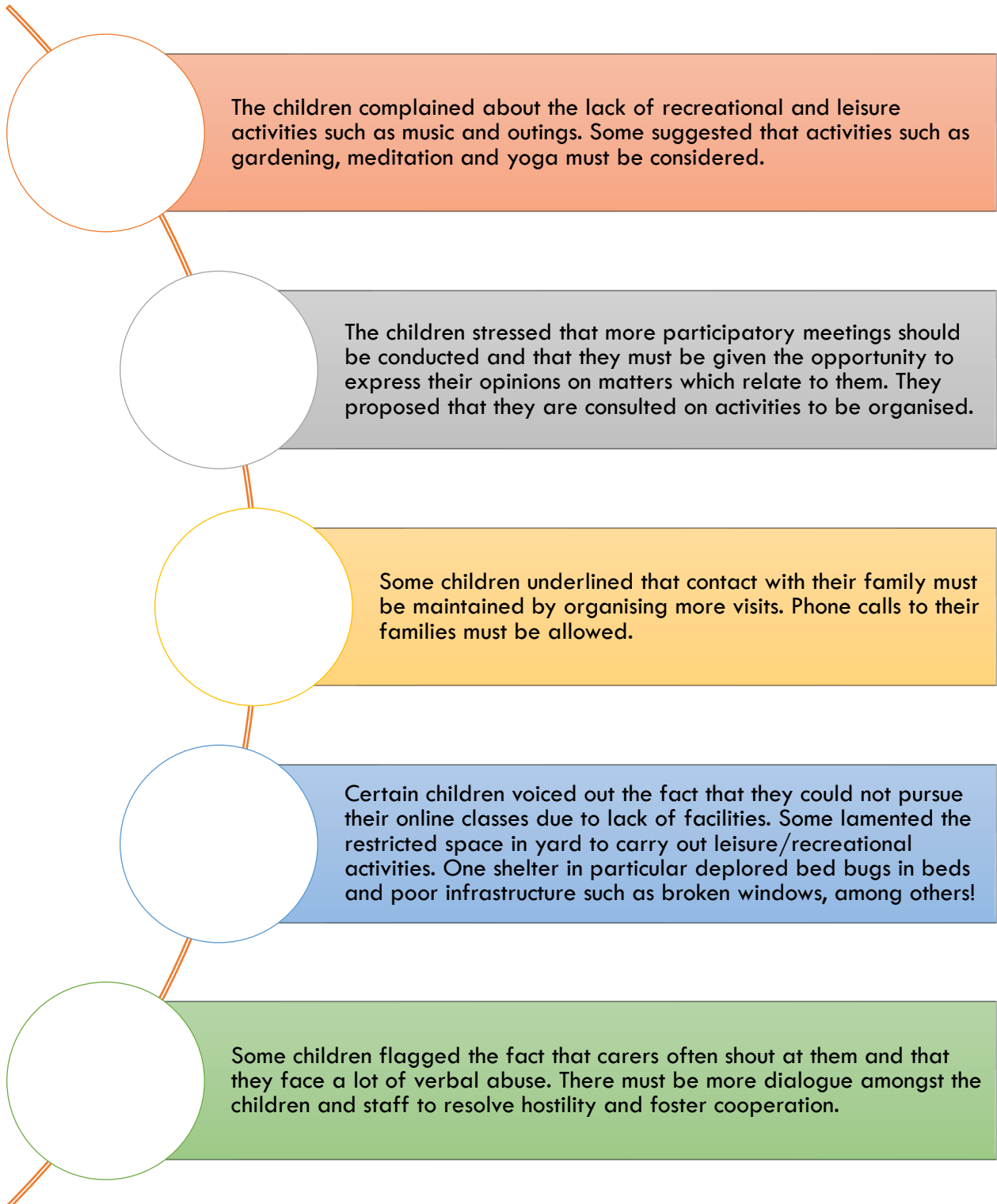


The OC also addressed the children present on the concept of 'freedom' for a child in an RCI, the undeniable importance of freedom in a child's development and the limit of such freedom in an institutionalised setting. The OC informed the children that as wards of the State, their safety remains a priority.

The 'Chaine de l'Amitié' activity brought us in the yard of Domaine les Pailles where children made friends and talked to each other while having a walk around trees. All the participants gathered around trees and the OC emphasised the power of silence and peace: the right of each person to a peaceful environment.

The children then participated in age-appropriate group discussions. They were also invited to participate in artistic activities such as drawing, music and dance. Simultaneously, the representatives of RCIs participated in a group discussion on the importance of therapeutic activities organised for children in RCIs.

Problems faced by the child residents in their environment



Universal Children's Day Celebrations 2021

The Universal Children's Day is celebrated globally on 20 November to mark the day on which the General Assembly of the United Nations adopted the Declaration of the Rights of the Child in 1959, and the Convention on the Rights of the Child in 1989. Every year, it is a marking event for the world and an opportunity for the international community to renew their commitment to protect and promote the rights of children.

The UNCRC is the most widely ratified international human rights treaty. Noteworthy progress in the children's agenda has been achieved in the past thirty-one years. However, important challenges remain, particularly in relation to children in disadvantaged and vulnerable circumstances and children with disabilities.

For the Universal Children's Day celebrations of the year 2021, the Ombudsperson for Children's Office focused on the rights of babies.

“Today - World's Children's Day - the walls of the United Nations will echo with the voices, and the hopes, of children... I pledge to you that we will listen, and do our best to honour that hope.”

~ Ban Ki-Moon, Former UN Secretary-General

Celebration of the Universal Children's Day 2021

**La Cannelle,
Domaine les Pailles**

19 November 2021

The Universal Children's Day is celebrated on 20 November each year to promote the rights of children. The Universal Children's Day is an important event on the OCO's agenda. The OC believes that it is a time to reflect, advocate and sensitise. On this special day, the OC chose to advocate for babies' rights and sensitise those responsible for their development. This year's theme 'The rights of babies as per the UNCRC' was meant to reflect on the vulnerability of babies and raise awareness on the fact that a baby is a person in his/her own right. All children have rights, including babies and very young children too.



To mark this day, the OCO organised a one-day interactive workshop on the above-mentioned theme with key stakeholders in the domain of early childhood and development on Friday 19 November 2021 at La Cannelle, Domaine les Pailles. We welcomed 16 participants from Terre de Paix, 4 participants from SOS Children's Village, 5 participants from Crèche Bethlehem, 10 participants from National Children's Council and 2 participants from Crèche Coeur Immaculée de Marie.

Universal Children's Day Celebrations 2021

In her address, Mrs R. Venkatasawmy, explained the purpose of this workshop. She underlined the importance of enabling children to develop to their full potential through care, developmental stimulations and love. She sensitised carers of the RCIs on the importance of nurturing babies and very young children who are removed from their families by the CDU through court orders. The OC recommended that little children be stimulated through songs, short stories or simply going for a walk in the stroller outside the building or the house. Little children need to connect to their environment.



The opening ceremony was graced by the presence of an eminent personality, His Excellency Mr Marie Cyril Eddy Boissézon, Vice President of the Republic of Mauritius. He spoke on the challenges that many children face around the globe. By signing and ratifying the CRC, the Mauritian State demonstrates its commitment to protecting the rights of children. He also mentioned the coming into action of the Children's Act 2020 and the Children's Court Act 2020 which will further protect the rights of children.

Working session: Babies have rights!



The participants were divided in five mixed groups comprising of caregivers of Residential Care Institutions, Day Care Centres and Nurseries. Each group was facilitated by an Investigator. A worksheet was provided to each group to guide the discussions. The topics discussed were:

- *Their views on the care provided to babies and toddlers placed in their respective nurseries and RCIs;*
- *The services provided by the participating organisations;*
- *Actions to be taken to provide better care to babies and toddlers in their respective nurseries and RCIs; and*
- *The challenges which caregivers have to face while performing their duties.*

Sensitisation Campaigns on the Rights of the Child in Villages

For the reporting year 2021-2022, the Ombudsperson for Children conducted workshops on the rights of the child with District Councillors and Presidents of Village Councils in rural areas. The objective of these workshops was to urge District Councillors and Presidents of Village Councils to stand up and promote the best interests of the child and to discuss the problems that lead to violations of children's rights in villages. The workshops were organised in village halls belonging to the District/Village Councils. Through this campaign, the OC aimed to improve their awareness on children's rights and strengthen their partnerships in safeguarding these rights.

“Promote harmonisation of national legislation, regulations and practices with the Convention on the Rights of the Child, its Optional Protocols (...) through the provision of advice to public and private bodies in construing and applying the Convention.”

~ Committee on the Rights of the Child,
Extracts from the General Comment No. 2 (2002) on the role of independent national human rights institutions in the promotion and protection of the rights of the child

*Sensitisation campaign on the rights of the child in villages****Sensitisation campaign
on ‘Promoting and
Protecting the Rights
of the Child in
Villages’***

For the year 2022, the Ombudsperson for Children's Office aimed to carry out a series of sensitisation campaigns on 'Promoting and Protecting the Rights of the Child' in all districts in order to promote the best interests of the child in rural areas. This campaign was funded by the EU. The first targeted District Council was Grand Port followed by Flacq, Pamplemousses, Riviere du Rempart, Savanne, Black River and Moka.

**The Council
Room,
District Council of
Grand Port, Rose-
Belle**

22 February 2022

**Attended by 20
participants**



From left to right – Dr. S. Peerthum, Chief Executive of the District Council of Grand Port, Mrs. R. Venkatasawmy, Ombudsperson for Children, Mr. R. K. Jangi, President of the District Council of Grand Port, Mrs. L. Jhugroo, Secretary at the Ombudsperson for Children's Office and Mr. I. A. Bawamia, Investigator.

« Sak ti dimounn dan sak ti landrwa, enn ti travay bel rezilta »

~ Mrs. R. Venkatasawmy, Ombudsperson for Children

Sensitisation campaign on the rights of the child in villages



Mr. K. Doomun, District Councillor, informed the OC that children living in the region of Camp Carol were facing difficulties in going to school, specifically those who attend school in the region of Curepipe and Upper Plaine Wilhems. In the best interests of the children, he requested the OC to ensure that steps are taken to remedy the situation so that children would not be late to school.

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

~ United Nations Convention on the Rights of the Child, article 19

Sensitisation campaign on the rights of the child in villages

**The Council
Room,
District Council of
Flacq**

04 March 2022

Attended by 42
participants



From left to right – Mrs. K. D. Taratolah, Assistant Chief Executive, Mrs. R. Venkatasawmy, Ombudsperson for Children and Mr. R. Jugoo, Chairperson of the District Council of Flacq.



Sensitisation campaign on the rights of the child in villages



**The Council
Room,
District Council of
Pamplemousses**

15 March 2022

Attended by 51
participants

From left to right – Mrs. L. Jhugroo, Secretary, Ombudsperson for Children's Office, Mrs. R. Venkatasawmy, Ombudsperson for Children, Mr. K. Somaroo, Chairperson of the District Council of Pamplemousses, Mr. J. F. Dorestan, Chief Executive, District Council of Pamplemousses.



Sensitisation campaign on the rights of the child in villages

**The Council
Room,
District Council of
Rivière du
Rempart**

17 March 2022

Attended by 35
participants



Sensitisation campaign on the rights of the child in villages

The participants were given the opportunity to express themselves regarding the promotion and protection of children's rights. The OC believes that to promote and to protect children's rights, it is sine qua non to seek the support of a maximum of stakeholders both at national and international levels. Children are profoundly affected when there is no improvement in the quality of services offered to them.

*“As people think
and work
together, a fabric
of shared meaning
comes into being.”*

~ Harrison Owen



Sensitization campaign on the rights of the child in villages



**Bambous
Multipurpose
Complex,
District Council of
Rivière du
Rempart**

04 April 2022

**Attended by 22
participants**



**The Council
Room,
District Council of
Moka**

15 April 2022

**Attended by 41
participants**

Promotion of the Rights of Children with Special Needs to Quality Education

As recognised by the international community, children with disabilities and those with special education needs (SEN) are among the world's most vulnerable populations. It is imperative that relevant stakeholders from the public, private and civil society sectors, who are directly or indirectly involved in the care and support of children with disabilities and those with SEN, work in close collaboration to ensure that the rights of these children are promoted and protected. A targeted campaign was tailored by the OCO for Heads of SEN schools and educators. It is important to shed attitudinal barriers towards people with disabilities, the most vulnerable being children with disabilities, and build empathy and solidarity to safeguard their rights at all levels.

“State Parties shall ensure that people with disabilities are not excluded from the general education system on the basis of disability.”

~ United Nations Convention on the Rights of Persons with Disabilities, article 24(2)

Promotion of the right of children with special needs to quality education

One-day seminar: Reflecting on the importance of a child rights-based approach in the delivery of special education

Asso Villa, Belle-Mare

16 March 2022

The Ombudsperson for Children's Office organised a seminar on the importance of a child rights-based approach in the delivery of special education with 66 participants including Managers and Educators of Special Education Needs (SEN) Schools of Zones 1 and 4, members of the police force, Probation and CDU officers and Presidents of Village Councils in the district of Flacq. The seminar was facilitated by the OC as well as other resource persons such as local disability activists, including Mr. A. Jookhun, Ms. A. Burtony and Mr. J. F. Favory, and Mr. A. Beeharry, Occupational Therapist of the Southern Handicapped Association.



The OC mentioned the slogan **“Nothing about us without us.”** She stated that the resource persons present such as Mr. J. F. Favory and Mrs. A. Burtony have a disability yet they are fully active in society. The latter shared important messages with the participants so that stakeholders working with children such as teachers, CDU officers, Probation and Aftercare officers and members of the police force may get an insight into the realities of people with disabilities.

Promotion of the right of children with special needs to quality education



Mrs. A. Burtony showed the participants the devices that she uses as a visually impaired person. The devices included the Braille machine, pin board, Braille slate and the Braille note taker. The OC asked her about the loudness of the Braille machine in a classroom. Mrs. Burtony explained that she had no choice but to use it to take notes in class.

Mr. Beeharry, Occupational Therapist at the Southern Handicapped Association stated that in many schools, children are placed on attendant wheelchairs. Sitting on such a wheelchair for the whole day can cause body pain. An attendant wheelchair is only meant for transfer. The adapted chair he made from cardboard is therapeutic, made on measure and aimed at maximum support.



Promotion of the right of children with special needs to quality education

Empathy-building exercises - Temporarily experiencing disability



Compelling activities were carried out during the seminar. As shown in the above picture, an empathy-building exercise was conducted whereby selected participants were blindfolded or had their hands tied with the aim of experiencing what it was like to be in the shoes of people with visual or physical impairments. Participants were randomly assigned to five workgroups to discuss and brainstorm on a specific theme, namely: collaborating effectively with parents in special education, pedagogy and classroom management, profiling and assessment of students with special education needs and the effects of physical infrastructure on the delivery of special education.

“When a child with disability gets the support he needs, he can be as autonomous as Mr. Favory and Ms. Burtorny. Together, we can get rid of the societal obstacles associated with having a disability.”

~ Ravi Jugoo, Chairperson of the District Council of Flacq

Promoting the Rights to be Heard and to Participate with Children from NGOs providing Afterschool Programmes

The Ombudsperson for Children collaborates with all stakeholders working in the promotion and protection of children's rights. In this regard, five workshops were organised with NGOs providing afterschool programmes. Each workshop was carried out with two NGOs (around 18 children with 4 accompanying adults from each NGO were invited). The children came from Ti Rayon Soleil, Quartier de Lumière, Soroptimist, Association KPAV, Women's Foundation for World Peace, MIDAS, Formation pour L'Interculturel et la Paix, M-Kids Association and Child Evangelism Fellowship.

“The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds...”

~ United Nations Convention on the Rights of the Child,
article 13

Promoting the rights to be heard and to participate

**Workshop on the theme
'Promoting the Rights to be
heard and to participate'
with children from NGOs
providing afterschool
programmes**

During these workshops on the theme of 'Promoting the Right to be heard and to participate' with the children from NGOs providing afterschool programmes, the OC outlined some new provisions of the Children's Act 2020 such as the age of criminal responsibility being as from 14 years and the legal age for marriage being as from 18 years. She also informed the children on some of the elements of the Children's Court Act 2020.



**Manisa Hotel,
Flic-en-Flac**

19 March 2022

Attended by 27
children from Ti
Rayon Soleil
and Quartier
de Lumière



Promoting the rights to be heard and to participate

Learning about the role and mandate of the OCO



Mrs. S. P. Mauree, Investigator, explained to the children about the role of the Ombudsperson for Children's Office. She stated that the OCO works in close collaboration with the authorities to ensure that the rights of children are respected. She similarly emphasised that the opinions of children are taken into consideration and she encouraged the children to contact the OCO if their rights are being violated. A quiz was organised to encourage the children to be more aware of their rights.

Promoting the rights to be heard and to participate

Group discussion with the Ombudsperson for Children



The OC asked the educators about the issues that they face for the afterschool programme. **Ti Rayon Soleil** offers afterschool programmes since 2007 in Vacoas, Curepipe and Rivière Noire from 15:30 till 17:30. From Monday to Friday, holistic education is provided in terms of Art, English, French and Maths to around 100 children across the centres. There are 15-20 staff working in those programmes. The NGO is recognised by the NSIF for afterschool programmes. The aim of the programmes is to make learning appealing. The educators said that some of the parents from Rivière Noire are quite laid-back and carefree regarding the plight of their children and they feel fairly frustrated. Children from Vacoas are around 50, with 40 being in regular attendance. As for children from Rivière Noire, there are 50 students, with 35-40 being regular. **Quartier de Lumière** offers afterschool programmes from Monday to Friday. About 80 children who have difficult family backgrounds attend its programmes.

Promoting the rights to be heard and to participate



**Manisa Hotel,
Flic-en-Flac**

26 March 2022

**Attended by 42
children from
KPAV and
Soroptimist**



The OC and Mr. I. A. Bawamia, Investigator, explained about the dangers of bullying others. They claimed that the bully does not realise the impactful dimension of his/her actions on the victim. For the latter, it is a terrifying and stressful experience. Furthermore, he/she feels isolated, rejected and in some cases might commit suicide. The OC made the children aware of a real case of bullying in Rodrigues which unfortunately led to the suicide of the child who was victim of bullying.

Promoting the rights to be heard and to participate

Beautiful dance performance by the children from KPAV



Kestyon: « Dekrir enn lanvironnman pezib »

Repons : « Parey kouma nou ete zordi ! »

~ Answer of Ismaël Heathy, one of the children from Soroptimist

Promoting the Rights to be heard and to participate



**Manisa Hotel,
Flic-en-Flac**

09 April 2022

**Attended by 36
children from
Women
Foundation for
World Peace**



Promoting the Rights to be heard and to participate

An answer which left all the adults including the OC in awe!

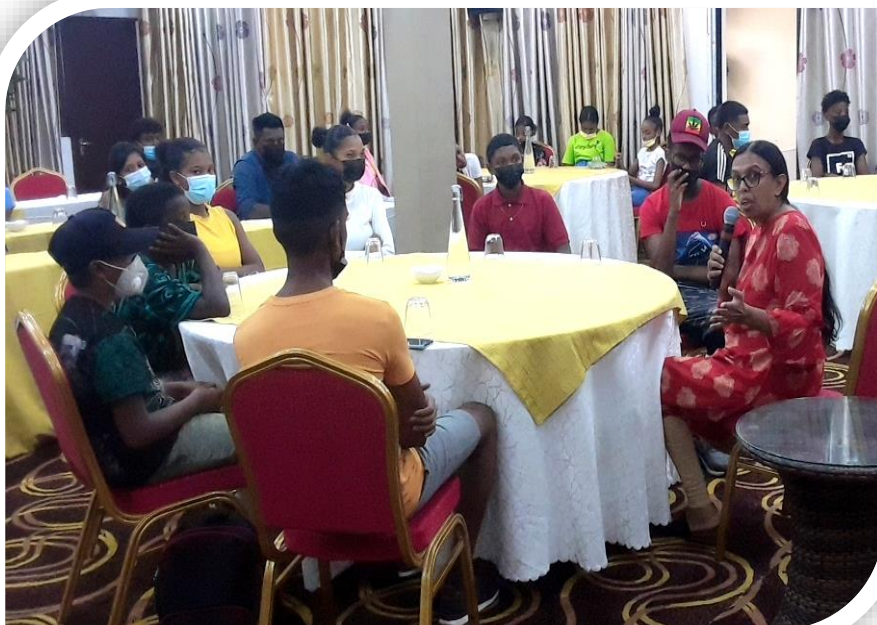
One of the girls in Group 2 (see picture below) impressed the adults when she gave a mature and witty answer to a question: "Selon zot, ki kapav fer pou rann zot lanvironnman kot zot viv vinn pli pezib?" She stood proudly and employed her most confident tone as she stated that she needs to speak to the Minister of Finance because of the following reason: « Pri pe monte. Enn Sando Rs. 12 ! Sa zanfan ki gagn zis Rs.10 ar so mama la lerla ? Pa pe korek la... Mem pou fer enn gato pima si lakaz, dal ser! » (English translation: "Prices are increasing. One 'Sando' costs Rs 12! What about the child who receives only Rs 10 for his/her mother? It's not ok... Even to make a 'gato pima' at home, the split peas are too expensive!").



« Pri pe monte. Enn Sando Rs. 12 ! Sa zanfan ki gagn zis Rs 10 ar so mama la lerla ? Pa pe korek la...Mem pou fer enn gato pima si lakaz, dal ser ! »

~ One of the children who participated in the group discussion

Promoting the rights to be heard and to participate



**Manisa Hotel,
Flic-en-Flac**

16 April 2022

**Attended by 42
children from
Midas and
Formation
l'Interculturel et la
Paix**

The OC, along with Mrs. S. P. Mauree, Investigator, explained to the children about the UNCRC which is a legally binding international agreement setting out the civil, political, social, economic and cultural rights of every child, regardless of their race, religion or abilities.



Promoting the Rights to be heard and to participate

Groupwork and group photo with the OC



Interactive session on “Promoting the rights of the girl child”

Interactive Session on “Promoting the Rights of the Girl Child”

**Manisa Hotel,
Flic-en-Flac**

14 May 2022

In line with the agreement that the OCO signed with the European Union for a funded project entitled ‘Promoting and Protecting the Rights of Children in the Republic of Mauritius’, the OCO scheduled an interactive session with 37 girl children from Child Evangelism Fellowship, Ti Rodrigues and M-Kids Organisation on the theme entitled “Promoting the Rights of the Girl Child”. Ms. P. Mottee, President of the NGO ‘Raise Brave Girls’ along with Ms. Y. Rhungapen-Veeramootoo, Investigator at the OCO, gave an address to the girls on two important themes namely Leadership and Empowerment.



The OC addressed the children on the importance of protecting the rights of the girl child, of fulfilling their responsibilities and of respecting their bodies. She informed them about the minimum age of sexual consent. She also told them on the new legal provision prohibiting marriages before the age of 18 years old. She encouraged them to voice out their opinions and to be the best versions of themselves as empowered and independent girls.

Interactive session on "Promoting the rights of the girl child"

Keynote Addresses on Leadership, Empowerment and the Girl Child

In her keynote address on the theme 'Leadership and the Girl Child', Ms. P. Mottee, President of the NGO 'Raise Brave Girls', encouraged the children to become true leaders by doing their level best to help all those in need around them. A true leader, she affirmed, always caters for the welfare of those suffering around her and does everything she can to help alleviate that suffering.



In her address on the theme 'Empowering the Girl Child', Mrs. Y. Rhungapen-Veeramootoo, Investigator, encouraged the children to aim for the sky. She told them that education is the path to empowerment whether they want to become a doctor, a pilot or a businesswoman. She reminded the participants that nothing can stop them from becoming empowered and independent women provided they choose to follow their dreams and fight for their rights.

Visit of the Commissioner for Children of Western Cape to Mauritius

The Ombudsperson for Children, Mrs Rita Venkatasawmy, met with the Western Cape Commissioner for Children (WCCC), Ms Christina Marion Nomdo, during her visit to Mauritius. The aim of the visit was to explore a strategic working relationship between the OCO and the WCCC. The mandate of both parties is to promote and protect the rights, needs and interests of children. Collective effort and collaboration are required from stakeholders working for children to promote children's rights efficiently. Along with the team of OCO, Ms C. Nomdo, WCCC, and the Deputy Director, Investigations and Advice, Mr Cameron Cyster, also visited different places such as *Résidence Anoska*, Southern Handicapped Association, Etoile du Berger and SAFIRE.

“Article 4 emphasises that implementation of the Convention is a cooperative exercise for the States of the world. This article and others in the Convention highlight the need for international cooperation.”

~ UN Committee on the Rights of the Child,
Extracts from the General Comment No. 5 (2003) on the general measures of implementation of the Convention on the Rights of the Child

Visit of the WCCC to Mauritius

Visit of the Commissioner for Children of the Western Cape from 11 to 15 April 2022

**Office of the OC,
Beau Bassin**

11 April 2022

The Commissioner for Children of the Western Cape, Christina Nomdo, carried out a visit to Mauritius from 11 to 15 April 2022. She was accompanied by Cameron Cyster, Deputy Director, Investigations and Advice. The visit was a good opportunity for the delegation to learn about the investigation process and the good practices of the OCO to promote the rights of children. The OC had a fruitful discussion on the situation of children in the country. The OC promotes international exchanges and cooperation as an integral part of the continuous professional development of people working in the field of child rights.



From left to right - Mrs. L. Jhugroo, Secretary at the OCO, Mrs. R. Venkatasawmy, Ombudsperson for Children, Mr. I. A. Bawamia, Investigator, Mrs. Christina Nomdo, Commissioner for Children of the Western Cape and Mr. Cameron Cyster, Deputy Director, Investigations and Advice.

Visit of the WCCC to Mauritius

Meeting of the Commissioner for Children of the Western Cape with the President of the Republic, H.E Prithvirajsing Roopun

**State House,
Réduit**

13 April 2022

The Western Cape Commissioner for Children, Ms. C. Nomdo and the Deputy Director, Investigations and Advice, Mr. C. Cyster, paid a courtesy call to His Excellency, the President of the Republic, Mr. Prithvirajsing Roopun at the State House in Réduit. They were accompanied by the OC, Mrs. R. Venkatasawmy. The President encouraged Ms Nomdo to work in partnership with the OC. The aim of her visit is to exchange best practices regarding investigative work relating to the rights of the child and to explore a strategic working relationship with the OCO.



From left to right - Mr. I. A. Bawamia, Investigator; Mrs. R. Venkatasawmy, Ombudsperson for Children; H. E. Mr. P. Roopun, G.C.S.K, President of the Republic of Mauritius; Mrs. C. Nomdo, Commissioner for Children of the Western Cape; Mr. C. Cyster, Deputy Director, Investigations and Advice; and Ms. B. Jogarah, Investigator.

Promoting the Right of Children to Quality Pre-primary Education

In its recommendations following the day of general discussion on implementing child rights in early childhood in 2004, the UN Committee on the Rights of the Child in 2009 underlined that the concept of the child as a rights holder is “anchored in the child’s daily life from the earliest stage”. Article 28 of the UNCRC stipulates that children have the right to education. The Convention further states at Article 29 that education should be directed at promoting the development of the child’s personality, talents and mental and physical abilities to their fullest potential. The OCO thus organised workshops in collaboration with the Early Childhood Care and Education Authority (ECCEA) on the right to quality education at the pre-primary, primary and secondary levels.

“Education must be child-centred and empowering. This applies to the curriculum as well as the educational process, the pedagogical methods and the environment where education takes place.”

~ UN Committee on the Rights of the Child,
Extracts from the General Comment No. 1 (2001) on the aims of education

Promoting the Right of Children to Quality Pre-Primary Education

Promoting the Right of Children to Quality Pre-Primary Education in collaboration with ECCEA

**La Cannelle,
Domaine les Pailles**

19, 21 & 26 April 2022

The OCO organised workshops in collaboration with the ECCEA, through the funding of the European Union, on the importance of promoting quality education at the pre-primary level with a particular focus on a right-based approach to Early Childhood Development. The OC encouraged the 124 participants which included teachers and managers of pre-primary schools to reflect and participate in activities that will help them in implementing child rights in early childhood care and education. They were also given the opportunity to carry out group reflections on “Identifying barriers to Quality Pre-Primary Education”.



The first workshop included the intervention of Mrs. Arekion, Director of the ECCEA. The last two workshops involved the participation of three Coordinators from the ECCEA, Mrs. A. Lutchmun, Mrs. D. Guness and Mrs. S. Ramsahye. All of them commended the effort of the OCO in organising such workshops that will aid teachers and managers in gaining enriching ideas and perspectives that they can implement at their schools and share with their students.

Promoting the Right of Children to Quality Pre-Primary Education

Intervention of the OC on the theme “Importance of Promoting Quality Education at the Pre-Primary Level: A Rights-based Approach to Early Childhood Development



The OC knelt down during her intervention to demonstrate how educators can attempt to see the world from a child’s perspective. The OC told participants that they ought to put themselves in the place of that child who is curious and fascinated by fairy tales. Teachers have the duty to be dynamic, humble, good-humoured and passionate about making a difference in the lives of children. She stated that early childhood development is vital for a good start in life. She offered useful context, interesting perspectives and solutions that teachers can learn from. The aim of the workshop was to empower and equip teachers to work with children. The OC assured the participants that if they are driven by the core idea that they can improve the education provided to children by working through the obstacles and by continuously improving where they fall short, they can have a positive impact on the lives of so many children. There is always something worthy about working with, and for children.

Promoting the Right of Children to Quality Pre-Primary Education

Learning through music and play



The OC stated that the work of a teacher resembles that of a magician – he/she should know how to create a pleasant, fun and engaging environment for learning. One of the ways to do so is through music and play. Young children thrive in playful and joyful environments with music activities. Together with the OC, the participants sang enthusiastically, “Si divan siklonn sikann kann, siro kann pa pou dou!”



Promoting the Right of Children to Quality Pre-Primary Education

The importance of good nature connectedness - Generating a number of positive emotions such as calmness, joy and facilitating concentration, especially for young children



“The education of the child shall be directed to (...) the development of respect for the natural environment.”

~ UN Convention on the Rights of the Child, article 29(e)

Promoting the Rights of Children to Quality Primary Education

The Ombudsperson for Children's Office organised workshops in collaboration with Le Service Diocésain de l'Education Catholique (SeDEC) on the theme "Promoting the Right of Children to Quality Education" with headmasters and deputy headmasters of primary schools.

The aim of these workshops was to reflect on the right of children to quality education through the promotion of active pedagogy in the classroom as well as the promotion of a culture of peace and human values.

"We stress the need to take measures to prevent and eliminate all forms of violence in any educational setting (...)"

~ UN Economic and Social Council, Ministerial Declaration on 'Implementing the internationally agreed goals and commitments in regard to education' - pledge of Ministers and Heads of States (2011)

Promoting the Right of Children to Quality Primary Education

Promoting the Rights of Primary School Children to Quality Education in collaboration with SeDEC

*La Cannelle, Domaine Les Pailles
& Gold Crest Hotel, Quatre-Bornes*

25-26 July, 28-29 July & 01-02 August 2022

The Ombudsperson for Children's Office organised three 2-day workshops on the theme 'Promoting the Right of Children to Quality Education' with around 150 participants including headmasters and deputy headmasters from SeDEC primary schools and NGOs. The OC emphasised the facts that the rights of children are based upon their needs, and the emotional needs of children are as important as any other needs.



The OC urged the participants to be aware of the four forms of violence including verbal abuse, physical abuse, neglect and sexual violence. She informed them about grooming which is a major sign of sexual abuse. She also asked them to be on the lookout for signs of age-inappropriate sexualised behaviours among children.

“The teacher must be attentive to the children’s feelings. Give a little more love to that child who feels neglected at home.”

~ Mrs. R. Venkatasawmy, Ombudsperson for Children

Promoting the Right of Children to Quality Primary Education

A happy child is a child who sings!



Music and songs are a great way to capture children's attention and to make learning fun!

The participants themselves had a great time as they sang together with the OC. Two participants also demonstrated their guitar skills alongside soulful melodies!



Promoting the Right of Children to Quality Secondary Education

The Ombudsperson for Children's Office organised workshops in collaboration with Le Service Diocésain de l'Education Catholique (SeDEC) on the theme 'Promoting the Right of Children to Quality Education' with deputy rectors and educators of Secondary Schools.

Articles 28 and 29 of the UNCRC guarantee the right of all children in the world to education without any form of discrimination. The Republic of Mauritius has ratified the UNCRC and has taken the commitment to promote the rights of all Mauritian children, including their right to education.

State Parties must make efforts “to develop respect for the child's (...) own cultural identity, language and values, for the national values of the country in which the child is living (...).”

~ UN Convention on the Rights of the Child, article 29(1)(c)

Promoting the Right of Children to Quality Secondary Education

Promoting the Right of Secondary School Children to Quality Education in collaboration with SeDEC

Palms Hotel,
Quatre-Bornes

04 & 05 August 2022

The OCO in collaboration with the EU Delegation to the Republic of Mauritius organised a two-day workshop on the theme “Rights of Secondary School Children to Quality Education.” 40 Deputy Rectors of Secondary Schools, 10 Educators and 4 staff members of SeDEC participated in the workshop. During her intervention, the OC highlighted the importance of child rights as fundamental principles in Secondary Schools. The participants also had the opportunity to discuss openly about the challenges that they face in managing schools.



The participants were sensitised on the provisions of the UNCRC, with respect to articles 13, 28 and 29, and the UN Committee on the Rights of the Child’s General Comment No.1 (2001) on article 29(1) of the UNCRC with the aim of being able to deliver quality education to secondary school children.

Promoting the Right of Children to Quality Secondary Education



The OC highlighted the fact that as stakeholders working with children on a daily basis, the participants must be conscious of international laws as well as the Children's Act 2020). As per the Ombudsperson for Children Act 2003, the OC has the right to investigate any matter relating to the rights of a child. She also informed the participants about the need to be alert when it comes to the different forms of violence at school such as verbal abuse and physical violence.

The event was also marked by the intervention of Mrs Gilbert Chung, Director of SeDEC. She conveyed her thanks to the OC for this workshop which aimed to empower Deputy Rectors and Educators in pushing forward the cause and promoting the rights of children, especially their right to quality education.



Role play: “Violence dans les collèges”



In this segment of the workshop, some of the staff members of SeDEC Secondary Schools acted as the Minister of Education, Tertiary Education, Science and Technology, the director of SEDEC, the Ombudsperson for Children, a representative of parents and a secondary student respectively. The role play was based on the theme ‘Violence dans les collèges’ and the participants brought forward different interesting perspectives regarding this prevalent issue of violence within the school environment.

Children of incarcerated parents and their right to be protected from all forms of violence

In the Preamble of the Convention on the Rights of the Child (United Nations, 1989), it is stated that “in all countries in the world, there are children living in exceptionally difficult conditions, and that such children need special treatment”. One of these at-risk children’s populations are children of incarcerated parents. These parents find themselves in prison for different types of offences. Upon remand or conviction, it is likely that they might have left behind one or more children under the care of other family members or the State. Parental incarceration affects children in multiple ways, and these children are known to be a vulnerable group who are at high risk of facing adverse physical, educational, psychological and social outcomes.

“State Parties to the present Charter shall undertake to provide special treatment to expectant and to mothers of infants and young children who have been accused or found guilty of infringing the penal law (...)”

~ African Charter on the Rights and Welfare of the Child, article 30(1)

Children of incarcerated parents and their right to be protected from all forms of violence

Children of Incarcerated Parents and their Right to be Protected from All Forms of Violence

***Palms Hotel,
Quatre-Bornes***

05 May 2022

Children of incarcerated parents are rights holders who are often forgotten victims of the imprisonment of one or both parents. In this respect, the Ombudsperson for Children's Office organised a workshop funded by the European Union themed "Children of Incarcerated Parents and their Right to be Protected from All Forms of Violence". The main objective of the activity was to promote a discussion on how parental incarceration impacts on the rights of children.



One parent (on the left) expressed that she did not let her son know that his father was in prison. This incarceration, she admitted sadly, broke the bond that her son and his father shared. One prison officer (on the right) maintained that incarceration marks a person for life. She narrated an incident where one incarcerated mother wanted to meet her baby and following this meeting, the child refused to let go of her mother and stayed with her for five years.

Children of incarcerated parents and their right to be protected from all forms of violence

Voices of Children of Incarcerated Parents



The children expressed their feelings on the incarceration of their parents. One girl affirmed that she felt sad when she saw children coming to school with their parents because her own mother was in prison. She faced bullying by her teachers and heard derogatory comments. For four years, she was separated from her mother and could not even hug her. She learned to live with the criticism of people and she also thanked the NGO 'Kinouété' for helping her live a normal life and for promoting her rights including her right to leisure. One young man claimed that when his father was in prison, his mother devoted her time and attention to him. He thanked his mother from the bottom of his heart because he never lacked anything. His right to leisure was promoted by the NGO 'Kinouété', the boy proudly said that he bragged to his friends about going to Casela free of cost.

“The best interests of the child be taken into account as a primary consideration when sentencing parents, avoiding, as far as possible, sentences for parents which lead to their being separated from their children (...)”

~ UN Committee on the Rights of the Child in its Concluding Observations on the Republic of Mauritius (2015)

Roundtable on the theme of School-based Violence with NAFCO

The OCO organised a roundtable discussion on the theme of school-based violence in collaboration with the National Forum for Colleges Mauritius (NAFCO). The aim of this activity was to sensitise the students that schools should be zones of peace and students should be agents of peace. The latter should make the most of their time at school to learn a culture of non-violence.

Many adolescents would be willing and ready to be active citizens of the Republic of Mauritius if they were encouraged and provided with the opportunity to be creative and to express their views. If they are inculcated with appropriate citizenship education and are offered opportunities to cultivate and practise positive values, matters can be improved. In other words, child participation can be used as a core principle to promote a culture of peace in schools and in society at large.

“State Parties must ensure conditions for expressing views that account for the child’s individual and social situation and an environment in which the child feels respected and secure when freely expressing her or his opinions.”

~ UN Committee on the Rights of the Child,
Extracts from the General Comment No. 12 (2009) on the right of the child to be heard

Roundtable on the theme of school-based violence with NAFCO

Roundtable Discussion on the theme of School-based Violence with NAFCO

**Manisa Hotel,
Flic-en-Flac**

04 June 2022

The OCO organised a roundtable discussion funded by the European Union on the theme of school-based violence with 40 delegates from NAFCO which is a forum for the student community uniting 16 different secondary schools. The OC seized the occasion to assure the students that they are the country's hope. She stated that their presence on this day was to say 'no' to violence and to promote a culture of peace in society.



Every year, 246 million children experience violence in school. For many students, school violence is part of their daily lives. Despite what has been done to prevent school violence, it is still increasing annually. Therefore, it is the duty of today's youth to stand up against this issue and express their views, share their experiences and find solutions. The Roundtable discussion allowed participants to address critical concerns related to violence within the school setting.

Roundtable on the theme of school-based violence with NAFCO

**Question time:**

One student asked what are we supposed to do when our teachers push us solely towards academic achievement?"

Response from the OC: "You have your own willpower. You cannot blame everything on the adults. There are things that you have to do for yourself!"



Another student asked "How can we involve smaller children in the project?"

Response from the OC: "NAFCO is very well-structured. Based on a similar structure which can be adapted to small children, you can take the project forward. Take one child and train him. 'Sak ti dimun dan sak ti landrwa, enn ti travay bel rezilta !'"



A third student asked: "Why do some students try so hard to bring others down?"

Response from the OC: "Children learn everything at home. If they are being violent, they learnt that from their surroundings. Such learnings are transmitted from one generation to another. This is why we should focus on the transmission of values and the education on human rights. Advocacy is a word to remember!"

Celebration of the Day of the African Child 2022

The OCO organised a cultural programme in the context of the Day of the African Child 2022 in collaboration with the District Councillors of Black River, Radio Plus and ABAIM. Since the proclamation of the Children's Act 2020, sections 2 and 5(c) of the Ombudsperson for Children Act 2003 has been amended to include the African Charter on the Rights and Welfare of the Child. In this regard, the OCO now has to also promote compliance with the African Charter on the Rights and Welfare of the Child. This year, the OCO organised celebrations which lasted over three days, in selected village halls: Le Morne, Flic-en-Flac, Riche Lieu, Chamarel and Cascavelle.

“State Parties shall recognise the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.”

~ African Charter on the Rights and Welfare of the Child, article 12(1)

*Preparatory Meetings prior to the Day of the African Child Celebrations****Preparatory Meetings
with the Councillors of
Black River District******Conference Room, OCO,
Beau Bassin******15 April & 12 May 2022***

The Councillors of Black River district were invited to a meeting to prepare for the celebrations of the Day of the African Child in June 2022. The celebrations were to be associated with African themes such as music, fishing, traditional wear and the Creole language. During the meeting, it was decided that the OC and her team will share stories with the children and the celebrations would be for a duration of three days in selected villages within the District of Black River.



“State Parties shall respect and promote the right of the child to fully participate in cultural and artistic life and shall encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity.”

~ African Charter on the Rights and Welfare of the Child, article 12(2)

Celebrations of the Day of the African Child 2022

Celebration of the Day of the African Child 2022 in collaboration with the District Council of Black River, Radio Plus and ABAIM

10-12 June 2022

The Day of the African Child is celebrated on 16 June every year to reflect on the progress made towards children's rights as well as the barriers children continue to face. The OCO, in collaboration with the District Council of Black River, Radio Plus and ABAIM, organised a series of events to commemorate the Day of the African Child 2022 from 10 to 12 June 2022. The main aim was to sensitise the population at large on the African Charter on the Rights and Welfare of the Child, article 12 of the UNCRC regarding children's right to cultural, artistic, recreational and leisure activities, and to showcase the talents of children.



Prior to the celebrations, a radio campaign was organised from 06 to 09 June 2022. It was an opportunity for all of us to recommit ourselves to honouring those children who protested in Soweto for quality education. Around 250 children from Quartier de Lumière, Association Amour et Espoir, M-Kids and Ferme des Iles attended the events and participated actively in the activities.

Celebrations of the Day of the African Child 2022

Activities held in five village halls managed by the District Council of Black River



**Cascavelle
Multipurpose
Complex**

10 June 2022

**Attended by
45 children
from Quartier
de Lumière**



Music and dance performance by ABAIM

Celebrations of the Day of the African Child 2022


**Chamarel
Village Hall**
11 June 2022

Attended by
45 children
from
Association
Amour et
Espoir,
Coteau Raffin



Beautiful fashion show by the children.

**“Our job is not to tell children what to be but to show them
the possibilities of being.”**

~ Horatio Clare

Celebrations of the Day of the African Child 2022


**Flic-en-Flac
Village Hall**

11 June 2022

Attended by 45
children from
Formation pour
l'Interculturel et
la Paix

The children
indulged in the
fun and
mesmerising
nostalgia of
traditional
games.



Celebrations of the Day of the African Child 2022



**Riche Lieu
Village Hall**

12 June 2022

**Attended by 40
children from
M-Kids
Association**

**Le Morne
Village Hall**

12 June 2022

**Attended by 35
children from
Ferme des Iles**



“Children don’t need beating. They need love and encouragement.”

~ Gordon B. Hinckley

Celebrations of the Day of the African Child 2022

Celebration of the Day of the African Child at Willoughby Government School

Mahebourg

16 June 2022

The Willoughby Government School organised a whole day event to celebrate the Day of the African Child on 16 June 2022. This day calls upon all leaders to put in place strong measures to ensure that children have access to education, care and a good standard of living. Mrs Rita Venkatasawmy, Ombudsperson for Children (OC) was invited to honour the event as the Chief Guest. The OC was accompanied by Mrs L. Jhugroo, Secretary, Ombudsperson for Children's Office.

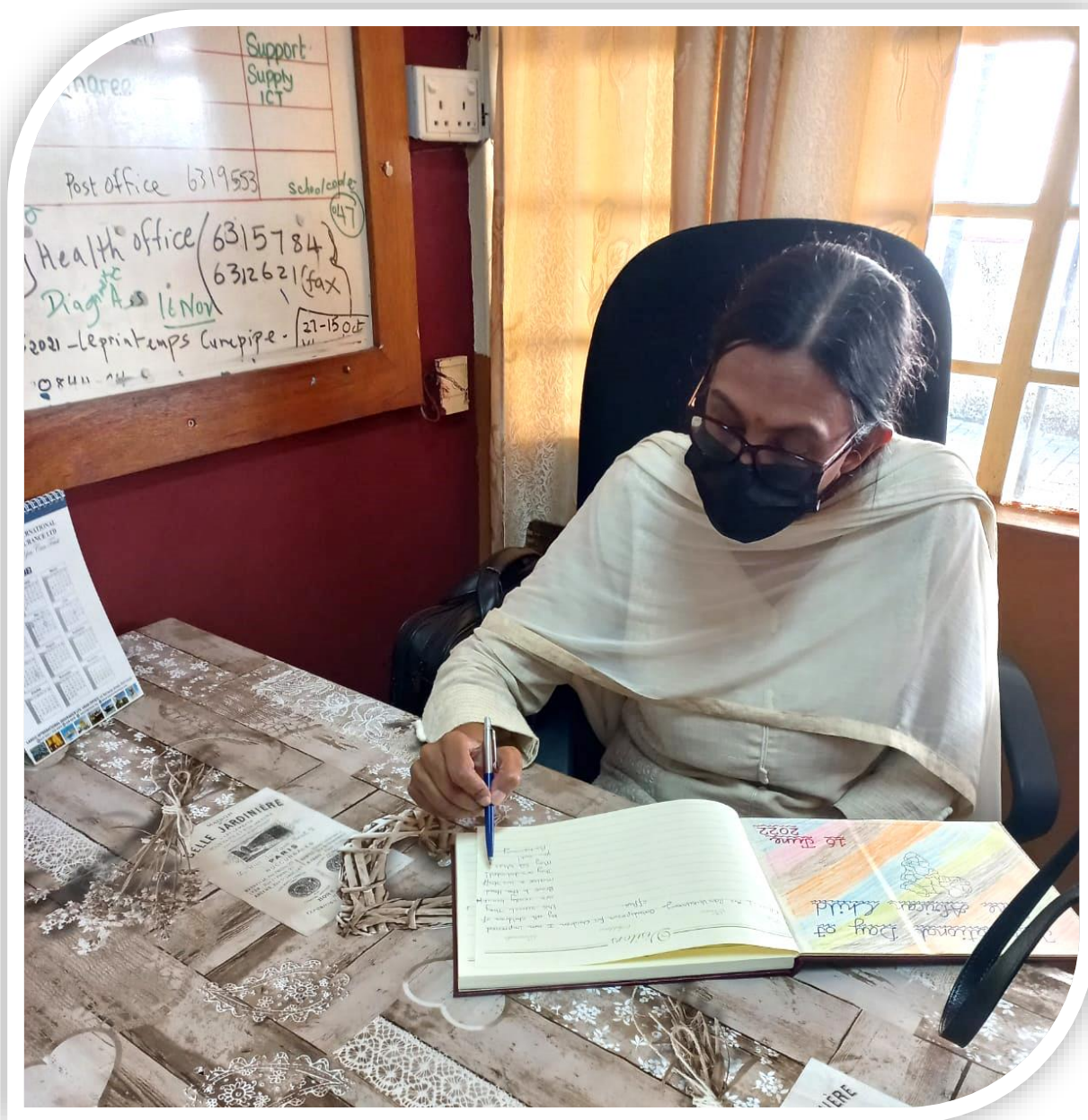


“The way we talk to our children becomes their inner voice.”

~ Peggy O'Mara

Celebrations of the Day of the African Child 2022

Signature of the Visitor's Book at Willoughby Government School by Mrs. Rita Venkatasawmy



***«Mo pa kapav amenn tou zanfán dan mo loto me mo pe amenn
zot tou dan mo leker. »***

~ Mrs. R. Venkatasawmy, Ombudsperson for Children

A selection of meetings at the Ombudsperson for Children's Office

Several meetings with various objectives in relation to the promotion and protection of children's rights involving both children and adults are organised throughout the year at the OCO. The Ombudsperson for Children makes it a high priority to network with different stakeholders. To promote children's rights effectively, it is sine qua non to seek the collaboration and views of citizens and stakeholders. Multiple stakeholders including Ministries, NGOs, private institutions, school communities, international guests, the judiciary, children themselves and other members of the public are solicited for their inputs on different matters concerning children and their rights.

“Teamwork is the ability to work together towards a common vision.”

~ Andrew Carnegie

Meetings at the OCO

Meeting with the Child Development Unit

Conference Room, OCO

05 January 2022

Every year, the OC organises several meetings at her office with various governmental bodies and civil society organisations to gather information about particular issues/cases, to discuss matters on a systemic level as well as to recommend possible courses of action. A meeting with the Head of the CDU and Coordinators of this unit was organised by the OCO, the objective of which was to promote children's rights through active collaboration between the OCO and the CDU to work towards the best interests of the child.



“Children are trusting, and their trust is easily betrayed. This is why we need to give them special protection. If we do not protect the next generation, all our efforts to establish lasting peace will be in vain.”

~ Mr. Hervé Ladsous, UN Under-Secretary General for Peacekeeping Operations

Meetings at the OCO

Meeting with Representatives of NGOs regarding their afterschool programmes

Conference Room, OCO

10 February 2022

The OC met with representatives of grassroots NGOs who provide afterschool programmes to children in order to reflect on the importance of the right of the child to education. She affirmed that each person who works with children has the duty to have a deep understanding of the United Nations Convention on the Rights of the Child. She also laid emphasis on UNESCO which promotes a culture of peace in education.



The OC informed the members present that the OCO carries out many pedagogical activities. She highlighted that training/capacity-building is crucial to upgrade the quality of services offered to children.

Meetings at the OCO

Meeting with Representatives of RCIs on the Children's Act 2020 and the Alternative Care System

Conference Room, OCO

25 February 2022

The OCO organised a meeting with representatives of RCIs to discuss and reflect on the Children's Act 2020. Residential Care Institutions consist of children who are deprived of adequate family protection and are hence in need of care and protection. There needs to be emphasis on the application of the United Nations Convention on the Rights of the Child and the Guidelines on the Alternative Care of Children to provide quality services to children. In view of the forthcoming colloquium, pre-meetings have been organised with different stakeholders.



The colloquium targeted representatives working in the field of alternative care, including different units of the Ministry of Gender Equality and Family Welfare, the Police, the Probation and Aftercare Service, the Law Reform Commission, the Office of the Director of Public Prosecutions and NGOs running residential care institutions. The main objective of the colloquium was to promote the UNCRC and the UNGACC.

Meetings at the OCO

Meeting with Child Ambassadors

Conference room of OCO

20 April 2022

The OC, along with Mr. I. A. Bawamia, Investigator, met with the Child Rights Ambassadors who demonstrated their commitment to learn about their rights through volunteer activities in workshops organised by the OCO. As Child Rights Ambassadors, they are important role model for other children, as well as for adults.



Meeting with Children regarding their PSAC Assessment

Office of the OC

25 April 2022

The OC, along with Mr. I. A. Bawamia, Investigator, met with some children from Grade 6 regarding their PSAC Assessment. The children wrote about the best interest principle: how the best interests of the child should be respected, protected, promoted and fulfilled (see second picture below). The OC explained her role and mandate as a defender of children's rights and she encouraged the children to freely voice out their concerns.



Section 4 - Best interest principles.

a) respect, protect, promote and fulfil the rights and the best interests of the child.

d) protect the child from discrimination.

Ilina Chan Lau
Tessa Hong Kee Cheong
Tim Léo

An extract of the note presented by the children.

Meetings at the OCO

Meeting with the Special Rapporteur on the Sale and Sexual Exploitation of Children

Office of the OC

29 June 2022

The United Nations Special Rapporteur on the sale and sexual exploitation of children, Ms Mama Fatima Singhateh, met with the OC and her team of Investigators during her visit to Mauritius to discuss pertinent issues related to the protection and promotion of human rights of children in a spirit of constructive cooperation.



The Special Rapporteur is an independent expert appointed by the United Nations Human Rights Council. Under her mandate, she primarily examines issues, trends and effects relating to the sexual exploitation of children online; sexual exploitation of children in travel and tourism, including in the context of major sports events; child prostitution, child pornography and child trafficking for sale and sexual exploitation; and sale of children for the purpose of illegal adoption, transfer of organs, child marriage and forced labour.

Meetings at the OCO

Meeting with main stakeholders regarding alleged case of abuse at the School of the Deaf

Conference Room, OCO

11 July 2022

Following the allegations of sexual abuse perpetrated by a speech therapist of the School of the Deaf on several pupils, the OC convened a case conference to discuss with the main stakeholders and representatives of the victims on how to better protect the rights of the child to education and rehabilitation and facilitate their access to justice.



“In all actions concerning children with disabilities, the best interests of the child shall be a primary consideration.”

~ UN Convention on the Rights of Persons with Disabilities, article 7(2)

A selection of meetings outside the Ombudsperson for Children's Office

The Ombudsperson for Children as well as her team of Investigators frequently attend meetings and events outside the OCO to strengthen partnerships in the promotion of child rights. Pertinent issues on the rights of children are addressed during these meetings. It is also a good opportunity for all stakeholders to renew their commitment and determination in empowering children on their rights and responsibilities.

“Every child deserves a childhood.”

~ Save the Children, Australia

Sensitisation session with new recruits of the Police Force

***Coast Guard Training School,
Le Chaland***

13 September 2021

The OC is frequently invited by governmental and civil society organisations to attend meetings, workshops, seminars and case conferences organised by them on different themes. She is often solicited to intervene on topics related to the role and function of the OCO and the promotion of children's rights at these events. The OC also carries out visits to various institutions for the advancement of the children's agenda.



The OC was invited to the Coast Guard Training School, Le Chaland, to address new recruits from the Mauritius Police Force with the aim of empowering them on strategies to adopt in order to safeguard the dignity and respect of children. The OC informed them that the role of the police is very important in the protection of the rights of the child. She stressed the fact that Police Officers must never speak to children as if they are adults.

Meetings outside the OCO

Sensitisation of Fortified Learning Environment (FLE) Primary Coordinators on the Rights of the Child

***Mauritius Institute of Education,
Moka***

27 September 2021

On 27 September 2021, the OC was invited as a resource person at the MIE to promote a dialogue with FLE Primary School Coordinators on different matters pertaining to the rights of the child in a fortified learning environment. The aim of this talk was to encourage the Coordinators to stand up for children's rights and to understand that every child deserves individualised care, attention and needs to be treated with dignity and respect.



The OC advised the Coordinators not to rush in the process of educating without properly assessing first. She gave the example of her own teacher who used to ask the students to share their food with their less fortunate classmates. She recalled that, even if this was 50 years ago and, at that time, teachers were unaware of the UNCRC, they had empathy and compassion. She asked the Coordinators to assess students through constant interactions.

Discussion on Adolescent Sexual and Reproductive Health and Rights (SRHR)

**Voila Bagatelle,
Moka**

13 October 2021

Each year, Gender Links organises campaigns in relation to Sexual and Reproductive Health and Rights (SRHR). The aim of the SRHR 2021 campaign was to amplify the Southern Africa #VoiceandChoice campaign in the face of the COVID-19 pandemic by casting the spotlight on Adolescent SRHR and closely related themes: teenage pregnancy, child marriage, unsafe abortion as well as climate change and climate justice.



Three representatives including Ms. B. Jogarah, Investigator, Mrs. Y. R. Veeramootoo, Investigator and Ms. M. Kaudeer, STM Intern, from the Ombudsperson for Children's Office attended the workshop. The aim was to measure the level of preparedness in SADC countries to respond to Adolescent Sexual and Reproductive Health.

Meeting with Representatives of the Law Reform Commission and NGOs

**Law Reform Commission
Port Louis**

13 April 2022

Report building amongst stakeholders working with children is crucial. In this respect, the Chief Executive Officer of the Law Reform Commission, Mr. S. Kadel, graciously welcomed the Ombudsperson for Children and her team as well as the representatives of NGOs to discuss on the upcoming colloquium on the harmonisation of the Children's Act 2020 with the UNCRC. It was decided that the colloquium would be held on 26 and 27 May 2022, with the active participation of stakeholders working in the alternative care sector and representatives of NGOs.



From left to right – Mrs. E. Yagapen, Head of Foyer Père Laval; Dr. T. Boodhoo, Clinical Psychologist and Project Manager, CEDEM; Mr G. Lebreux, Manager, Etoile du Berger; Ms. N. D. Horill, Law Reform Officer; Ms. D. D. Sookur, Law Reform Officer; Mr. S. Kadel, Chief Executive Officer, Law Reform Commission; Mrs. R. Venkatasawmy, Ombudsperson for Children; Mrs. S. P. Mauree, Investigator, OCO; Mr. C. Arlanda, Managing Director, SOS Children's Village; Mr. R. Rabemananjara, Coordinator, Association des Amis de Don Bosco; and Mr. A. Muneean, Director, Terre de Paix.

Meetings outside OCO

Meeting with students of Mauritius College

Mauritius College,
Curepipe

13 July 2022

Following the alleged case of racist comments against a student at Mauritius College and the ensuing protest of the students demanding an explanation and an apology from the headmaster, the OC carried out a visit to the school along with Mrs. S. Johaheer, Investigator. She listened to the voices of the students from Mauritius College and took stock of their problems. As per the OCA 2003, the OC has the responsibility to ensure that the rights, needs and best interests of children are given full consideration by adults.



The OC also has the duty to investigate cases relating to the situation of children in schools and she can do so whenever she considers that there is, has been or is likely to be, a violation of the rights of the child.

“Education is the most powerful weapon which you can use to change the world.”

~ Nelson Mandela

Meetings outside OCO

Meeting at the Law Reform Commission regarding children with serious behavioural concerns

**Law Reform Commission,
Port Louis**

25 August 2022

The Chief Executive Officer, Mr. S. Kadel, and his team at the Law Reform Commission organised a meeting with the OC and her team of Investigators to discuss about the rights of children with serious behavioural concerns. The OC has always believed in collaborating with relevant stakeholders who are directly or indirectly working to promote and protect the rights of children.





3.3. Promotion of Children's Rights in Rodrigues

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OCO'S MISSION TO RODRIGUES FROM 15 TO 20 MAY 2022

16 May 2022

- Meeting with Ms. M. C. Agathe, Commissioner for Women's Affairs and Others, at the Integrated Family Centre, Malabar
- Meeting with Mr. J. Roussety, Chief Commissioner, at his office at Port Mathurin
- Visit to Centre de Formation Agricole Frère Remy, Camp du Roi, Port Mathurin
- Launching of the OC's Annual Report 2020-2021 at the Women and Youth Centre, Anse aux Anglais
- Visit to Foyer Marie Madeleine de la Croix, Baladirou

17 & 18 May 2022

- Two-day workshop on the theme "Promoting Children's Rights to Quality Education"
- Participants: Deputy Rectors of Secondary Schools/NGOs
- Venue: Cotton Bay Resort and Spa, Pointe Coton, Rodrigues

19 May 2022

- Interactive Session on the theme "Promoting the Rights of the Girl Child"
- Participants: Deputy Rectors of Secondary Schools/NGOs
- Venue: Cotton Bay Resort and Spa, Pointe Coton, Rodrigues

Promotion of Children's Rights in Rodrigues

As an integral part of the Republic of Mauritius, the requirements of the UNCRC similarly apply to Rodrigues. Each year, funds are earmarked in the Budget to allow the OC to fulfil her mandate in Rodrigues, that is, the promotion and protection of children's rights. Owing to the COVID-19 pandemic, the OCO could only carry out one mission to Rodrigues in the reporting year 2021-2022. From 15 to 20 May 2022, the OC and her team including Mr I. A. Bawamia, Investigator, Ms M. Kaudeer, STM Intern and Ms A. Perrine, Child Ambassador, went to Rodrigues.

This mission comprised initiatives including courtesy calls to Ms Marie Christiane Agathe, Commissioner for Child Development and Others, and Mr Johnson Roussety, Chief Commissioner, launching of the OC's Annual Report 2020-2021, visits to Foyer Marie Madeleine de la Croix, Baladirou and to the Agricultural Training Centre, Frère Remy. Workshops were also conducted including two-day workshop on 'Promoting Children's Rights to Quality Education' at Cotton Bay Resort and Spa and an interactive session on 'Promoting the Rights of the Girl Child' at the same venue.

Another mission to Rodrigues, funded by the EU, was conducted from 04 to 07 September 2022 which will be reported in the next Annual Report for the year 2022-2023.

*Promotion of Children's Rights in Rodrigues****Meeting with Rodrigues Commissioner for Child Development and Others******Plaine Corail Airport & Integrated Family Centre,
Malabar******15 & 16 May 2022***

Upon her arrival at Plaine Corail Airport, the OC and her delegation comprising Mr I. A. Bawamia, Investigator, Ms M. Kaudeer, STM Intern and Ms A. Perrine, Child Ambassador, were welcomed by the Commissioner for Child Development and Others, Ms. Marie Christiane Agathe. The latter assured the OC that she will take part in all avenues of collaboration.



From left to right – Mr. I. A. Bawamia, Investigator; Ms. Adrienne Perrine, Child Ambassador of the OCO; Mrs. R. Venkatasawmy, Ombudsperson for Children; Ms. M. C. Agathe, Commissioner for Child Development, Family Welfare and Women's Affairs, Rodrigues; and Mrs. M. A. Francois-Nicholas, Departmental Head.

*Promotion of Children's Rights in Rodrigues****Ms Adrienne Perrine,
Child Ambassador of
the Ombudsperson for
Children's Office***

Ms Adrienne Perrine, the Child Ambassador of the OCO, was so happy to meet Ms Marie Christiane Agathe, the Commissioner for Child Development and Others in Rodrigues. She stated that she would work hard so that one day she could make a name for herself like Ms Agathe did.



From left to right - Ms A. Perrine, the Child Ambassador of the OCO and Ms Marie Christiane Agathe, the Commissioner for Child Development and Others in Rodrigues. Ms Perrine had the opportunity to meet children of her own age during workshops and to get a better understanding on different matters pertaining to child rights.

Promotion of children's rights in Rodrigues

Courtesy Call to Chief Commissioner

Chief Commissioner's
Office,
Port Mathurin

16 May 2022

Mr. Johnson Roussety, Chief Commissioner of Rodrigues, expressed his appreciation for the consolidated work carried out by the OC and her office. He discussed considerably on the right to education of children. He stated that "lekol bizin pa mor"- that is, activities that stimulate the children's brains and motivate them to work hard must be carried out on a regular basis. The Chief Commissioner also stated that for children to achieve educational success, teachers must be truly motivated.



The Chief Commissioner expressed his interest for enabling the constant inclusion of stakeholders working with Rodriguan children to engage in workshops and events organised in Mauritius for the promotion of children's rights. He also stated that teachers should be mindful of the remarks they write in a child's report book.

Promotion of children's rights in Rodrigues

Visit to the Agricultural Training Centre Frère Remy

Port Mathurin

16 May 2022

The OC along with her team, including Mr. I. A. Bawamia, Investigator and Ms. A. Perrine, Child Ambassador, visited the Agricultural Training Centre Frère Remi at Camp du Roi, Port Mathurin. The institution welcomes about 40 students annually. Youngsters who dropped out of school are given the opportunity to restart their educational journey. The centre has obtained funding at different levels to assist children with learning difficulties.



Promotion of children's rights in Rodrigues

Launching of the Ombudsperson for Children's Annual Report 2020-2021 in Rodrigues

**Conference Room, Woman
and Youth Centre
Anse aux Anglais**

16 May 2022

The Ombudsperson for Children's Annual Report 2020-2021 was launched in Rodrigues in the presence of Ms Marie Christiane Agathe, Commissioner for Child Development and Others; Mrs. Arielle Francois-Nicolas, Departmental Head; Mrs. Brault Marie Therese, Advisor, and various stakeholders working with children. Ms. Agathe thanked the OC for her presence in Rodrigues to present her Annual Report 2020-2021 and also stated that she felt honoured to welcome Ms. Adrienne Perrine, Child Ambassador of the OCO, who was born in Rodrigues. The visit, she stated, would enable the sharing of ideas, improving responses in the fight against child abuse and enhancing the protection of children.



The OC presenting the digital version of her Annual Report 2020-2021 to Ms Claudinette Fong Him, Officer-in-Charge of CDU and Ms Marie Christiane Agathe, Commissioner for Child Development and Others.

Promotion of children's rights in Rodrigues

The OC pointed out some of the main themes in her annual report such as online child abuse and sexual exploitation (OCSASE). She briefly outlined how she conducted an own-motion enquiry on the issues of OCSASE and launched a Press Communiqué to invite inputs from the general public, including children and young people, on OCSASE and related matters. The main aims were to deepen our understanding of OCSASE, based on both international and local perspectives on these matters along with proposing evidence-based recommendations using a child rights lens that could help target the root causes of these expanding social ills among children.



Another area of focus in the Annual Report 2020-2021 was the impact of lockdowns during the COVID-19 pandemic on the rights of children with disabilities and those with special education needs (SEN). The OC and her team strived to identify some of the barriers faced by children with visual, hearing, intellectual and multiple impairments with regards to online/remote education. The OC also highlighted the enquiry carried out at Résidence Anoska. She initiated this investigation in June 2020, which was completed more than one year later in August 2021, with the intention of assessing whether the rights of children of Résidence Anoska were being protected, and making recommendations in this regard to ensure compliance with the UN Convention on the Rights of the Child.

Promotion of children's rights in Rodrigues

Visit to Foyer Marie Madeleine de la Croix

Baladirou

16 May 2022

The OC visited Foyer Marie Madeleine de la Croix after the launching of her Annual Report 2020-2021. She met with all the children. Mr. I. A. Bawamia, Investigator, and Ms. M. Kaudeer, STM Intern, also visited the entire building to ensure that the rights and needs of the 22 children that live there are being respected.



Currently at the Foyer, there are 22 children including 2 babies. Mr. I. A. Bawamia encouraged the children to make use of their study room more often and to ensure that they do their best at school so that they can make a good life for themselves. Education, Mr. I. A. Bawamia affirmed, is a powerful agent of change. Through education, they can have better employment opportunities and will be able to secure an income, thus contributing to social stability and economic growth.

“Education is the passport to the future, for tomorrow belongs to those who prepare for it today.”

~ Malcolm X

Promotion of children's rights in Rodrigues

Two-Day Workshop on the Promotion of Children's Rights to Quality Education in Rodrigues

Conference Room,
Cotton Bay Resort and Spa

17 & 18 May 2022

A two-day workshop on the 'Promotion of Children's Rights to Quality Education in Rodrigues' was held on 17 & 18 May 2022. The workshop was funded by the European Union under the OCO's project entitled 'Promoting the Rights of Vulnerable Children in the Republic of Mauritius.' The event was attended by 50 participants comprising representatives of the Commission for Education, Commission for Child Development and Others, 'Brigade pour la Protection des Mineurs' as well as Managers and Educators of Colleges. Mrs. A. Francois-Nicolas, Departmental Head, referred to the OC as "une grande amie de Rodrigues".



The OC affirmed that the protection and promotion of the rights of the child is a daily struggle. She told the participants a story about a competition whereby the person who best promoted the rights of the child would be chosen the winner. At the end of the competition, the person who knew all the articles of the UNCRC did not win, but the one who respected the dignity of the child and carried the spirit of the Convention in her actions won. The jury members observed the behaviour of the winner who always put the best interests of the children first.

Promotion of children's rights in Rodrigues



The OC declared that children themselves must be urged to maintain a peaceful environment at school. To ensure the promotion of quality education, a culture of peace must be encouraged at school and each adult and child alike must become active agents of peace.



**Game of
communication to
show participants
how information
can be distorted
along the chain of
communication**

Promotion of children's rights in Rodrigues

Exercise - Voices of the participants on the prohibition of marriage for those below 18 years of age



The OC asked the participants to prepare a flash info on the prohibition of marriage for those below 18 years of age. The text should not exceed one minute. The participants came up with interesting flash info in the forms of announcements, role plays and questions. Some of their texts are listed below:



« Enn zanfan pas kapav nouri enn zanfan. Sa afekte so lavi ek so ledikasion. Pa sot letap, pa grandi avan ler ! »



« Dapre zot ki laz nou kapav marye? Enn zafer ki tou letan nou tande, maryaz pa enn badinaz, pa'nn fer pou zanfan. Atann gagn to laz pou to gagn maryaz – Ala li la lalwa maryaz ! »

« Profit nou zenes, viv nouvel lavantir senn – Dapre Children's Act 2020, pena maryaz ni konkibinaz pou enn zanfan anba 18 an. »

« Lekol avek maryaz pa fer bon menaz parski maryaz pa enn badinaz. »

Groupwork to encourage teamwork and participation



The OC urged the participants to encourage group work among children. Sketch, for instance, is an excellent way for children themselves to sensitise other children. She encouraged them to let children express themselves by participating in shows, sketches, competitions. Children have energy and creativity and the teachers should do their best to help children express themselves. Even recreation forms part of the rights that a child has. The UNCRC is based on the needs of the child and each right is precisely linked to a need of the child. Child participation should be a must in the 17 Primary Schools and 8 Secondary Schools in Rodrigues because as the Chief Commissioner, Mr. Johnson Roussety rightly pointed out, "Ilekol bizin pa mor !"

Promotion of children's rights in Rodrigues

Assessing and evaluating the case of a child with serious behavioural problem - Jean (Fictitious name)



Jean has been having behavioural concerns since Grade 1. He swore at his teachers and adults around him. His family background was quite tumultuous due to domestic violence. Teachers, Psychologists, Headmistresses, Social Workers and other stakeholders have tried to discuss about solutions, yet Jean remained violent. He became a threat to himself as he stood on the roof of the school and jumped fences.

The OC stated that there needs to be specific and detailed documentation on Jean. All information must be precise so that the root cause of the problem can be identified and effectively dealt with. The OC stated that when she looks at Jean's file, she must be able to see clearly who Jean is! She also emphasised that, in Jean's file, there needs to be an assessment of his strengths as well as his needs such as his need to move around and his need for affection and so on.

*Promotion of children's rights in Rodrigues***Interactive Session
on 'Promoting the
Rights of the Girl
Child' in Rodrigues****Conference Room,
Cotton Bay Resort and Spa****19 May 2022**

The OCO organised an interactive session on the 'Promotion of the rights of the Girl Child', funded by the EU, with 37 girl children in Rodrigues. The OC stated that the focus was on the girl child because girls were most often under-represented in important decision-making and high-level positions. She mentioned examples such as, only 3 women in the Rodrigues Regional Assembly including one woman as Commissioner for Women's Affairs and Others, and a woman as Chief Judge in Mauritius. Girls, the OC affirmed, must be protected from all forms of violence including sexual abuse.



The OC informed the girl participants that they do not have the right to get married or live in cohabitation before reaching 18 years old. She stressed on the fact that when having sexual intercourse with a boy, the girl must be empowered enough to know that she is the one who could fall pregnant. Such issues must be discussed openly because the girl child is at risk. The OC also sensitised the girls about the consequences of online child sexual abuse and sexual exploitation. She warned them about the risks of sharing nude photographs to boyfriends and other friends.

Promotion of children's rights in Rodrigues

The role of the OCO as explained by Mr. I. A. Bawamia, Investigator



Mr. I. A. Bawamia, Investigator, explained that the OCO provides a free and open complaint service. Children themselves can make the complaints by calling at the office or writing a complaint letter to the OC. He also informed the children that their opinions are of great value and will be listened to and taken into consideration. He added that children must be given utmost priority.

Promotion of children's rights in Rodrigues

Voices of children on different themes related to the girl child

The participants were divided into five groups and each group discussed on one theme related to the girl child. The themes were Intimate Partner Violence, Teenage Pregnancy, Dangers of the Internet and Leadership. The girls suggested that there should be more sensitisation sessions on the need to respect one's body and to know one's right.

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3.4. *Global List of Activities 2021-2022*

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**WORKSHOPS, MEETINGS AND
ACTIVITIES
ATTENDED BY
THE STAFF OF THE OMBUDSPERSON
FOR CHILDREN'S OFFICE**

SEP 2021 - AUG 2022

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WORKSHOPS/MEETINGS/ACTIVITIES ATTENDED BY STAFF OF THE OCO

SN	DATE	WORKSHOPS/MEETINGS/ACTIVITIES	ORGANISER/ VENUE (S)	PARTICIPATION OF OC/OCO'S STAFF
1.	06.09.21	Training of new police recruits - A talk on penal responsibility/ children's rights/ duty of society to protect children	Dis-Moi, Police Training School, Beau Bassin	Resource person: Mr I. A. Bawamia, Investigator
2.	07.09.21	Training of new police recruits - A talk on penal responsibility/ children's rights/ duty of society to protect children	Dis-Moi, Coast Guard Training School, Le Chaland	Resource person: Mr I. A. Bawamia, Investigator
3.	13.09.21	Training of new police recruits - A talk on penal responsibility/ children's rights/ duty of society to protect children	Dis-Moi, Coast Guard Training School, Le Chaland	Resource person: Mrs R. Venkatasawmy, OC
4.	20.09.21	Consultative workshop on the proposed Adoption Bill	Ministry of Gender Equality and Family Welfare (MGEFW), La Cannelle, Domaine Les Pailles	Attended by: Mrs R. Venkatasawmy, OC Mr I. A. Bawamia, Investigator
5.	27.09.21	Training session for the Fortified Learning Environment (FLE) Primary School Coordinators on the primary school culture and child protection issues in schools	National Social Inclusion Foundation (NSIF), Réduit	Resource person: Mrs R. Venkatasawmy, OC
6.	30.09.21	Technical Committee to study the phenomenon of child/revue pornography	MGEFW, Port Louis	Attended by: Ms B. Jogarah, Investigator

WORKSHOPS/MEETINGS/ACTIVITIES ATTENDED BY STAFF OF THE OCO

SN	DATE	WORKSHOPS/MEETINGS/ACTIVITIES	ORGANISER/ VENUE (S)	PARTICIPATION OF OC/OCO'S STAFF
7.	08.10.21	Online discussion on 'Adolescent Sexual and Reproductive Health and Rights (SRHR) and Climate Justice'	Gender Links, L'Agrément, St Pierre	Attended by: Ms B. Jogarah, Investigator
8.	08.10.21	Submission of the Annual Report 2020-2021 of Ombudsperson for Children to His Excellency, Mr Prithvirajsing Roopun, G.C.S.K, President of the Republic of Mauritius	Office of the President, State House, Réduit	Attended by: Mrs R. Venkatasawmy, OC Mrs L. Jhugroo, Secretary Mr I. A. Bawamia, Investigator
9.	12.10.21	Follow-up Zoom meeting for coming into operation of the Children's Act 2020 and Gender-Based Violence sensitisation	Office of the Director of Public Prosecutions, Port Louis	Attended by: Mrs Y. R. Veeramootoo, Investigator
10.	13.10.21	Discussion session on 'Adolescent Sexual and Reproductive Health and Rights (SRHR) and Climate Justice'	Gender Links, Hotel Voila, Bagatelle	Attended by: Mrs Y. R. Veeramootoo, Investigator Ms B. Jogarah, Investigator Ms M. Kaudeer, STM

WORKSHOPS/MEETINGS/ACTIVITIES ATTENDED BY STAFF OF THE OCO

SN	DATE	WORKSHOPS/MEETINGS/ACTIVITIES	ORGANISER/ VENUE (S)	PARTICIPATION OF OC/OCO'S STAFF
11.	15.10.21	Meeting on issues relating to Residential Care Institutions (RCIs)	SCE, MGEFW, Port Louis	Attended by: Mrs R. Venkatasawmy, OC Mrs L. Jhugroo, Secretary
12.	19.10.21	Meeting in connection with Expertise France on the Technical Assistance Proposal for the social response to the Covid-19 pandemic in the Republic of Mauritius - Phase 2	Ministry of Social Integration, Social Security and National Solidarity (MSISSNS), Port Louis	Attended by: Mrs L. Jhugroo, Secretary
13.	31.10.21	Talk on 'dibout lor to lipié'	Monad Charity, Adventist College, Phoenix	Resource person: Mr I. A. Bawamia, Investigator
14.	09.11.21	Online meeting with the <i>Association des Ombudsmans et Médiateurs de la Francophonie</i> (AOMF)	<i>Association des Ombudsmans et Médiateurs de la Francophonie</i>	Attended by: Mrs Y. R. Veeramootoo, Investigator
15.	16.11.21	Viewing of film in connection with 5 th edition of the Intercollege short film competition 2020 on Gender-Based Violence	Centre des Dames Mourides in collaboration with Mauritius Film Development Cooperation, Floreal	Attended by: Mrs Y. R. Veeramootoo, Investigator

WORKSHOPS/MEETINGS/ACTIVITIES ATTENDED BY STAFF OF THE OCO

SN	DATE	WORKSHOPS/MEETINGS/ACTIVITIES	ORGANISER/ VENUE (S)	PARTICIPATION OF OC/OCO'S STAFF
16.	01.12.21	A half-day training session for 30 school staff members to better understand and handle children in their respective professional roles	CEDEM, Floreale	Resource person: Mrs R. Venkatasawmy, OC
17.	01.12.21	Induction course for newly recruited Family Welfare Protection Officers	National Women Centre, Phoenix	Resource person: Mr I. A. Bawamia, Investigator
18.	08.12.21	Online meeting on alleviation of poverty; street children; childcare system; maternity leave; single mothers; paternal responsibility and alimony	MSISSNS, Port Louis	Attended by: Mrs R. Venkatasawmy, OC Mr I. A. Bawamia, Investigator
19.	09.12.21	Launching of the National Human Rights Action Plan Progress Report 2012-2020	Human Rights Division of the Ministry of Foreign Affairs, Regional Integration and International Trade (MFARIIT), Caudan Arts Centre, Port Louis	Attended by: Mrs R. Venkatasawmy, OC
20.	10.12.21	Wreath Ceremony	Human Rights Division of the MFARIIT, Port Louis	Attended by: Mrs R. Venkatasawmy, OC

WORKSHOPS/MEETINGS/ACTIVITIES ATTENDED BY STAFF OF THE OCO

SN	DATE	WORKSHOPS/MEETINGS/ACTIVITIES	ORGANISER/ VENUE (S)	PARTICIPATION OF OC/OCO'S STAFF
21.	10.12.21	Colloquium on Criminal Law	Law Reform Commission (LRC), The Westin Turtle Bay Resort and Spa, Balaclava	Attended by: Mrs R. Venkatasawmy, OC
22.	21.12.21	Half-day workshop in line with the United Nations on the theme 'Equality, reducing theme inequalities, advancing human rights'	Maritime Resort and Spa, Balaclava	Attended by: Mrs R. Venkatasawmy, OC
23.	11.01.22	Meeting with M-Kids Association (NGO)	NSIF, Port Louis	Attended by: Mrs R. Venkatasawmy, OC
24.	13.01.22	Meeting in connection with the 5 th Technical Committee to study the phenomenon of child/revenge pornography	MGEFW, Port Louis	Attended by: Mrs S. P. Mauree, Investigator
25.	21.01.22	Meeting in connection with NGOs providing afterschool programmes	NSIF, Port Louis	Attended by: Mrs R. Venkatasawmy, OC Ms S. P. Mauree, Investigator
26.	25.01.22	Meeting in connection with National Mechanism for Reporting and Follow-up	Human Rights Division, MFARIIT, Council Chamber, Municipal Council of Port Louis	Attended by: Mr I. A. Bawamia, Investigator

WORKSHOPS/MEETINGS/ACTIVITIES ATTENDED BY STAFF OF THE OCO

SN	DATE	WORKSHOPS/MEETINGS/ACTIVITIES	ORGANISER/ VENUE (S)	PARTICIPATION OF OC/OCO'S STAFF
27.	25.01.22	Meeting in connection with relocation of minors in RCIs	MGEFW, Port Louis	Attended by: Mrs S. P. Mauree, Investigator
28.	26.01.22	Technical working group meeting in connection with the Implementation of the National Strategy and Action Plan for the elimination of Gender-Based Violence sub-strategy 1	MGEFW, Municipal Council of Port Louis	Attended by: Ms B. Jogarah, Investigator
29.	05.02.22	Concert Amadeus	European Union and Austrian Embassy, Caudan Arts Centre, Port Louis	Attended by: Mrs R. Venkatasawmy, OC
30.	08.02.22	Meeting in connection with Children Court's Jurisdiction chaired by Mr S. Kadel, Chief Executive Officer of the Law Reform Commission	LRC, Port Louis	Attended by: Mrs R. Venkatasawmy, OC
31.	09.02.22	One-day workshop on Children's Act 2020	Police Training School, Phillipe Ohsan Auditorium, Vacoas	Resource person: Mrs R. Venkatasawmy, OC Accompanied by: Mrs S. P. Mauree, Investigator

WORKSHOPS/MEETINGS/ACTIVITIES ATTENDED BY STAFF OF THE OCO

SN	DATE	WORKSHOPS/MEETINGS/ACTIVITIES	ORGANISER/ VENUE (S)	PARTICIPATION OF OC/OCO'S STAFF
32.	14.02.22	Meeting in connection with Children's Court	Assistant Director of Public Prosecutions, Port Louis	Attended by: Mrs R. Venkatasawmy, OC Mrs S. P. Mauree, Investigator
33.	16.02.22	Meeting in connection with the 6 th Technical Committee to study the phenomenon of child/revenge pornography	MGEFW, Port Louis	Attended by: Ms B. Jogarah, Investigator
34.	07.03.22	Dialogue on the theme of women's rights on the occasion of the International Women's Day 2022	Delegation of EU, Municipal Council of Port Louis	Attended by: Mrs R. Venkatasawmy, OC
35.	07.03.22	Discussion session on 'Adolescent Sexual and Reproductive Health and Rights (ASRHR), teenage pregnancies, child marriages and unsafe abortion'	Gender Links, Hotel Voila Bagatelle	Attended by: Ms M. Kaudeer, STM
36.	08.03.22	Celebration of the International Women's Day 2022	MGEFW, Sir Harilall Vaghjee Memorial Hall, Port Louis	Attended by: Mrs R. Venkatasawmy, OC
37.	10.03.22	Zoom meeting in connection with the National Strategy and Action Plan on the Elimination of Gender-based Violence: Technical Working Group 3	The Institute for Judicial and Legal Studies, Port Louis	Attended by: Ms B. Jogarah Investigator

WORKSHOPS/MEETINGS/ACTIVITIES ATTENDED BY STAFF OF THE OCO

SN	DATE	WORKSHOPS/MEETINGS/ACTIVITIES	ORGANISER/ VENUE (S)	PARTICIPATION OF OC/OCO'S STAFF
38.	11.03.22	Meeting on the sensitisation of parents and children on the dangers of 'Squid Game'	MGEFW, Port Louis	Attended by: Ms M. Kaudeer, STM
39.	05.04.22	Meeting with the Hon. Kalpana Devi Koonjoo-Shah, Minister of Gender Equality and Family Welfare, in connection with the Child Regulations 2022	MGEFW, Port Louis	Attended by: Mrs R. Venkatasawmy, OC
40.	05.04.22	Workshop on National Campaign on Gender-Based Violence – 'Zero violans dan lakaz – ki to role'	Centre des Dames Mourides, Le Suffren Hotel, Port Louis	Attended by: Ms B. Jogarah, Investigator
41.	06.04.22 & 07.04.22	Introductory training on the right to participate in Public Affairs and the United Nations Participation Guidelines	Human Rights Division, MFARIIT, Labourdonnais Waterfront Hotel, Caudan, Port Louis	Attended by: Ms M. Kaudeer, STM
42.	21.04.22	Sensitisation on children's rights	TIPA, Moka	Attended by: Mr I. A. Bawamia, Investigator
43.	13.06.22	Training on CSEC to newly recruited CDU Officers	National Women Centre, Phoenix	Resource person: Mr I. A. Bawamia, Investigator
44.	13.06.22	Talk to Grade 5 and 6 pupils at Morcellement Raffray Government School	Morc Raffray Government School, Port Louis	Resource person: Mr I. A. Bawamia, Investigator

WORKSHOPS/MEETINGS/ACTIVITIES ATTENDED BY STAFF OF THE OCO

SN	DATE	WORKSHOPS/MEETINGS/ACTIVITIES	ORGANISER/ VENUE (S)	PARTICIPATION OF OC/OCO'S STAFF
45.	13.06.22	Talk to Grade 5 and 6 pupils at Caroline Government school	Caroline Government School, Bel Air	Resource person: Mr I. A. Bawamia, Investigator
46.	14.06.22	Talk on 'Adolescent Sexual Reproductive Rights and the Children's Act 2020'	Le Labourdonnais Hotel, Port Louis	Resource person: Mr I. A. Bawamia, Investigator
47.	16.06.22	Technical Working Group on Gender-Based Violence	MGEFW, Port Louis	Attended by: Ms B. Jogarah, Investigator
48.	30.06.22	Debriefing session with the Special Rapporteur on the Sale and Sexual Exploitation of Children	MGEFW, Port Louis	Attended by: Ms B. Jogarah & Mrs S. P. Mauree, Investigators
49.	08.07.22	Honouring the past, celebrating the present and building the future – Unveiling Ceremony	Mauritius Mental Health Association, Colibri SEN School and Colibri Day Care Centre, Beau Bassin	Attended by: Mrs L. Jhugroo, Secretary
50.	11.07.22	Meeting with Hon. Fazila Jeewa-Daureeawoo, Minister of Social Integration, Social Security and National Solidarity on the draft bill: Protection and Welfare of Persons with Disabilities Bill	MSISSNS, Port Louis	Attended by: Mrs R. Venkatasawmy, OC

WORKSHOPS/MEETINGS/ACTIVITIES ATTENDED BY STAFF OF THE OCO

SN	DATE	WORKSHOPS/MEETINGS/ACTIVITIES	ORGANISER/ VENUE (S)	PARTICIPATION OF OC/OCO'S STAFF
51.	30.07.22	Afterschool Sports and Fitness Program to promote physical activities	Mauritius Sports Council, Germain Comarmond Stadium, Bambous	Attended by: Mrs R. Venkatasawmy, OC
52.	31.07.22	Talk on Children's Rights	Village Council of Grand Bay, Football Playground, Grand Bay	Resource person: Mrs R. Venkatasawmy, OC
53.	18.08.22	Reception with the alumnis of US Embassy Exchange Programmes	US Embassy, Mc Carthy House, Vacoas	Attended by: Mrs R. Venkatasawmy, OC
54.	24.08.22	Meeting in connection with National Mechanism for Reporting and Follow-up	Council Chamber, Municipal Council of Port Louis	Attended by: Mr I. A. Bawamia Investigator
55.	25.08.22	Meeting in connection with Children's Act 2020	Law Reform Commission, Port Louis	Attended by: Mrs R. Venkatasawmy, OC <u>Investigators:</u> Mrs Y. R. Veeramootoo, Mr I. A. Bawamia, Mrs S. P. Mauree, Mrs S. Johaheer,



**WORKSHOPS, SEMINARS AND
MEETINGS
ORGANISED BY
THE OMBUDSPERSON FOR
CHILDREN'S OFFICE**

SEP 2021 - AUG 2022

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WORKSHOPS/SEMINARS/MEETINGS ORGANISED BY THE OCO

SN	DATE	WORKSHOPS/SEMINARS/ MEETINGS	VENUE(S)	ATTENDEES
1.	21.09.21	Meeting with the Universal Peace Federation – Chaired by the OC	OCO	Mrs J. Chong (from Singapore) Mr C. Makey, Senior Advisor of Universal Peace Federation
2.	23.09.21	Half-day workshop on the theme 'The consequences of violent behaviour' - Facilitated by the OC	OCO	6 inmates of RYC accompanied by officers
3.	07.10.21	Launching of the Annual Report 2019-2020 of the Ombudsperson for Children	OCO	Mrs A. D. Burrenchobay, Senior Chief Executive, Ministry of Foreign Affairs, Regional Integration and International Trade (MFARIIT) Mrs R. S. Nundah, Coordinator, Child Development Unit (CDU), Ministry of Gender and Equality and Family Welfare (MGEFW) Mrs P. Ravaton, Programme Manager, National Social Inclusion Foundation (NSIF) <u>11 NGO representatives:</u> Action Familiale; Association Feminine Anoska; ATD Quart Monde; Caritas; CEDEM;

WORKSHOPS/SEMINARS/MEETINGS ORGANISED BY THE OCO

SN	DATE	WORKSHOPS/SEMINARS/ MEETINGS	VENUE(S)	ATTENDEES
3.	07.10.21	Launching of the Annual Report 2019-2020 of the Ombudsperson for Children (continued)	OCO	Le Mouvement pour l'Autosuffisance Alimentaire; Lovebridge; MAM; Monad Charity; SOS Children's Village; Ti-Diams; 5 representatives from Résidence Anoska
4.	11.10.21	Workshop in connection with the celebration of the International Day of the Girl Child on the theme 'Empowering girls for a brighter future' - Facilitated by the OC and Investigators Mrs Y. R. Veeramootoo & Ms B. Jogarah	Labourdonnais Waterfront Hotel, Caudan, Port Louis	13 Educators of MEDCO Cassis and participants from Dis-Moi 29 students of MEDCO Cassis
5.	14.10.21	Workshop with officers and inmates of CYC on the theme 'Conflict Management in Rehabilitation centres' - Facilitated by the OC and Investigators Mr I. A. Bawamia, Mrs Y. R. Veeramootoo & Ms B. Jogarah	Hennessy Park Hotel, Ebene	15 CYC officers and adult participants from SAFIRE 16 CYC inmates and children from Safire
6.	15.10.21	Meeting in connection with the Annual Report 2020-2021 - Chaired by the OC	OCO	Mrs M Valère-Ciéron, Chairperson – Passerelle Women Centre

WORKSHOPS/SEMINARS/MEETINGS ORGANISED BY THE OCO

SN	DATE	WORKSHOPS/SEMINARS/ MEETINGS	VENUE(S)	ATTENDEES
7.	16.10.21	Consultative workshop with children on legislations relating to children's rights in Residential Care Institutions - Facilitated by the OC, the Secretary Mrs L. Jhugroo and Investigators Mr I. A. Bawamia, Mrs Y. R. Veeramootoo & Ms B. Jogarah	La Cannelle, Domaine les Pailles	<u>9 officers and 24 minors from 3 NGOs:</u> Foyer Monseigneur Leen; CEDEM; and Terre de Paix
8.	18.10.21	Meeting in connection with Annual Report 2020-2021 - Chaired by the OC	OCO	Ms N. Hilaire, La Vie Catholique
9.	19.10.21	Consultative workshop with children on legislations relating to children's rights in RCLs - Facilitated by the OC and Investigators Mr I. A. Bawamia, Mrs Y. R. Veeramootoo & Ms B. Jogarah	Hennessy Park Hotel, Ebene	13 RYC officers and adult participants from SAFIRE 21 RYC boys, RYC girls and children from SAFIRE
10.	23.10.21	Consultative workshop with children on legislations relating to children's right in RCLs - Facilitated by the OC and Investigator Ms B Jogarah	La Cannelle, Domaine les Pailles	<u>12 Officers from:</u> Foyer Père Laval; Centre for Counselling and Mindfulness; and Shelter La Marguerite <u>23 children from:</u> <u>Foyer Père Laval;</u> Centre for Counselling and Mindfulness; and Shelter La Marguerite Ms P. Mottee and Ms A. Vurden, Raise Brave Girls Association

WORKSHOPS/SEMINARS/MEETINGS ORGANISED BY THE OCO

SN	DATE	WORKSHOPS/SEMINARS/ MEETINGS	VENUE(S)	ATTENDEES
11.	28.10.21	Preparatory meeting in connection with the celebration of the Universal Children's Day - Chaired by the OC in presence of the Secretary Mrs L. Jhugroo and Investigators Mr I. A. Bawamia, Mrs Y. R. Veeramootoo & Ms B. Jogarah	OCO	4 Representatives of M-Kids Organisation (NGO)
12.	03.11.21	Meeting in connection with the Children's Act 2020 - Chaired by the OC in presence of Investigator Mrs Y. R. Veeramootoo	OCO	Mr O. Baboolall & Mrs S. Raghobeer, Probation Officers Union
13.	03.11.21	Meeting on Residential Care Institutions - Chaired by the OC in presence of Investigator Mrs Y. R. Veeramootoo	OCO	Mr A. Sowdagur, Secretary General, NSIF Mrs P. Ravaton, Programme Manager, NSIF
14.	06.11.21	Consultation workshop with children on legislations relating to children's rights in RCI - Facilitated by the OC and Investigator Mr I. A. Bawamia	La Cannelle, Domaine les Pailles	<u>15 adults and 35 children from:</u> Pure Mind Haven; Association des Amis de Don Bosco; Association pour les Handicapés de Malherbes; Gayasingh Ashram; Shelter for Women and Children in Distress; Havre D'Avenir; CEDEM; Etoile du Berger; SOS Children's Village; and AFED Rose Hill

WORKSHOPS/SEMINARS/MEETINGS ORGANISED BY THE OCO

SN	DATE	WORKSHOPS/SEMINARS/ MEETINGS	VENUE(S)	ATTENDEES
15.	11.11.21	Meeting in connection with problems at Foyer Père Laval - Chaired by the OC in presence of Investigator Ms B. Jogarah	OCO	<p>Père Jean Maurice Labour, Vicaire General, Chairperson of the Board, Foyer Père Laval</p> <p>S. Yeung, Board member, Foyer Père Laval</p> <p>Q. Potou, Administrative Officer and HR, Foyer Père Laval</p> <p>E. Yagapen, Manager Foyer Père Laval</p> <p><u>Representatives of NSIF:</u> R. Naidoo; K. Gunese; and S. Jugmohun</p>
16.	19.11.21 & 20.11.21	Launching of the short film entitled 'ban bienfaits ek danzer internet' on national television (MBC)	Shown on national television (Mauritius Broadcasting Corporation)	
17.	19.11.21	Celebration of Universal Children's Day – Workshop on 'Les droits du bébé selon la Convention relative aux droits de l'enfant' - Facilitated by the OC, the Secretary Mrs L. Jhugroo and Investigators Mr I. A. Bawamia, Mrs Y. R. Veeramootoo & Ms B. Jogarah	La Cannelle, Domaine les Pailles	<p><u>11 adults and 28 children from:</u> Terre de Paix; SOS Children's Village; Crèche Bethleem; National Children's Council; CEDEM; and Crèche Cœur Immaculée de Marie</p>

WORKSHOPS/SEMINARS/MEETINGS ORGANISED BY THE OCO

SN	DATE	WORKSHOPS/SEMINARS/ MEETINGS	VENUE(S)	ATTENDEES
18.	03.12.21	Meeting in connection with 'Promoting Children's Rights' - Chaired by the OC	OCO	Mr K. Somaroo, Chairperson of District Council of Pamplemousses Mrs S. Jankee, Representative of District Council of Rivière Noire Mr R. K. Jangi, Chairperson of District Council of Grand Port
19.	14.12.21	Meeting on Residential Care Institutions - Chaired by the OC	OCO	Mr K. Conhye, Ag SCE, MGEFW
20.	14.12.21	Meeting in connection with 'findings on worst forms of child labor' - Chaired by the OC	OCO	A. Khemraz-Chikhuri, Economic/ Commercial Assistant, Embassy of the United States of America M. Elkin, Political Economic Deputy Chief, Embassy of the United States of America
21.	17.12.21	Meeting in connection with an RCI's refusal to accommodate boys and girls who have been to the RYC and CYC - Chaired by the OC in presence of Investigator Ms B. Jogarah	OCO	Eileen Marie & Yannick Rivet, Groupe Elan NGO

WORKSHOPS/SEMINARS/MEETINGS ORGANISED BY THE OCO

SN	DATE	WORKSHOPS/SEMINARS/ MEETINGS	VENUE(S)	ATTENDEES
22.	22.12.21	Meeting on 'the importance of family-like unit in the alternative care system and deinstitutionalisation' - Chaired by the OC in presence of Investigator Ms B. Jogarah and STM Intern Ms M. Kaudeer	OCO	<u>6 Representatives of RCIs:</u> Association des Amis de Don Bosco; CEDEM; Etoile du Berger; Terre de Paix; Shelter for Women, Children in Distress; and SOS Children's Village
23.	05.01.22	Meeting in connection with the promotion of children's rights through active collaboration with the Child Development Unit (CDU) - Chaired by the OC in presence of the Secretary Mrs L. Jhugroo, Investigator Mr I. A. Bawamia and STM Intern, Ms M. Kaudeer	OCO	8 Officers from the CDU
24.	05.01.22	Meeting in connection with the activities and projects of the M-Kids Association - Chaired by the OC	OCO	Mr A. Joomun, Director, M-Kids Association Mr B. Maudarbux, Consultant, M-Kids Association
25.	19.01.22	Meeting in connection with the situational analysis on child/revue pornography in the Republic of Mauritius - Chaired by the OC in presence of Investigator Mr I. A. Bawamia	OCO	Dr H. B. Chitto, Head of Department and Associate Professor, UTM Ms. Luchmanun, MSO, UTM

WORKSHOPS/SEMINARS/MEETINGS ORGANISED BY THE OCO

SN	DATE	WORKSHOPS/SEMINARS/ MEETINGS	VENUE(S)	ATTENDEES
26.	20.01.22	Meeting in connection with closure of Centre d'Eveil Caritas - Chaired by the OC in presence of Investigator Mrs S. P. Mauree	OCO	J. Tangman-Podiapen, & R. Naidoo, Representatives of NSIF J. Grand-Port, MGEFW P. A. Félicité & M. Legallant, Caritas
27.	28.01.22	Meeting on 'The importance of family-like unit in the alternative care system and deinstitutionalisation' - Chaired by the OC in presence of Investigators Mr I. A. Bawamia, Mrs S. P. Mauree & Ms B. Jogarah	OCO	<u>6 Representatives of RCI's:</u> Foyer Père Laval; SOS Children's Village; Terre de Paix; CEDEM; Etoile du Berger; and Association des Amis de Don Bosco
28.	10.02.22	Meeting with stakeholders in connection with afterschool programme - Chaired by the OC in presence of Investigators Mr I. A. Bawamia, Mrs S. P. Mauree & Ms B. Jogarah	OCO	<u>8 Representatives of NGOs providing afterschool programme:</u> Mauriwood Film Industry Artists; Association Soroptimist Int. Rose Hill; Ti Rayons Soleil; Quartier de Lumière; KPAV; Organisation ST; Education de Roche Bois; and Amour et Espoir

WORKSHOPS/SEMINARS/MEETINGS ORGANISED BY THE OCO

SN	DATE	WORKSHOPS/SEMINARS/ MEETINGS	VENUE(S)	ATTENDEES
29.	14.02.22	Meeting in connection with Centre D'Eveil de Baie du Tombeau - Chaired by the OC in presence of Investigator Mrs S. P. Mauree	OCO	6 Representatives from Wi Nou Kapav
30.	18.02.22	Meeting in connection with EU project monitoring committee - Chaired by the OC in presence of Secretary Mrs L. Jhugroo and Investigators Mr I. A. Bawamia, Mrs S. P. Mauree & Ms B. Jogarah	OCO	Ms J. Yeung & Ms L. Nosib, Project Managers, European Union Mr Van Gool, Head of Cooperation, European Union
31.	22.02.22	One day workshop on the theme 'Promoting the rights of children in villages' - Facilitated by the OC in presence of Secretary Mrs L. Jhugroo and Investigators Mr I. A. Bawamia, Mrs S. P. Mauree & Ms B. Jogarah	District Council of Grand Port Council Room, Rose Belle	20 Chairpersons of Village Council and District Councillors of Grand Port
32.	24.02.22	Meeting in connection with afterschool programme - Chaired by the OC in presence of Investigator Mrs S. P. Mauree and STM Intern Ms M. Kaudeer	OCO	<u>5 Representatives from NGOs providing afterschool programmes:</u> Women's Foundation for World Peace; Formation pour l'interculturel et la Paix; Child Evangelism Fellowship; M-Kids Association; and MIDAS

WORKSHOPS/SEMINARS/MEETINGS ORGANISED BY THE OCO

SN	DATE	WORKSHOPS/SEMINARS/ MEETINGS	VENUE(S)	ATTENDEES
33.	25.02.22	Preparatory meeting in connection with the Colloquium on Children's Act 2020 and the Alternative Care System in Mauritius - Chaired by the OC in presence of Investigators Mr I. A. Bawamia, Mrs S. P. Mauree & Ms B. Jogarah	OCO	<p><u>6 Representatives of RCLs :</u> Terre de Paix; SOS Children's Village; Etoile du Berger; CEDEM; Association des Amis de Don Bosco; and Foyer Père Laval</p> <p>Ms D. D. Sookur, Representative of the Law Reform Commission (LRC)</p>
34.	01.03.22	Launching of the short film 'ban bienfaits ek danzer internet' in Hindi on BTV	Shown on national television (Mauritius Broadcasting Corporation)	
35.	04.03.22	Workshop in collaboration with the District Council of Flacq on 'Protecting and Promoting the Rights of the Child in Villages' - Facilitated by the OC, the Secretary Mrs L. Jhugroo and Investigator Ms B. Jogarah	District Council of Flacq, Flacq	42 Chairpersons of Village Council, District Councillors & staff of Village Council of Flacq
36.	09.03.22	Preparatory meeting in connection with one-day interactive session entitled 'Reflecting on the importance of a child's rights-based approach in the delivery of special education' - Chaired by the OC in presence of Investigator Ms B. Jogarah	OCO	<p>Dr T. Boodhoo, Clinical Psychologist and Project Manager, CEDEM</p> <p>Ms A. Burtory, Representative of the Federation of Disabled People Organisation, Mauritius</p> <p>Mr A. Jookhun, Officer-in-Charge, U-Link Down Syndrome Association</p> <p>Ms T. Narrainen Educator, Moka SENRDC</p>

WORKSHOPS/SEMINARS/MEETINGS ORGANISED BY THE OCO

SN	DATE	WORKSHOPS/SEMINARS/ MEETINGS	VENUE(S)	ATTENDEES
37.	15.03.22	Workshop in collaboration with the District Council of Pamplemousses on 'Protecting and Promoting the Rights of the Child in Villages' - Facilitated by the OC, the Secretary Mrs L. Jhugroo and Investigator Mrs S. P. Mauree	District Council of Pamplemousses, Pamplemousses	51 Chairpersons and District Councillors of District Council of Pamplemousses
38.	16.03.22	A one-day interactive session with school managers and educators of SEN schools of Zones 1 and 4 in connection with 'Reflecting on the importance of a child's rights-based approach in the delivery of special education' - Facilitated by the OC, the Secretary Mrs L. Jhugroo, Investigators, Mrs S. P. Mauree, Ms B. Jogarah & STM Intern, Ms M. Kaudeer	Asso Villa, Belle Mare	66 Participants from: NGOs; Government/RCEA/SEN Integrated Schools; CEPEH Flacq; District Council of Flacq; Mauritius Police Force; Probation officers; CDU officers; and Resource persons
39.	17.03.22	Workshop in collaboration with the District Council of Rivière du Rempart on 'Protecting and Promoting the Rights of the Child in Villages' - Facilitated by the OC, the Secretary Mrs L. Jhugroo and Investigator Mr I. A. Bawamia	District Council of Rivière du Rempart, Rivière du Rempart	40 Chairpersons of Village Council and District Councillors of Rivière du Rempart
40.	19.03.22	Workshop on the theme 'Promoting the Rights of Children to be Heard and to Participate' – Facilitated by the OC, the Secretary Mrs L. Jhugroo, Investigator Mrs S. P. Mauree & STM Intern Ms M. Kaudeer	Manisa Hotel, Flic-en-Flac	27 children from Ti Rayons Soleil and Quartier de Lumière

WORKSHOPS/SEMINARS/MEETINGS ORGANISED BY THE OCO

SN	DATE	WORKSHOPS/SEMINARS/ MEETINGS	VENUE(S)	ATTENDEES
41.	22.03.22	Workshop in collaboration with the District Council of Savanne on 'Protecting and Promoting the Rights of the Child in Villages' – Facilitated by the OC, the Secretary, Mrs L. Jhugroo & Investigator Ms B. Jogarah	Britannia Village Hall, Britannia	34 Chairpersons of Village Council and District Councillors of Savanne
42.	04.04.22	Workshop in collaboration with the District Council of Black River on 'Protecting and Promoting the rights of the Child in Villages' – Facilitated by the OC, the Secretary, Mrs L. Jhugroo, and Investigator Mr I. A. Bawamia	Bambous Multi-purpose Complex, Bambous	23 Chairpersons of Village Council and District Councillors of Black River
43.	08.04.22	Meeting in connection with sensitisation session on 'Promotion of children's rights' – Facilitated by the OC in the presence of Investigator Mrs S. P. Mauree	OCO	10 Participants from Dis-Moi
44.	09.04.22	Workshop on the theme 'Promoting the Rights of Children to be Heard and to Participate' – Facilitated by the OC, Investigator Ms B. Jogarah and STM Intern Ms M. Kaudeer	Manisa Hotel, Flic-en-Flac	36 children and accompanying staff from Women Foundation for World Peace
45.	13.04.22	A meeting on the Children's Act 2020 and the Alternative Care System chaired by Mr S. Kadel, Chief Executive Officer of the Law Reform Commission, assisted by his team	LRC, Port Louis	Mrs R. Venkatasawmy, OC Mrs S. P. Mauree, Investigator 6 Representatives of RCIs

WORKSHOPS/SEMINARS/MEETINGS ORGANISED BY THE OCO

SN	DATE	WORKSHOPS/SEMINARS/ MEETINGS	VENUE (S)	ATTENDEES
46.	11.04.22 & 12.04.22	Meeting with Ms Christina Nomdo, Western Cape Commissioner for Children and Mr Cameron Cyster, Deputy Director, Investigations and Advice - Chaired by the OC in the presence of her team	OCO	Mrs L. Jhugroo, Secretary Mr I. A. Bawamia, Investigator Mrs S. P. Mauree, Investigator Mrs A. Swamber, CS Ms. M. Kaudeer, STM
47.	12.04.22	Courtesy Visit of Ms C. Nomdo, Western Cape Commissioner for Children and Mr C. Cyster, Deputy Director, Investigations and Advice, to the President of the Republic of Mauritius, H.E. Mr Prithvirajsing Roopun, accompanied by the OC and Investigators Mr I. A. Bawamia and Ms B. Jogarah	Office of the President, State House, Réduit	-
48.	12.04.22	Study Visit of Ms C. Nomdo, Western Cape Commissioner for Children and Mr C. Cyster, Deputy Director, Investigations and Advice, to RCI Etoile du Berger accompanied by Investigator Mr I. A. Bawamia	Etoile du Berger, Albion	5 Staff of Etoile du Berger
49.	13.04.22	Meeting of Ms C. Nomdo, Western Cape Commissioner for Children and Mr C. Cyster, Deputy Director, Investigations and Advice with members of Forces Vives of Résidence Anoska – led by Investigators Mr I. A. Bawamia and Ms B. Jogarah	Community Hall, Résidence Anoska, 16ème Mille	10 members of Forces Vives of Résidence Anoska

WORKSHOPS/SEMINARS/MEETINGS ORGANISED BY THE OCO

SN	DATE	WORKSHOPS/SEMINARS/ MEETINGS	VENUE(S)	ATTENDEES
50.	13.04.22	Study Visit of Ms C. Nomdo, Western Cape Commissioner for Children and Mr C. Cyster, Deputy Director, Investigations and Advice, to NGO Safire – led by Investigator Mrs S. P. Mauree	Verdun	50 children of Safire
51.	14.04.22	Debriefing and Evaluation of the Study Visit of Ms C. Nomdo, Western Cape Commissioner for Children and Mr C. Cyster, Deputy Director, Investigations and Advice, with the OC	OCO	Mrs L. Jhugroo, Secretary Mr I. A. Bawamia, Investigator
52.	14.04.22	Meeting in connection with 'Extension of School Calendar 2021-2022' - Chaired by the OC in presence of Investigator Mr I. A. Bawamia	OCO	Mr M Boodhun, Permanent Secretary, Ministry of Education, Tertiary Education, Science and Technology (METEST) Mr R K Aukhojee, Administrator, Primary, METEST 7 parents
53.	15.04.22	Workshop in collaboration with the District Council of Moka on 'Protecting and Promoting the Rights of the Child in Villages' – Facilitated by the OC, the Secretary Mrs L. Jhugroo and Investigator Ms B. Jogarah	District Council of Moka, Moka	26 Chairpersons of Village Councils and District Councillors of Moka District Council
54.	15.04.22	Meeting in connection with the 'Cultural programme for the Day of the African Child' in June 2022 – Chaired by the OC in presence of Investigator Mr I. A. Bawamia	OCO	Cavalot Patrick, President of Village Council Flic-en-Flac

WORKSHOPS/SEMINARS/MEETINGS ORGANISED BY THE OCO

SN	DATE	WORKSHOPS/SEMINARS/ MEETINGS	VENUE(S)	ATTENDEES
55.	16.04.22	Workshop on the theme 'Promoting the Rights of Children to be Heard and to Participate' – Facilitated by the OC, Investigator Ms. S. P. Mauree and STM Intern Ms M. Kaudeer	Manisa Hotel, Flic-en-Flac	42 children and accompanying staff from MIDAS and Fondation pour l'Interculturel et la Paix
56.	18.04.22	Meeting in connection with 'The Application of the Children's Act 2020 and Implementation of the Children's Court Act 2020' - Chaired by the OC in presence of Investigator Ms B. Jogarah	OCO	Ms M. Peertaub, Director, Pedostop
57.	19.04.22	Workshop EU-funded project 'Promoting the Rights of Children to Quality Pre-Primary Education' – Facilitated by the OC, the Secretary Mrs L. Jhugroo, Investigator Ms B. Jogarah and STM Intern Ms M. Kaudeer	La Cannelle, Domaines les Pailles	Mrs M. A. Arekion, Director, ECCEA 44 Managers of Pre-Primary schools
58.	20.04.22	Workshop in connection with 'Sensibiliser les jeunes sur leur rôle en tant qu'ambassadeur/ambassadrice du bureau de l'Ombudsperson pour les enfants' – Facilitated by the OC and Investigator I. A. Bawamia	OCO	12 minors from 7 RCLs
59.	21.04.22	Workshop on 'Promoting the Rights of Children to Quality Pre-Primary Education' – Facilitated by the OC, the Secretary, Mrs L. Jhugroo, Investigator Ms B. Jogarah and STM Intern Ms M. Kaudeer	La Cannelle, Domaines les Pailles	2 Representatives of the ECCEA 50 Managers of Pre-Primary schools
60.	25.04.22	Meeting in connection with 'Grade 6 examinations' – Chaired by the OC in presence of Investigator Mr I. A. Bawamia	OCO	4 students of ages 11-12 accompanied by their parents

WORKSHOPS/SEMINARS/MEETINGS ORGANISED BY THE OCO

SN	DATE	WORKSHOPS/SEMINARS/ MEETINGS	VENUE(S)	ATTENDEES
61.	25.04.22	Meeting in connection with 'Youth Workshop on School-Based Violence' – chaired by the OC in presence of Investigator Ms. B. Jogarah	OCO	Mr M. Dacruz, NAFCO Board for Holistic Education
62.	25.04.22	Meeting in connection with the 'Right of the Child' – Chaired by the OC in presence of Investigator Ms. B. Jogarah	OCO	Maitre K. Huranghee
63.	26.04.22	Workshop on 'Promoting the Rights of Children to Quality Pre-Primary Education' - Facilitated by the OC, the Secretary Mrs L. Jhugroo and Investigator Ms B. Jogarah	OCO	4 Representatives of the ECCEA 47 Managers of Pre-Primary Schools
64.	27.04.22	Preparatory meeting in connection with Colloquium entitled 'Harmonisation of the Children's Act 2020 with the United Nations Convention on the Rights of the Child: A focus on deinstitutionalising alternative care for children' – Chaired by the OC in presence of the Secretary Mrs L. Jhugroo and Investigator Mr I. A. Bawamia	OCO	<u>13 Representatives of RCLs:</u> Gayasingh Ashram; Association pour les Handicapés de Malherbes; SOS Children's Village; L'Oiseau du Paradis; Oasis Residential Care; CEDEM; Pure Mind Haven; Etoile du Berger; Terre de Paix; Foyer Père Laval; Havre d'Avenir; Crèche Immaculée de Marie; and Association des Amis de Don Bosco

WORKSHOPS/SEMINARS/MEETINGS ORGANISED BY THE OCO

SN	DATE	WORKSHOPS/SEMINARS/ MEETINGS	VENUE(S)	ATTENDEES
65.	29.04.22	Preparatory meeting in connection with 'Youth Workshop on School-Based Violence' – Chaired by the OC in presence of Investigator Ms B. Jogarah	OCO	<p><u>10 National Delegates of the National Forum for Colleges (NAFCO) from:</u></p> <p>Saint Esprit College; Saint Joseph's College; MGI SSS; Queen Elizabeth College; Loreto College, Curepipe; John Kennedy College; Gaetan Raynal State College; Ebene SSS Girls; Seewa Bapoo SSS; and Loreto College St Pierre</p>
66.	06.05.22	One-day training on 'UN Alternative Care Guideline & Children's Court Act 2020' by Mrs M. Gopaul, former UNICEF Program Officer	OCO	<p><u>OCO's staff:</u></p> <p><i>Investigators:</i> Mr I. A. Bawamia, Mrs Y. R. Veeramootoo Mrs S. P. Mauree Ms B. Jogarah <i>MSOs:</i> Mr S. Mungralee Mrs I. Polixene Ms K. Chellamootoo</p> <p>Mrs I. Jhugroo, WPO Ms M. Kaudeer, STM</p>
67.	09.05.22	Second preparatory meeting in connection with Colloquium 'Harmonisation of the Children's Act 2020 with the UNCRC: A focus on deinstitutionalising alternative care for children' – Chaired by the OC in presence of Investigators Mrs S. P. Mauree and Ms B. Jogarah	OCO	<p><u>6 Representatives of RCLs:</u></p> <p>Association des Amis de Don Bosco; CEDEM; Etoile du Berger; Foyer Père Laval SOS Children's Village; and Terre de Paix</p>

WORKSHOPS/SEMINARS/MEETINGS ORGANISED BY THE OCO

SN	DATE	WORKSHOPS/SEMINARS/ MEETINGS	VENUE(S)	ATTENDEES
68.	12.05.22	Meeting in connection with 'Cultural programme in the context of the Day of the African Child in June 2022' – Facilitated by the OC in presence of Secretary Mrs L. Jhugroo, Investigator Mr I. A. Bawamia and STM Intern Ms M. Kaudeer	OCO	4 Presidents/Vice Presidents of Village Council of regions Bambous, Case Noyale, Black River and Flic-en-Flac
69.	13.05.22	Preparatory meeting in connection with Colloquium entitled 'Harmonisation of the Children's Act 2020 with the UNCRC: A focus on deinstitutionalising alternative care for children' – Chaired by the OC in presence of Investigator Ms B. Jogarah	OCO	<u>4 Representatives of RCLs:</u> Shelter for Women and Children in Distress; Foyer Monseigneur Leen; Worldlight; Shelter la Cigogne; Shelter La Marguerite
70.	14.05.22	Workshop in connection with Interactive Session on the theme 'Promoting the Rights of the Girl Child' – Facilitated by the OC, Investigator Mrs Y. R. Veeramootoo and STM Intern Ms M. Kaudeer	Manisa Hotel, Coastal Road, Flic-en-Flac	<u>40 Children and 5 accompanying adults of 3 NGOs:</u> Ti Rodrigues; M-Kids Organisation; and Child Evangelism Fellowship

WORKSHOPS/SEMINARS/MEETINGS ORGANISED BY THE OCO

SN	DATE	WORKSHOPS/SEMINARS/ MEETINGS	VENUE(S)	ATTENDEES
71.	26.05.22 & 27.05.22	Two-day Colloquium entitled 'Harmonisation of the Children's Act 2020 with the United Nations Convention on the Rights of the Child: A focus on deinstitutionalising alternative care for children' – Facilitated by the OC, the Secretary Mrs L. Jhugroo and Investigators I. A. Bawamia, Mrs S. P. Mauree & Ms B. Jogarah	Westin Turtle Bay Resort & Spa, Balaclava	<u>60 Participants from:</u> Attorney General's Office; Office of the Director of Public Prosecutions; National Social Inclusion Foundation; Mauritius Probation and Aftercare Service; Ministry of Gender Equality and Family Welfare; Brigade pour la Protection de la Famille; SEDEC; Rodrigues; Law Reform Commission; and Residential Care Institutions
72.	04.06.22	Round table discussion on 'School-based violence' with NAFCO – Chaired by the OC in presence of Investigator Ms B. Jogarah and STM Intern Ms M. Kaudeer	Manisa Hotel, Flic-en-Flac	40 Delegates of from the NAFCO
73.	10.06.22 - 12.06.22	Celebration of the Day of the African Child 2022 in collaboration with the District Council of Black River and Radio Plus – Facilitated by the OC, Investigators Mr I. A. Bawamia, Ms Y. R. Veeramootoo, Ms S. P. Mauree, Ms S. Johaheer and Ms B. Jogarah & STM Intern Ms M. Kaudeer	Cascavelle Multipurpose Complex; Chamarel Village Hall; Le Morne Village Hall; Riche Lieu Village Hall; Flic-en-Flac Village Hall	<u>75 Children and 25 accompanying adults from:</u> M-Kids Association; Quartier de Lumière; Association Amour et Espoir; and Ferme des Iles

WORKSHOPS/SEMINARS/MEETINGS ORGANISED BY THE OCO

SN	DATE	WORKSHOPS/SEMINARS/ MEETINGS	VENUE(S)	ATTENDEES
74.	29.06.22	Meeting with Mrs Mama Fatimah Singhateh, Special Rapporteur on the Sale and Sexual Exploitation of Children- Chaired by the OC in presence of Investigators Mrs S. P. Mauree & Ms B. Jogarah	OCO	Mrs Mama Fatimah Singhateh, Special Rapporteur on the Sale and Sexual Exploitation of Children
75.	11.07.22	Case conference with stakeholders on 'Alleged case of sexual abuse at School of the Deaf' – Chaired by the OC in presence of Investigators Mrs Y. R. Veeramootoo & Mrs S. Johaheer	OCO	8 Representatives of Ministries/School/ NGOs Child Development Unit Brigade pour la Protection de la Famille (BPF) School of the Deaf METEST Pedostop MSISSNS 8 Parents of the children victims of sexual abuse
76.	13.07.22	Meeting with the Psychological Services/Child Perpetrator Support Unit – Chaired by the OC in presence of Investigator Mrs Y. R. Veeramootoo	OCO	3 Psychologists from the MGEFW
77.	14.07.22	Meeting with the Licensing of Place of Safety and Enforcement Section (LPSES) – Chaired by the OC in presence of Investigator Mrs S. P. Mauree and STM Intern Ms M. Kaudeer	OCO	8 Officers from the LPSES of the MGEFW

WORKSHOPS/SEMINARS/MEETINGS ORGANISED BY THE OCO

SN	DATE	WORKSHOPS/SEMINARS/ MEETINGS	VENUE(S)	ATTENDEES
78.	18.07.22	Meeting with the Child Development Unit (CDU) – Chaired by the OC in presence of Investigators Mrs Y. R. Veeramootoo & Mrs S. Johaheer	OCO	4 Officers from the CDU of the MGEFW
79.	18.07.22	Meeting with members of the M-Kids Organisation – Chaired by the OC in presence of Investigator Mrs S. P. Mauree	OCO	Mr B. Maudarbux, Consultant, M-Kids Organisation Mrs N. Chummun, Executive Assistant, M-Kids Organisation
80.	18.07.22	Meeting with parents in connection with 'Alleged Sexual Abuse Case at School for the Deaf' – Chaired by the OC in presence of Investigator Mrs S. Johaheer	OCO	8 parents of children victims of sexual abuse
81.	19.07.22	Meeting with the Officers of the BPF and Probation and Aftercare Service – Chaired by the OC in presence of Investigators Mrs Y. R. Veeramootoo & Mrs S. Johaheer	OCO	<u>12 Officers from:</u> BPF; and Probation and Aftercare Service An Advisor to the PMO's Office
82.	21.07.22	Meeting with Mauritius Institute of Training and Development (MITD) officers in connection with complaint on their conditions of work – Chaired by the OC in presence of Investigator Mrs S. P. Mauree	OCO	4 MITD Officers

WORKSHOPS/SEMINARS/MEETINGS ORGANISED BY THE OCO

SN	DATE	WORKSHOPS/SEMINARS/ MEETINGS	VENUE(S)	ATTENDEES
83.	25.07.22- 26.07.22	Workshop on 'Promoting the Right of Children to Quality Primary Education' – Facilitated by the OC and Investigators, Mrs Y. R. Veeramootoo, Mrs S. Johaheer & STM Intern Ms M. Kaudeer	La Cannelle, Domaine Les Pailles	43 Deputy Headmasters from Pre-primary SeDEC Schools 5 Representatives of NGOs
84.	28.07.22- 29.07.22	Workshop on 'Promoting the Right of Children to Quality Primary Education' – Facilitated by the OC, Investigator Mrs S. Johaheer & STM Intern Ms M. Kaudeer	La Cannelle, Domaine les Pailles	41 Deputy Headmasters from Primary SeDEC Schools 8 Representatives of NGOs
85.	01.08.22- 02.08.22	Workshop on 'Promoting the Right of Children to Quality Primary Education' - Facilitated by the OC and Investigator Mrs S. Johaheer	Gold Crest Hotel, Quatre Bornes	40 Deputy Headmasters from Primary SeDEC Schools 8 Representatives of NGOs
86.	04.08.22- 05.08.22	Workshop on 'Promoting the Right of Children to Quality Secondary Education' – Facilitated by the OC and Investigators Mrs S. Johaheer and Mrs S. P. Mauree	Palms Hotel, Quatre Bornes	36 Deputy Rectors of Secondary Schools 10 Educators from Mauritius College
87.	11.08.22	Visit of MITD trainers to the OCO – led by the OC and Investigator Mrs S. P. Mauree	OCO	4 MITD trainers
88.	17.08.22	Meeting with Mr Mohamed Mustafa, Representative of the African Union – Chaired by the OC in presence of the Secretary Mrs L. Jhugroo and Investigator Mrs S. P. Mauree	OCO	Mr Mohamed Mustafa, Representative of the African Union

WORKSHOPS/SEMINARS/MEETINGS ORGANISED BY THE OCO

SN	DATE	WORKSHOPS/SEMINARS/ MEETINGS	VENUE(S)	ATTENDEES
89.	17.08.22	Meeting with Mrs J. Yeung, Project Manager at the European Union – Chaired by the OC in presence of Secretary Mrs L. Jhugroo, Investigator Mrs S. P. Mauree and STM Intern Ms M. Kaudeer	OCO	Mrs J. Yeung, Project Manager at the European Union
90.	19.08.22	Meeting with Officers of CDU regarding on the Child Mentoring Scheme – Chaired by the OC in presence of Investigators Mr I. A. Bawamia and Mrs S. P. Mauree	OCO	Mrs K. Chooramun, Head of CDU Mr. N. Taukoordass, Coordinator at MGEFW
91.	23.08.22	Meeting of Mr Eleonore Girty, Citizen Advice Bureau (CAB) Organiser – Chaired by the OC in presence of Investigator Mrs S. Johaheer	OCO	Mr Eleonore Girty, CAB Organiser
92.	26.08.22	Consultative Meeting with Representatives of NGOs regarding 'Children with behavioural concerns' – Chaired by the OC in presence of Investigators Mrs Y. R. Veeramootoo and Mrs S. Johaheer	OCO	<u>6 Representatives of RCI:</u> Kinouété; SOS Children's Village; Terre de Paix; CEDEM; and SAFIRE

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INTERNATIONAL WEBINARS
ATTENDED BY
THE STAFF OF THE
OMBUDSPERSON FOR CHILDREN'S
OFFICE

SEP 2021 - AUG 2022

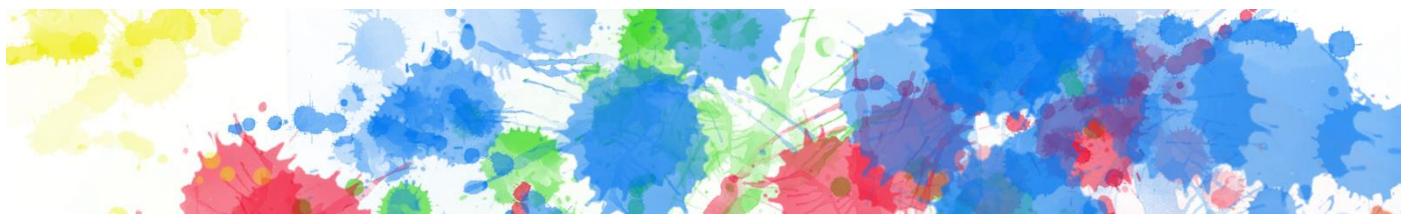
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PARTICIPATION IN INTERNATIONAL WEBINARS BY STAFF OF THE OCO

SN	DATE	THEME	ORGANISER	OC/OCO'S STAFF
1.	01.10.21	Webinar with Western Cape Children's Commissioner, Ms Christina Nomdo – Reinforcing the collaboration between Western Cape Government and the Ombudsperson for Children	S. Jackson Morris, Western Cape Government	Mrs R. Venkatasawmy, OC
2.	05.10.21	Webinar in connection with ending corporal punishment of children and public health: What does the research tells us?	End of Violence Partnership and the World Health Organisation	Mr I. A. Bawamia, Investigator Ms B. Jogarah, Investigator
3.	10.11.21	Virtual consultation on violence against children	United Nations Office of the Special Representative of the Secretary General	Mrs R. Venkatasawmy, OC
4.	19.11.21	Informative webinar on the interventions and results reporting for the European Union funded projects	OPSYS Change Management and User Engagement Team	Ms M. Kaudeer, STM
5.	02.12.21	<i>Webinaire : Cours en ligne sur les droits de l'enfant</i>	<i>Association des Ombudsmans et des Médiateurs de la Francophonie (AOMF)</i>	Mrs Y. R. Veeramootoo Investigator
6.	29.03.22	Virtual Awareness Raising Campaign (Role & Service offered by the Ombudsman)	Office of the Ombudsman	Ms M. Kaudeer, STM
7.	01.04.22	Webinar in connection with seeking higher grounds – values and ethics of the Ombudsman	African Ombudsman Research Centre	Ms B. Jogarah, Investigator

PARTICIPATION IN INTERNATIONAL WEBINARS BY STAFF OF THE OCO

SN	DATE	THEME	ORGANISER	OCO'S STAFF
8.	22.04.22	Courtesy call by Ms Senait Gebegziabhar, International Director Eastern Southern African Region of SOS Children's Villages and Ms Anuska Gopaul, SOS Children Village International Representatives	SOS Children's Villages	Mrs R. Venkatasawmy, OC



CHAPTER 4:

Handling of Cases at the Ombudsperson for Children's Office 2021-2022



Investigation Flowchart of the OCO

Complaint received at the OCO OR initiation of an own-motion inquiry by the OCO on an alleged violation of child rights



Is the case pending before Court?

If **yes**, refer to relevant authorities. If **no**, proceed with preliminary assessment.



Preliminary assessment

Have all the options (e.g. contacting relevant authorities) been exhausted in finding a solution to this case?

If **yes**, proceed with full investigation. If **no**, refer to the relevant authorities.



Full investigation

This stage consists of calls for files, summons and examinations on oath, individual and group interviews, field visits, mediation, case conferences and consultations, among others.



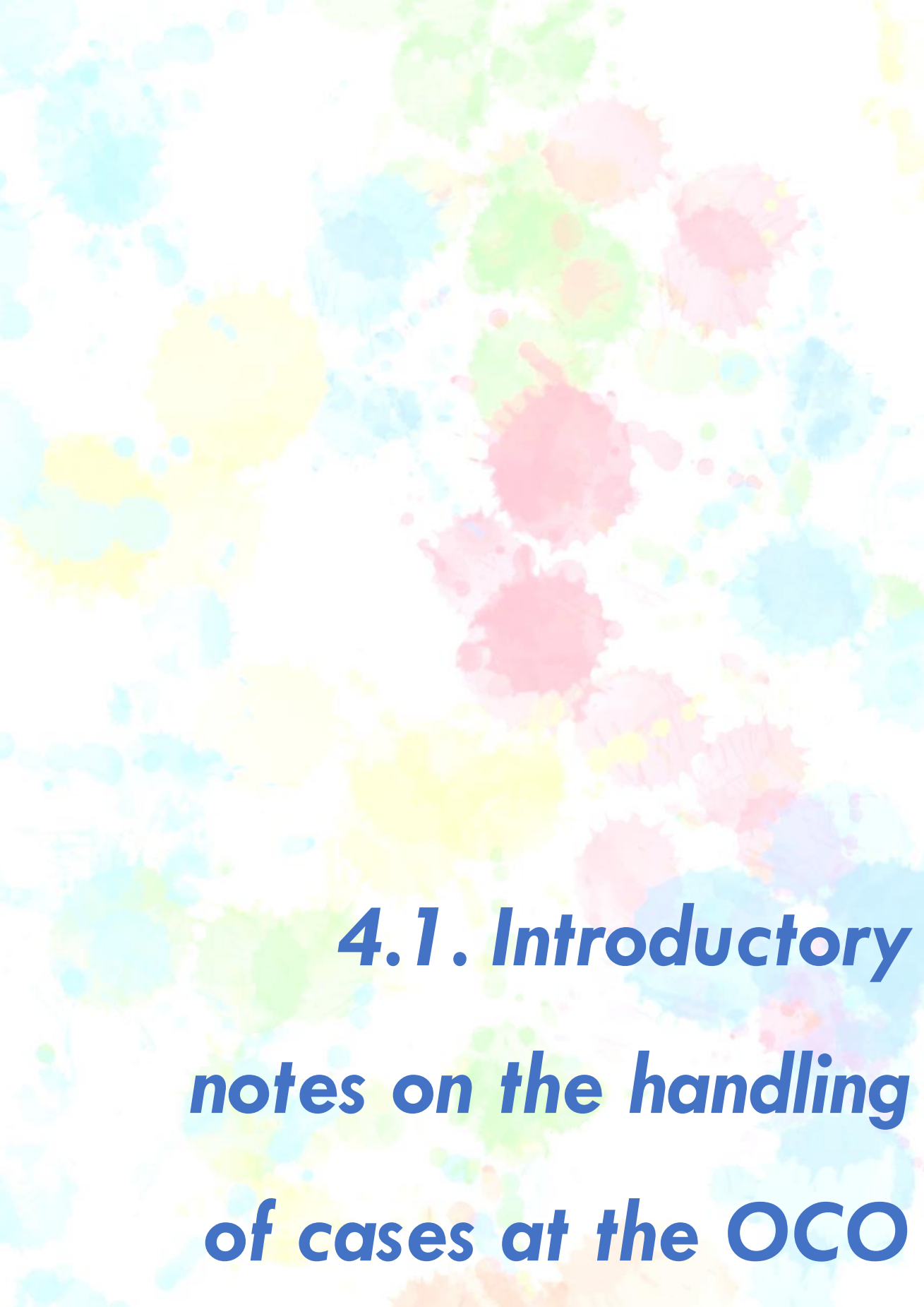
Reporting and Recommendations

This may include written correspondences, case reports, or Special or Annual Reports that are submitted to the President of the Republic of Mauritius and rendered public, all including recommendations to relevant stakeholders on the concerned child-related matters.



Monitoring and Evaluation

This may include visits to different organisations or institutions to follow-up on proposed remedial actions or recommendations, surprise checks and requests for feedback from concerned parties within a timeframe of one week to three months, among others.



4.1. Introductory notes on the handling of cases at the OCO

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The Ombudsperson for Children (OC) represents and defends the rights of all children living in Mauritius, Rodrigues and Agalega, children of Mauritian origin who are abroad, and children of other nationalities who reside within the Republic of Mauritius. Based on the Ombudsperson for Children Act (OCA) 2003 (refer to [Appendix A](#)), the overarching mandate of the OC relates to the following main areas:

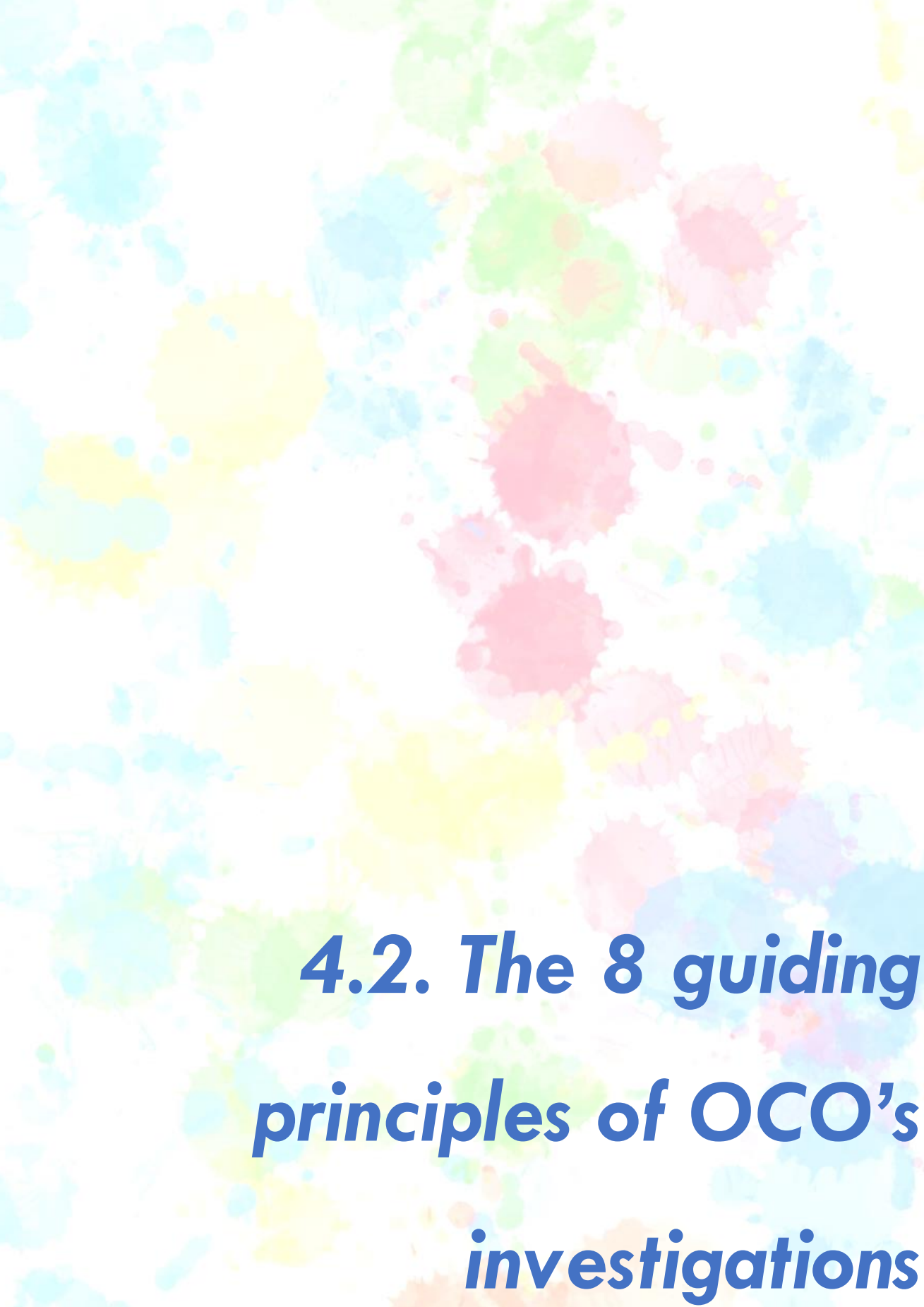
- monitoring compliance with the Convention on the Rights of the Child (UN, 1989) among relevant local stakeholders;
- promoting the rights of children in the Republic of Mauritius including their rights to health, education, leisure and freedom of expression among others, as well as their best interests; and
- collaborating with public bodies, private organisations, individuals and associations of individuals in the promotion and protection of child rights.

In order to achieve its mandate, one of the core functions of the OCO is to carry out investigations on any alleged case of child rights violations, either on its own motion or driven by a complaint made by any party. This is clearly set out in sections 6 and 7 of the OCA 2003. The OCO receives complaints on various types of cases, for instance,

- a father who complained about the excessive use of pesticides and herbicides by his neighbour which could harm his children's health;
- a child victim of corporal punishment perpetrated by his teacher;
- children studying in deplorable conditions at a SEN School which was delivering poor quality education and misusing funds; or
- a case of maltreatment whereby the father obtained custody of the children and the mother alleged that he was abusing the children.

The present chapter gives information on the 8 principles that guide the actions of the OCO. An overview of the number and types of cases handled at the OCO in the period from 01 July 2021 to 31 August 2022 is then provided. Brief vignettes of 100 selected anonymised cases handled at the OCO over the reporting period 2021-2022 have also been provided for reference in a simplified format.

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4.2. The 8 guiding principles of OCO's investigations

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The OCO gives high importance to good governance which is translated into **eight guiding principles** that underlie its actions with regards to promoting and protecting children's rights:

1) Jurisdiction

The OC has a clear mandate through the OCA 2003 which specifies her role, powers and functions. Her decisions and actions are formulated and executed within the parameters of the OCA 2003.

2) Independence

As long as she is operating within the limits of the OCA 2003, the OC performs her functions independently and does not take directives from any public or private authority.

3) Impartiality and fairness

The OC remains a neutral party during dispute resolution and does not take sides. At the OCO, each complaint is received and reviewed in an objective and fair manner, free from bias. All parties are treated without favour or prejudice. The views of the child are also given due consideration based on his/her age and level of maturity.

4) Best interests of the child

The OC has a mandate to protect the best interests of the child in all circumstances. Being the primary local advocate of the principles and rights enshrined in the UNCRC, the OC's interventions are always motivated by the best interests of the child.

5) Confidentiality

The OC has the privilege and discretion to keep confidential or release information related to a complaint or investigation as appropriate. The OC does not disclose confidential information about individual cases or visits and cannot be compelled to testify about concerns brought to her attention. Confidentiality is very important to build the credibility of the OCO mainly because people who complain to the OC and who respond to the OC's investigations may fear retaliation. Therefore, protecting the identities of witnesses and safeguarding the information communicated to the OC enable her to effectively and efficiently advocate for the rights of children.

6) Transparency

In line with the OCA 2003, proper referral, assessment, intervention and review mechanisms have been created at the OCO to deal with every single complaint. Transparency is considered fundamental to accountability. In this regard, the OC submits to the President of the Republic of Mauritius an annual report showcasing the activities carried out by the OCO during the preceding year that is subsequently rendered public.

7) Responsiveness

The OCO provides a free and responsive complaint procedure for anyone who requires it. There are several ways through which a complaint can be made by or on behalf of children as follows:

- coming in person or phoning the office to speak with an Investigator or the OC;
- downloading a complaint sheet from the OCO's website, filling it in and send it back to the OCO;
- writing a letter to the OC about the complaint; or
- sending an email about the complaint to the OC.

8) Public awareness

In order to make the general public aware of her role and the functions of her office, as well as the rights and responsibilities of children as promoted by the UNCRC, the OC works in close collaboration with the media, and also regularly organises awareness campaigns throughout the Republic of Mauritius



4.3. Summary of cases handled at the OCO in 2021-2022

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For the reporting period from July 2021 to August 2022, the OCO registered a total of **468 cases**. People are becoming increasingly aware of the role and functions of the Ombudsperson for Children's Office (OCO) owing to the different public sensitisation campaigns led by the OCO during this reporting year.

Tables 16 to 19 below provide an overview of the case statuses of complaints registered for the period from July 2021 to August 2022; the different categories of complaints received; the profile of complainants; and the gender distribution of complainants, respectively.

Table 16. Cases handled by the OCO from 01 July 2021 to 31 August 2022.

Case status	Number of cases	Percentage (%)
Cases resolved	380	81.2
Cases awaiting reports	60	12.8
Cases in progress	28	6.0
TOTAL	468	100

As shown in Table 16 above, out of the 468 new complaints registered and investigated from 01 July 2021 to 31 August 2022, the OCO successfully resolved and closed **81.2 per cent** of its caseload (i.e., **380 cases**). As at 31 August 2022, 60 case reports were still being awaited from various governmental and non-governmental stakeholders, and the remaining 28 cases were in progress of investigation.

The categories of complaints vary from basic school problems to complex societal issues, including family conflicts, domestic violence, abuse, neglect and poverty, as given in Table 17 (see next page). The main category of complaint investigated during this reporting year was related to family conflict and custody (i.e., **90 cases**). The next most frequent category was that related to corporal punishment and violence at school (i.e., **70 cases**), followed by school problems regarding transport, transfer, admission and infrastructure (i.e., **50 cases**). It must be noted that the category indicated as 'Others' in Table 17 represents those cases that involve compounding difficulties, in other words, cases constituting of two or more categories of complaints (e.g., family conflict, child behavioural problems and sexual abuse).

Table 17. Categories of complaints registered at the OCO from 01 July 2021 to 31 August 2022.

Category of complaints	Number of cases
• Family conflict/Custody/Right of access	90
• Corporal punishment/Harassment/Verbal abuse by school personnel/Bullying/Violence/Assault at school	70
• School problems/Transfer/Admission/Transport/Infrastructure	50
• Child neglect	43
• Institutional abuse and neglect/Police brutality	30
• Sexual abuse and harassment	28
• Physical violence in family/Domestic Violence	34
• Poverty/Lack of means/Social aid/Lack of school materials	21
• Child behavioural problems	25
• School absenteeism/Dropout	16
• Prostitution/Child trafficking	3
• Tardy Declaration	4
• Suicidal tendencies	3
• Child abduction	2
• Others	49
TOTAL	468

The OCO registers complaints from people and organisations from a vast range of backgrounds. It also pursues own-motion investigations based on identified areas of concern. [Table 18](#) (see next page) provides a breakdown of these profiles for the reporting period from July 2021 to August 2022.

Table 18. Profile of complainants recorded from 01 July 2021 to 31 August 2022.

Complainant	Number
• Mother	143
• Father	90
• Grandparents	32
• Anonymous complainants	45
• Education professionals	26
• Medical Social Workers	19
• NGOs	23
• Ministries/ Departments	21
• Relatives/ Friends	32
• Group of students	8
• Media	5
• Neighbours	6
• Children	8
• Foster parents	7
• Own-motion inquiries	3
TOTAL	468

Moreover, as shown in [Table 19](#) below, the proportion of male complainants was just slightly higher (i.e., **236**) than that of female complainants (i.e., **232**) for the period from July 2021 to August 2022.

Table 19. Gender distribution of complainants for the period from 01 July 2021 to 31 August 2022.

Gender of complainants	Number
Female	232
Male	236
TOTAL	468

Over the course of the reporting year 2021/2022, the OCO carried out more than **100 field visits** to residential care institutions for investigation purposes, including night visits. These enabled the OC and Investigators to:

- interact with children in their residential care setting;
- quickly obtain information from children and relevant people;
- give advice, as necessary; and
- establish contact with caregivers and other professionals working with children, thereby sensitising them on the role and functions of the OCO.



4.4. A selection of 100 cases dealt by the OCO in 2021-2022

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Case No.: 1	File No: 5230	Case status: Resolved
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Nature of complaint:

A group of parents complained against the assignment of different educators to a certain class at school. Three different teachers had been assigned to this class which appeared to have impacted on the smooth running of the class.

Action(s) taken by the OCO:

An OCO's Investigator spoke to the Headteacher of the school. The latter believed that the protests were unfounded since school had just started. The Headteacher stated that she chaired a meeting with the parents but the latter refused to understand and they again created havoc. The OCO intervened at the level of the Zonal Directorate who confirmed all of the above. Apparently, parents were choosing a specific teacher whom they believed was outstanding because, in the previous year, her students did remarkably well at PSAC. A correspondence was sent to the SCE of the Ministry of Education, Tertiary Education, Science and Technology (METEST).

Outcome/Follow-up:

As per report from the METEST, an inquiry was carried out by a panel of officers. The third teacher who was assigned to the class was maintained. No further complaints were received regarding class allocation of educators.

Case No.: 2	File No.: 5243	Case status: Resolved
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Nature of complaint:

A grandmother complained that her nephew living in the same family yard often harassed and verbally abused her granddaughter due to her religion and physical characteristics. The grandmother had reported the case to the police station but did not receive any feedback thereat. She complained that her nephew continued to be abusive to her granddaughter.

Action(s) taken by the OCO:

An OCO's Investigator spoke to a Police Officer on the case.

Outcome/Follow up:

The grandmother reported that a Police Officer had intervened into the matter and that her nephew had stopped being verbally abusive to her granddaughter. She thanked the OCO for its intervention.

Case No.: 3**File No.: 5244****Case status: Resolved****Nature of complaint:**

A group of parents complained that certain educators of a secondary school had carried out online classes till late at night – a situation which took a toll on the health of their children.

Action(s) taken by the OCO:

The OC spoke to the Rector of the college.

Outcome/Follow up:

The matter has been addressed.

Case No.: 4**File No.: 5273****Case status: Resolved****Nature of complaint:**

A lady called on behalf of her mother to inquire on the procedures to become legal guardian of her 18-month-old grandchild as the mother of the child was an alcoholic and the father did not have the financial means to look after the child.

Action(s) taken by the OCO:

An OCO's Investigator called the complainant for more details regarding the complaint. According to information gathered, the father wanted to get the custody of the child and his mother would help him to take care of the baby.

Outcome/Follow-up:

The complainant was informed that the custody of a child can only be decided in the Family Court by a Judge. She was advised to request his brother to enter a case in Court and apply for legal aid.

Case No.: 5	File No.: 5274	Case status: Resolved
<p><u>Nature of complaint:</u></p> <p>A Social Worker phoned to request the intervention of the OC with the MSISSNS regarding the application for social aid made by a mother for her child who has certain disabilities.</p> <p><u>Action(s) taken by the OCO:</u></p> <p>An OCO's Investigator called the mother to gather more information. The latter stated that she never gave permission to the Social Worker to make any complaint in her name. The child will be seen by the medical board.</p> <p><u>Outcome/Follow-up:</u></p> <p>The Social Worker was informed not to make complaints for people without their authorisation. The mother was provided with the contact details of the OCO in case she wanted to make any complaint at a later stage.</p>		
Case No.: 6	File No.: 5275	Case status: Resolved
<p><u>Nature of complaint:</u></p> <p>A mother complained that her 13-year-old daughter was victim of discrimination at school perpetrated by the Rector. She explained that her daughter should have been promoted to Grade 8 together with her classmates in the same class as announced by the educational authorities. However, the management of the school sent her in another Grade 8 class, arguing that her performance and behaviour were not good. The child is reported to be bullied by her new classmates. The mother complained to the SeDEC and the Private Secondary Education Authority (PSEA), but she was not satisfied with the outcome.</p> <p><u>Action(s) taken by the OCO:</u></p> <p>An OCO's Investigator called the Rector for explanations, and also contacted the parents. The latter stated that they are admitting their daughter in a fee-paying school.</p> <p><u>Outcome/Follow-up:</u></p> <p>The Rector explained that in her school, at the end of each academic year, the classes are reshuffled based on the pupils' performance during the year and their behaviour. This has</p>		

been the practice for years. The Rector also informed the OCO's Investigator that the parents requested for a transfer certificate. The parents transferred their daughter to a fee-paying secondary school.

Case No.: 7

File No.: 5276

Case status: In progress

Nature of complaint:

A grandmother complained that the partner of her daughter roamed around indecently in the house even in the presence of her two grandchildren. He was also suspected to be a drug addict. It was alleged that he even threatened the children with a knife. The mother sent her children to stay at her brother's place. The grandmother was worried because her son's house is not spacious. The children's mother would not allow the grandmother to take the children with her. It is to be noted that the children's father is a foreign national and that he resides in his country of origin.

Action(s) taken by the OCO:

The OC convened the mother at the OCO. The latter stated that she was in conflict with her parents as they manipulated her daughters. She added that her elder child made false allegations against her partner and the latter spent sixteen days in jail because of that. The OC met the elder child in her office. The latter stated that she wanted to stay with her grandmother as her mother chose her partner instead of her children. The OC also met the grandmother and informed her that she met the mother and the elder child. The latter wants to stay with her grandmother as she and her little brother felt more secure with the grandmother. The mother was reluctant to leave her partner. The grandmother informed the OC that she was looking for a house to rent.

Outcome/Follow-up:

Investigation on this case is ongoing.

Case No.: 8

File No.: 5277

Case status: Resolved

Nature of complaint:

A Mauritian employer operating in Rodrigues made a complaint on behalf of his Rodriguan employee stating that the latter's daughter, aged 17 years, got stranded in Mauritius due to

the lockdown and closure of the Mauritian borders. The child was missing school. The parents made an application for the child to travel to Rodrigues accompanied by a relative once the Mauritian borders are opened. However, the application was rejected by the Rodriguan administration arguing that the child would not be able to go on quarantine as she was still a minor.

Action(s) taken by the OCO:

A letter was sent to the Island Chief Executive in Rodrigues requesting him to reconsider the case in the best interests of the child.

Outcome/Follow-up:

The child was granted a seat on one of the repatriation flights to Rodrigues some weeks later.

Case No.: 9

File No.: 5278

Case status: Resolved

Nature of complaint:

A father complained that he and his wife accompanied by their four-year-old son came to Mauritius from Rodrigues. However, with the closure of the Mauritian borders, they were not allocated seats on the repatriation flights to return to their home island. The Rodriguan authorities told them that their situation did not fulfil the priority criteria. The child was also missing his teachers and classmates.

Action(s) taken by the OCO:

A letter was sent to the Island Chief Executive in Rodrigues requesting him to reconsider the case in the best interests of the child and the family.

Outcome/Follow-up:

The family was allocated seats on a repatriation flight to Rodrigues two weeks later.

Case No.: 10

File No.: 5279

Case status: Resolved

Nature of complaint:

A former staff member of an RCI informed the OCO that there were irregularities in the management of the shelter.

Action(s) taken by the OCO:

The OC and an OCO's Investigator called at the RCI. They spoke to the Manager and the children separately. They visited the living space of the children and the outdoor play area. They also inspected the books.

Outcome/Follow-up:

The Manager was apprised on the shortcomings observed. She was advised to take urgent actions to remedy the highlighted issues. The RCI will continue to be monitored during the OCO's regular visits to these facilities.

Case No.: 11**File No.: 5281****Case status: Resolved****Nature of complaint:**

A grandmother complained that her daughter was neglecting her three children aged 4, 8 and 10 years old. She reported that the mother was irresponsible and would leave the children at her place at any time and took them back at any time she wanted. Their schooling was affected. The grandmother wanted to get the legal guardianship of the children.

Action(s) taken by the OCO:

A letter was sent to the MGEFW requesting the CDU to take necessary action to protect and provide psychological support to the children.

Outcome/Follow-up:

In its report, the MGEFW stated that after inquiry the children were entrusted to the care of the grandmother. They were also followed by the Psychologist of the CDU.

Case No.: 12**File No.: 5282****Case status: In progress****Nature of complaint:**

The OC received a print out of a social media post mentioning a case of violence perpetrated on a teenage mother by her boyfriend. The latter was reported to be a habitual criminal. The author of the post stated that the teenage mother was sequestered and was in great danger. Her photo also was posted. The OC opened an own motion inquiry.

Action(s) taken by the OCO:

The Police of the region where the teenager and her boyfriend lived was contacted by an OCO's Investigator. They provided information on the identity of the teenager, her baby and the lover. The latter was arrested. The mother and the baby were faring well. After a month, the OCO's Investigator contacted the Police of the region to get updates about the case and was apprised that the Police did not follow up on the case and that the boyfriend was bailed out. A letter was sent to the MGEFW requesting for a report on the actions taken by the CDU to protect and support the mother and her baby.

Outcome/Follow-up:

A report from the MGEFW is being awaited.

Case No.: 13	File No.: 5283	Case status: Resolved
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Nature of complaint:

A father complained that his ex-partner and mother of his five children allegedly led an unruly life. The children were staying at their maternal grandmother's place. The father entered in a union with another woman. He wanted the custody of his children as very often he was denied access to his children.

Action(s) taken by the OCO:

An OCO's Investigator spoke to one of the children. The latter stated that, like her siblings, she was very attached to her father. She declared that they were beaten by their grandparents. The Investigator spoke to an Officer of the CDU and referred the father to her. The Investigator then called the father. The latter wanted to transfer his 3-year-old child to a school near his place but the mother was not agreeable. The father was advised to enter a case in Court for the custody of the children.

Outcome/Follow-up

The OCO's Investigator called the father for follow up. The father stated that he and the mother agreed that the children would be staying with their mother on weekdays so that they could attend school and would spend the weekends at his place.

Case No.: 14	File No.: 5284	Case status: Resolved
<p><u>Nature of complaint:</u></p> <p>A mother complained that her 3-year-old son was suffering from his anus and she suspected that the father might have touched him there. She took the child to the hospital. The Police Medical Officer examined the child. The Police of the locality took the statement of the mother as the child could not formulate phrases or sentences. The report of the Police Medical Officer was awaited by the local Police for further action. The CDU was aware of the case.</p> <p><u>Action(s) taken by the OCO:</u></p> <p>An OCO's Investigator contacted the CDU Officer in charge of the case. The latter informed her that in the past days, the mother made similar allegations to the Police. However, she withdrew her complaints and returned to live with her husband. The CDU referred the case to the Family Unit as there were conflicts between the spouses. The Investigator contacted the local Police and was informed that the child was already examined by the Police Medical Officer and no sign of sexual abuse was detected. However, the official report will be ready in one month.</p> <p>The CDU was contacted again. They reported that it was difficult to provide counselling to the child as he could hardly talk. They added that the doctor informed them that the child had itchiness around the anus as he had a pinworm infection. The mother was proposed an option to go to a shelter if she felt threatened, but she refused.</p> <p><u>Outcome/Follow-up:</u></p> <p>The OCO's Investigator contacted the complainant. The latter wanted to get a Protection Order against the father. She was advised to go to Court. The case was closed at the level of the OCO.</p>		
Case No.: 15	File No.: 5285	Case status: Resolved
<p><u>Nature of complaint:</u></p> <p>A mother complained to the OC that her son obtained very good results in all his subjects for the School Certificate except for French in which he obtained NO RESULT. The reason is that the child was tested positive for Covid-19 and was admitted at the ENT Hospital. Despite all</p>		

the assurances given by the authorities that no child would be penalised due to the pandemic, the child was not allowed to take part in the paper at the treatment centre. Unfortunately, he missed his entire SC French exams.

Action(s) taken by the OCO:

An OCO's Investigator contacted the Rector of the school. The latter informed him that the school had requested the authorities to make arrangements so that the child may take part in his French exams at the treatment centre. However, the sanitary protocol did not allow for that. The school could not do anything to help the child.

Outcome/Follow-up:

As per the regulations of Cambridge International Examination, a candidate would obtain NO RESULT in case he/she did not sit for any paper in a subject. An Investigator followed up with the complainant to ensure that she was informed of these regulations.

Case No.: 16

File No.: 5286

Case status: Resolved

Nature of complaint:

A Social Worker informed the OC that a pre-primary school pupil, aged 4 years old and who was placed in an RCI by the CDU, had bruises on his head, left cheek and back.

Action(s) taken by the OCO:

An OCO's Investigator contacted the Head mistress (HM). The latter stated that she was informed about the bruises by the class teacher. She then contacted the Manager of the RCI who told her that the child was beaten by another child. Three caregivers from the RCI picked up the child at school just after the phone call. Later, the Manager called the Investigator and stated that the child was allegedly beaten by the class teacher. The HM reported the case to the CDU.

The OCO's Investigator called the Manager of the RCI. The latter informed her that the child was taken to the hospital. The doctor, after examination, concluded that the child was suffering from skin irritation.

Outcome/Follow-up:

The OC and the Secretary of the OCO visited the shelter to ensure that the child was faring well and that the conditions at the RCI were adequate.

Case No.: 17**File No.: 5287****Case status: In progress****Nature of complaint:**

Some community members complained to the OC that a fourteen-year-old girl was victim of sexual exploitation and was coerced into prostitution by her mother. It was also reported that the child fell pregnant and was forced to abort. The CDU and the local Police were aware of the case.

Action(s) taken by the OCO:

A letter was sent to the MGEFW requesting for the urgent intervention of the CDU. A letter was sent to the *Brigade pour la Protection de la Famille* (BPF) requesting for a report on their intervention.

Outcome/Follow-up:

A report was received from the CDU. An EPO was obtained for enquiry purposes. It was found that the child was sexually active. With respect to pregnancy, abortion and prostitution issues, the child denied all the allegations. The CDU referred the matter to the BPF for further enquiry. A report from the BPF is being awaited.

Case No.: 18**File No.: 5288****Case status: Resolved****Nature of complaint:**

A father complained that his two children were being neglected by their mother with whom they were residing. The parents were living separately. The father alleged that the mother was a drug addict and that the mother was permitting her daughter of 15 years to engage in sexual activity with her boyfriend.

Action(s) taken by the OCO:

The case was referred to the CDU for appropriate action and reporting.

Outcome/Follow-up:

A report was received from the CDU. It was found that at the time of the complaint, there were conflicts between the spouses. The enquiry of the CDU did not reveal any child protection or child neglect issue. The child denied the allegations that she was sexually active. She is living at her mother's place whilst her brother opted to live with the father.

Case No.: 19**File No.: 5289****Case status: In progress****Nature of complaint:**

A mother complained that her 4-year-old daughter, who suffered from a disorder, was neglected at school by the class teacher.

Action(s) taken by the OCO:

An OCO's Investigator spoke to the Headmistress.

Outcome/Follow-up:

The Headmistress declared that the school was doing its best to facilitate the adaptation of the child in class. They had no problem with the child, but the mother did not cooperate. She was interfering in the pedagogical process to make the child independent.

Case No.: 20**File No.: 5290****Case status: In progress****Nature of complaint:**

A mother complained that her ex-husband was harassing her 3-year-old son at school. The father was granted *droit d'hébergement* on alternate weekends but he used his privilege as school bus driver to get access to the child within the school compound without the authorisation of the mother and the School Director. It was also reported that he was rude with the teachers.

Action(s) taken by the OCO:

An OCO's Investigator requested the mother to forward a copy of the Court Order to the OCO. The mother replied that she would do so as soon as her attorney would hand a copy of the Court Order to her. The OCO's Investigator spoke to the School Director. The latter stated that the father disturbed the peacefulness within the school compound.

Outcome/Follow-up:

The School Director would convene the father as soon as the school would resume after the Covid-19 restrictions were lifted to regulate his movement within the school compound.

Case No.: 21	File No.: 5291/5296	Case status: In progress
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Nature of complaint:

A lay person reported to the OC that a swindler was collecting money from the public and via social media for the treatment of a child. The money collected was credited to his personal account. The same complaint was received from the Citizen Support Unit (CSU).

Action(s) taken by the OCO:

A letter was sent to the Commissioner of Police for necessary action.

Outcome/Follow-up:

Police inquiry is ongoing.

Case No.: 22	File No.: 5292	Case status: Resolved
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Nature of complaint:

A father reported that he was separated from his ex-partner a few months before the birth of their daughter. The child was four months old at the time of the complaint. The mother declared the child without disclosing the father's name. The latter wanted to get the custody of the baby arguing that the mother was not living a stable life. The father was not aware of the whereabouts of the mother and the baby.

Action(s) taken by the OCO:

An OCO's Investigator phoned the Civil Status Office (CSO). The Civil Status Officer stated that two courses of action were possible. The father could acknowledge the child at the CSO in presence of the mother or else the father has to go to Court.

Outcome/Follow-up:

The father was advised accordingly.

Case No.: 23	File No.: 5293	Case status: In progress
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Nature of complaint:

A group of parents of children with non-verbal problems and severe autism complained to the OC in writing that their wards had to endure six hours travel from home to school and back as the METEST had not given its approval for the running of a specialised school for children with autism in the North. The latter had been redeployed to the main branch in the Centre of the island.

Action(s) taken by the OCO:

An OCO's Investigator contacted one of the complaining parents. The latter stated that the school was not yet registered as the norms and regulations of the Authority had not been finalised yet. He added that the management was never asked to close the school. The Investigator then spoke to the management. The President stated that they had to cease operation as they were running a school without a licence. They were told by the SEN Unit that the opening of the new branch in the North was not in order.

The Director of the Authority was also contacted. The latter told the OCO's Investigator that the school was not yet registered, but at no time they were asked to stop operating. The OC convened the management committee of the NGO running the specialised school for a mediation. However, the committee maintained that the school shall open once all the permissions have been obtained from the METEST and the Authority. The procedures were already underway.

Outcome/Follow-up:

The school branch situated in the North has re-opened and is registered with the Authority.

Case No.: 24	File No.: 5294	Case status: In progress
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Nature of complaint:

A father of twin infants aged 22 months complained that the nursery where he was leaving his two daughters during the day was not providing quality care. Moreover, he reported that the physical environment at the nursery was poor and that the carers were not trained.

Action(s) taken by the OCO:

A letter was sent to the Early Childhood Development Section of the MGEFW. An OCO's Investigator contacted the complainant. The latter stated that many carers resigned as they were not being paid their wages. He has stopped sending his children to that nursery.

Outcome/Follow-up:

A report from the MGEFW is being awaited.

Case No.: 25**File No.: 5295****Case status: Resolved****Nature of complaint**

A father complained that his son was victim of corporal punishment by his primary school teacher. The father spoke to the teacher on several occasions explaining that his son had learning difficulties. Despite being aware of the child's issues, the teacher continued to hit the child. The latter was deeply distressed to go to class.

Action(s) taken by the OCO

An OCO's Investigator spoke to the Head master (HM) of the school and urged him to monitor this particular situation so that no child is victim of corporal punishment in his school. The HM assured us that he would take up the matter with the teacher and at the level of staff meetings. Moreover, an official letter in this regard was sent to the Permanent Secretary of the METEST.

Outcome/Follow-up

The father informed the OCO that his child was being followed by a Psychologist. The parent stated that the verbal bullying and the physical abuse had stopped further to the OCO's intervention. The parent stated that he will continue to support his child all the way.

Case No.: 26**File No.: 5297****Case status: Resolved****Nature of complaint:**

A maternal grandmother called at the OCO to inquire about the procedures to become the legal guardian of her 12-year-old granddaughter as the biological parents had abandoned the child with her and that they led unruly lives. She reported that the father was a drug addict and the mother was an alcoholic. Their whereabouts also were unknown.

A few days later, the grandmother accompanied by the child's mother called at OCO. The latter stated that she was living with another man. As for the child's father, she did not know where he was living. The mother had no objection for the grandmother to become the legal guardian. The grandmother wanted to take the child with her to Rodrigues on vacation.

Action(s) taken by the OCO:

The grandmother was referred to the legal counsellor at the CDU for legal advice on the guardianship procedures. An OCO's Investigator inquired from the authorities about the procedures for the child to travel to Rodrigues with the grandmother. She was informed that both parents would have to sign the documents at a Police Station. The Investigator wrote to the Police to look for the child's father.

Outcome/Follow-up:

The child's father could not be traced. The case has been filed.

Case No.: 27

File No.: 5299

Case status: In progress

Nature of complaint:

A mother of an 11-month-old infant complained that the child's grandmother did not allow her to raise her child as she wished. The grandmother was very possessive about the child. She fought with the mother in front of the child. The mother also complained that the environment in which the grandmother was living was not appropriate to keep an infant. Dogs roamed around in her house day and night. On two occasions, the baby got scabies.

Action(s) taken by the OCO:

An OCO's Investigator contacted the grandmother. The latter stated that the parents consumed alcoholic drinks and neglected the child. She was advised to report any case of abuse and neglect to the CDU.

Outcome/Follow-up:

The grandmother was contacted and she stated that the situation was fine for the time being. The child's mother was unreachable on her phone.

Case No.: 28	File No.: 5300	Case Status: In progress
<p><u>Nature of complaint:</u></p> <p>The OC opened an investigation regarding two toddlers who were removed from their parental home by the CDU following violent domestic dispute between the parents. Since the children have been removed, they have not been granted any visit. The parents were unsure about the Court procedures to win back their children's custody.</p> <p><u>Action(s) taken by the OCO:</u></p> <p>The Officers of the CDU were contacted by an OCO's Investigator to discuss the case. The OC recommended that the Officers working on the case file be convened for a meeting. The case history and the actions taken were discussed during the meeting.</p> <p><u>Outcome/Follow-up:</u></p> <p>Following our intervention, parental visits were organised and the parents were advised regarding procedures to be undertaken to get back their children. Follow-up is being maintained on this case.</p>		
Case No.: 29	File No.: 5302	Case status: Resolved
<p><u>Nature of complaint</u></p> <p>A mother complained that her children were victims of abuse by their father. Though an Immediate Care and Control Order has been issued, she still did not have access to her children.</p> <p><u>Action(s) taken by the OCO</u></p> <p>An OCO's Investigator wrote to the SCE of the MGEFW and the Commissioner of Police to inquire about the action taken in the case.</p> <p><u>Outcome/Follow-up</u></p> <p>The Police executed the Order at the residence of the father but he refused to abide to the said Order. At the CDU, the children denied being abused by the father. As per report received from the CDU, the children were well cared for by the father and shared a good</p>		

bonding with the latter. The OCO's Investigator spoke to the father, explaining that the mother should get access to the children in the best interests of the latter.

Case No.: 30

File No.: 5303

Case status: Resolved

Nature of complaint

A mother stated that her child has autism and had to undergo surgery at a hospital. She complained that the surgery kept being postponed. Each time the child had to undergo a PCR test for Covid-19 which was very distressing for him given his autism.

Action(s) taken by the OCO

The Superintendent of the hospital was contacted and needful was done. The surgery was rescheduled for the following week.

Outcome/Follow-up

The case was filed.

Case No.: 31

File No.: 5304

Case Status: Resolved

Nature of complaint:

A maternal grandmother reported that her daughter has an unstable life and neglects her children. Complainant was concerned about the well-being of the children and stated that her daughter took away the elder child who had been living with her.

Action(s) taken by the OCO:

The case was referred to the MGEFW for appropriate action and report.

Outcome/Follow-up:

Report from the MGEFW stated that no child protection concern was identified. An OCO's Investigator spoke with the grandmother and the elder child. It was gathered that the elder child was happy to be at both the mother's and grandmother's places and that the family conflict was resolved.

Case No.: 32	File No.: 5305	Case status: Resolved
<p><u>Nature of complaint:</u></p> <p>A father reported that his wife left the conjugal house with their two daughters. The mother had deprived the father of any contact with, and access to, the children for the past six years. He wanted to have access to his children.</p> <p><u>Action(s) taken by the OCO:</u></p> <p>The OC did a mediation and spoke to the mother over the phone. She also asked the latter to allow the children to speak to her as she wanted to have their views on this matter.</p> <p><u>Outcome/Follow-up:</u></p> <p>The respondent was contacted several times but to no avail. Given that the matter was brought to Court, the OCO did not intervene further.</p>		
Case No.: 33	File No.: 5307	Case status: Resolved
<p><u>Nature of complaint:</u></p> <p>A complainant reported that a minor was at risk and living in unpleasant conditions with his mother. It was further reported that the minor was neglected and traumatised.</p> <p><u>Action(s) taken by the OCO:</u></p> <p>An OCO's Investigator contacted the minor's mother but to no avail.</p> <p><u>Outcome/Follow-up:</u></p> <p>The complainant was informed that the mother's phone number was not reachable. She was counselled to report the matter to the CDU.</p>		
Case No.: 34	File No.: 5308	Case status: In progress
<p><u>Nature of complaint:</u></p> <p>A complainant stated that a minor lived with his elder brother's concubine. It was reported that the elder brother was in prison and that the concubine was illegally occupying the house. It was also alleged that the latter engaged minors into prostitution and also abused them.</p>		

Action(s) taken by the OCO:

The case was referred to the MGEFW for appropriate action and report.

Outcome/Follow-up:

An OCO's Investigator spoke to an Officer of the BPF who stated that the BPF carried out two patrols at the respondent's place but no illegal activities were noted.

Case No.: 35	File No.: 5309	Case status: Resolved
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Nature of complaint:

A complainant stated that a minor was victim of verbal and physical abuse perpetrated by her father. The father was abusive toward minor's elder sister and mother as well.

Action(s) taken by the OCO:

The case was referred to the MGEFW for appropriate action and report.

Outcome/Follow-up:

An OCO's Investigator carried out a follow up call with the minor's mother. According to the latter, she got into a dispute with her family and her anxious brother-in-law informed the Police. She was not willing to lodge a complaint.

Case No.: 36	File No.: 5310	Case status: In progress
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Nature of complaint:

A complainant reported the excessive use of pesticide and herbicide by his neighbour. He was concerned that this may pose health hazards to himself and his family.

Action(s) taken by the OCO:

The case was referred to the Ministry of Health and Wellness (MHW) for appropriate action and report.

Outcome/Follow-up:

A correspondence from the MHW informed that the matter was referred to the Pesticides Regulatory Office of the Ministry of Agro Industry and Food Security for necessary action.

Case No.: 37	File No.: 5311	Case Status: In progress
<p><u>Nature of complaint:</u></p> <p>It was anonymously claimed that a couple who are drug dealers allegedly sexually coerced young girls on social media platforms. It was reported that sexual intercourse with a minor girl was filmed and that the video was circulated. This matter was reported to the Police.</p> <p><u>Action(s) taken by the OCO:</u></p> <p>The case was referred to the Commissioner of Police for a report on actions taken in this matter.</p> <p><u>Outcome/Follow-up:</u></p> <p>Follow up on the matter is being ensured.</p>		
Case No.: 38	File No.: 5312	Case status: In progress
<p><u>Nature of complaint:</u></p> <p>A mother reported that a former Rector forbade her son from attending school pending the decision of the Cambridge Assessment International Education regarding a plagiarism issue on the project submitted in the subject "Enterprise". Though the situation has been remedied, the complainant was anxious regarding the number of absences which could be prejudicial to the minor.</p> <p><u>Action(s) taken by the OCO:</u></p> <p>A letter was addressed to the METEST for a report on the matter.</p> <p><u>Outcome/Follow-up:</u></p> <p>The report received from the METEST was satisfactory and confirmed that the matter has been addressed.</p>		
Case No.: 39	File No.: 5313	Case status: In progress
<p><u>Nature of complaint:</u></p> <p>A group of parents lodged a complaint regarding the lamentable conditions of a SEN school's infrastructure, poor quality of education and misuse of funds.</p>		

Action(s) taken by the OCO:

A letter was addressed to the National Social Inclusion Foundation (NSIF) highlighting the various issues which violated the children's rights. The OC recommended that the NSIF hold the funds of the Association until the situation is remedied.

Outcome/Follow-up:

Follow-up on the matter is being ensured.

Case No.: 40	File No.: 5314	Case status: In progress
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Nature of complaint:

A father complained that he had no news or contact with his wife and child since April 2021. He was concerned that minor was not attending school.

Action(s) taken by the OCO:

An OCO's Investigator spoke to complainant as well as to a relative of the wife. It was gathered that the wife was a battered woman and has a Protection Order. She left the house for her own protection and that of her child.

Outcome/Follow-up:

The relative informed that the mother and her child had relocated somewhere safe and that the child was attending school.

Case No.: 41	File No.: 5315	Case status: In progress
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Nature of complaint:

A mother reported that her child was declared by her father only and she was unaware that her name did not appear on the birth certificate. The child lived with her father for the past 6 years and, since last year, the minor started living with her. Not being recognised as the responsible party, all administrative processes regarding the child's education becomes increasingly complicated.

Action(s) taken by the OCO:

A letter was addressed to the Registrar of Civil Status for necessary actions at their level.

Outcome/Follow-up:

A report is being awaited from the Registrar of Civil Status.

Case No.: 42	File No.: 5316	Case status: Resolved
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Nature of complaint:

A mother reported that, following her divorce, the father obtained custody of both children while she was granted visiting rights. She stated that the children complained being ill-treated by their father. The children were removed by the CDU following complaint of alleged ill-treatment by the father. She also applied for an Immediate Care and Control Order but same was rejected. She wanted to take the responsibility of the children.

Action(s) taken by the OCO:

The OC spoke to the mother and noted that the mother had a stable job and can look after her children. The OC also spoke to the CDU Officer handling the case. The latter was recommended to take into consideration that the children can be looked after by their mother and the children were not willing to go back to their father. The OC also spoke to the father who acknowledged that the children did not want to stay with him. He was informed that the Court will determine where the children will stay.

Outcome/Follow-up:

The mother was granted provisional custody of both children. The mother already initiated needful procedures for the children's admission to school.

Case No.: 43	File No.: 5317	Case status: Resolved
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Nature of complaint:

A mother reported that her daughter who was going to turn 18 years old soon was in a relationship with a young man. The parents do not approve of this relationship given the unstable life of the man. The mother wanted the girl to be counselled by the OC.

Action(s) taken by the OCO:

The minor and respondent were contacted several times but to no avail. The OC met with the parents. She took note of their grievance. The mother also reported that the BPF had counselled the girl and even warned the young man, but none of that helped. Given that the girl was turning 18 years old in less than a week, the OC apprised the parents that little can be done at her level.

Outcome/Follow-up:

The complainant was referred to the Family Unit of the MGEFW for appropriate counselling and assistance. The case was closed.

Case No.: 44**File No.: 5318****Case status: Resolved****Nature of complaint:**

A mother reported that her daughter suffers from *mandibular ramus* (jaw) problem and needs continual treatment and assistance. Previously when the mother was working in the same school as minor, she was able to attend to the needs of the child. However, given that the family changed address, minor was transferred to another school. In a bid to better care for the special needs of the minor, the mother requested that she is transferred to the same school as her daughter.

Action(s) taken by the OCO:

A letter was addressed to METEST to request that due consideration be given to the mother's request for transfer to uphold minor's right to health. The OC convened both parents for a meeting. The parents were recommended to forward a history of the child incident and the doctor's report. The OC also spoke to the Rector of the school to get a better insight of challenges faced by the minor at the school.

Outcome/Follow-up:

The mother phoned to inform that she got a transfer to a school which is in the vicinity of the school attended by minor. She credited the OCO for this transfer and stated that this will allow her to attend to her child's needs.

Case No.: 45**File No.: 5319****Case status: In progress****Nature of complaint:**

A minor reported that she was sexually abused by her cousin. She reported the matter to the Police, accompanied by her mother. Minor complained that the Police failed to give proper feedback pertaining to the case and that the CDU failed to provide her with necessary psychological support.

Action(s) taken by the OCO:

A letter was addressed to the MGEFW and the Commissioner of Police (CP) to request for a report on the matter. Minor and her mother were convened to the OCO. The OC sensitised minor on the importance of pursuing her education and on the fact that any person who engages in sexual activity with a minor commits a crime.

Outcome/Follow-up:

A report from the MGEFW stated that minor was provided with psychological assistance the day the matter was reported. Minor was seen anew by the Psychologist and follow up appointment was scheduled. A report from the CP stated that the accused was still out of reach despite several efforts by the Police. The complainant was apprised accordingly.

Case No.: 46**File No.: 5321****Case status: In progress****Nature of complaint:**

A father reported that his son attends a SEN Integrated Unit. He reported receiving a phone call from the Assistant Manager of the school, asking him to transfer his child from the Integrated Unit to a SEN school in Beau Bassin.

Action(s) taken by the OCO:

An OCO's Investigator spoke to an Officer of the SEN school regarding the complaint. An official letter was addressed to the Manager of the SEN School, requesting for a report on the matter.

Outcome/Follow-up:

A staff of the SEN School informed that the Association cannot manage the Integrated Unit anymore and that the children would not benefit from the services available in Beau Bassin.

Case No.: 47**File No.: 5322****Case Status: Resolved****Nature of complaint:**

A father stated that he is separated from his wife with whom he has a child. The child lives with the mother. The father suspected that the child may be victim of abuse and neglect perpetrated by the mother. The latter allegedly blocked the father on the phone and supposedly indulged the child in mendacity.

Action(s) taken by the OCO:

An OCO's Investigator phoned respondent regarding the complaint lodged against her. The respondent informed that the father was in regular contact with them and it is only for the past two weeks, following a quarrel, that the father did not come to meet them.

Outcome/Follow-up:

The complainant was confronted with the respondent's version. He was counselled to resolve their adult conflicts amicably in the best interests of the child.

Case No.: 48**File No.: 5323****Case status: In progress****Nature of complaint:**

A mother reported that her son was harassed by his teacher and that the latter was supported by the Headteacher. The mother complained that the teacher verbally bullied her son in class. The child is anxious and does not want to go to school.

Action(s) taken by the OCO:

An OCO's Investigator spoke to the Headteacher to investigate on the matter. The latter stated that minor displayed defiant behaviour and agreed that the teacher must not speak to the child in that way. The Headteacher reported that the children are victims of corporal punishment by the father and that the parents needed to be supported in their parenting style.

Outcome/Follow-up:

The OCO's Investigator took up the issue of corporal punishment with the mother. The latter was sensitised that when parents use physical punishment, children are more likely to have challenging behaviour, anxiety and depression. The mother was also informed that the Headteacher was also ready to collaborate with her in the best interests of the child.

Case No.: 49**File No.: 5324****Case status: Resolved****Nature of complaint:**

It was anonymously reported that a person was selling drugs to minors at his place of residence. The matter was reported to the Police and Anti-Drug and Smuggling Unit but no action was taken.

Action(s) taken by the OCO:

A letter was addressed to the Commissioner of Police for necessary intervention at his end.

Outcome/Follow-up:

Report received from the Police stated that respondent was a consumer rather than a dealer. At no point was he found selling drugs to minors or any other persons in his surroundings.

Case No.: 50**File No.: 5325****Case status: Resolved****Nature of complaint:**

A mother reported that her child from her previous marriage was removed by the CDU, following disclosure of alleged abuse. She reported that, when divorcing her ex-husband, she was granted custody while the father was granted *droit d'hébergement*.

Action(s) taken by the OCO:

A letter was addressed to the MGEFW for a report on the case.

Outcome/Follow-up:

The report from the Ministry stated that the minor admitted to being ill-treated by the mother and refused to return to mother's place. The father was granted Immediate Care and Control Order. The minor was handed to the father under his care and was faring well. Complainant

took up the services of a lawyer to get back her child and was given a date to appear before Court. Complainant was apprised that at this stage, the OCO cannot intervene further as the matter was being heard in Court.

Case No.: 51

File No.: 5326

Case status: Resolved

Nature of complaint:

It was anonymously reported that a minor's parents are drug addicts and that they did not have a fixed place of abode. It was alleged that the parents beat the child and neglect her.

Action(s) taken by the OCO:

An OCO's Investigator reported the matter to the CDU. However, when the CDU called at the place mentioned, the child was already taken away to somewhere else. The CDU informed the OCO's Investigator that the matter was referred to the Commissioner of Police to trace the whereabouts of the child.

Outcome/Follow-up:

Follow up call was done to the CDU. The CDU Officer informed that minor and his biological father called at the CDU. Minor was presently living with his father and was faring well.

Case No.: 52

File No.: 5327

Case status: In progress

Nature of complaint:

It was anonymously reported that a minor was allegedly being manipulated by his father to steal in the neighbourhood. According to complainant, minor's father is a drug addict and that child is allegedly being used as a mule. It was also reported that minor roams the street on days he is not attending school.

Action(s) taken by the OCO:

The case was referred to the MGEFW for intervention and report.

Outcome/Follow-up:

The report from the Ministry stated that necessary psychosocial support was provided to the minor. The minor denied being made to steal by his father. The child was mostly looked after

by his grandmother and was well taken care of. According to information gathered from minor's school, minor's academic performance was good and attendance was regular. The alleged case of the child being used as mule has been referred to the BPF.

Case No.: 53

File No.: 5328

Case Status: Resolved

Nature of complaint:

A father complained that his adoptive son was defiant and hostile toward his adoptive parents, peers, and teachers. The father stated that he had to change minor's school twice and that now he was currently attending a SEN school. The father reported not being able to handle the child's challenging behaviours.

Action(s) taken by the OCO:

The father and child were convened to the OCO. An OCO's Investigator met with the father and the child separately. The father was apprised that defiance can stem from a number of circumstances. He was counselled to continue minor's counselling sessions at the level of the SEN school.

Outcome/Follow-up:

The case was discussed with the OC and the father was subsequently recommended to seek the services of a Psychologist who can help him understand the dynamics of attachment and support him in handling the challenging behaviours of minor.

Case No.: 54

File No.: 5344

Case status: Resolved

Nature of complaint:

The OC investigated into the case of three children removed by the CDU. The mother alleged that she is very anxious about her children's well-being and wishes to regain their custody.

Action(s) taken by the OCO:

The OC requested the CDU to urgently brief her on the case and ensured that the three children were placed in the same RCI.

Outcome/Follow-up:

According to the report received from the CDU, the children were victims of neglect. One child suffered from severe anaemia. The parents are on drugs. The children are placed in an RCI. The parents will be monitored by the CDU and they were informed about the procedures to get back their children.

Case No.: 55**File No.: 5348****Case status: Resolved****Nature of complaint:**

A mother made a complaint alleging that her son had been injured while at the Flacq Hospital after being placed there following an Emergency Protection Order (EPO).

Action(s) taken by the OCO:

The CDU was contacted to inquire about how this child got injured while being in a place of safety. A report was requested from the MGEFW.

Outcome/Follow-up:

As per report received from the Ministry, the child's injury was accidental. He ran in the hospital ward and fell down. After receiving his medical care, he was placed in a facility.

Case No.: 56**File No.: 5349****Case status: Resolved****Nature of complaint:**

A father complained that his brother allegedly threatened to harm his children and their mother. He gave his statement at the Police Station. He feared for the safety of his family.

Action(s) taken by the OCO:

An OCO's Investigator contacted the Police and wrote to the Commissioner Police for a report of action taken in that matter.

Outcome/Follow-up:

As per police report, the whereabouts of the accused party were traced out and he was arrested. He was bailed out pending Court decision. No further complaints were lodged in that matter.

Case No.: 57**File No.: 5352****Case status: Resolved****Nature of complaint:**

A mother complained that her son of 17-year-old has behavioural problems. He is on drugs and is aggressive. She wishes to send him to RYC.

Action(s) taken by the OCO:

An OCO's Investigator contacted the BPF of Rose-Belle. The version of the Police contradicted that of the parent. The Police Officer stated that the mother does not shoulder any responsibilities and has an unruly life. She is well-known to the Police. The child was supported by the BPF through counselling. The Officer stated that the child will turn 18 years old in a few months.

Outcome/Follow-up:

The BPF was advised to maintain follow-up with the minor until he turned 18 years old. The case was filed.

Case No.: 58**File No.: 5355****Case status: Resolved****Nature of complaint:**

A father complained to the OCO that despite having a *droit de visite/hébergement*, he was constantly being denied access to his children.

Action(s) taken by the OCO:

The case was referred to CDU for action at their end and follow-up was maintained.

Outcome/Follow-up:

As per the report of the CDU, the mother and children have been assessed and no protection concern was detected. However, the mother was advised by the Officer of the CDU to abide by the Court Order regarding the rights of the father to see his children. The father was advised to report the matter to the Police if the Court Order is not being respected by the mother. The case was filed.

Case No.: 59	File No.: 5364	Case status: Resolved
<p><u>Nature of complaint:</u></p> <p>The OC opened an investigation in respect of a girl child who three years ago was victim of 'attempt upon chastity' by her father. The latter went to jail for what he did. The father was back home after his sentence and the child reported to her school teachers that she was again at risk of being abused by her father.</p> <p><u>Action(s) taken by the OCO:</u></p> <p>The CDU was informed immediately for urgent action at their end. Contact with the child's school was maintained. The case was closely monitored by the OCO. After the child reported the case, she was taken in by a relative and informed that she will resume school as soon as possible.</p> <p><u>Outcome/Follow-up:</u></p> <p>As per CDU's report, the father was under police custody. The child remained under the care of her relative and has resumed school.</p>		
Case No.: 60	File No.: 5367	Case status: Resolved
<p><u>Nature of complaint:</u></p> <p>The OC received an anonymous complaint alleging that a restaurant sells alcohol to children. Every week-end, adolescents are seen drunk and under the influence of illicit substances at the restaurant.</p> <p><u>Action(s) taken by the OCO:</u></p> <p>The OCO's Investigator referred the case to the Police and the BPF.</p> <p><u>Outcome/Follow-up:</u></p> <p>As per the police report, a crackdown operation was conducted. The restaurant already received 8 contraventions for not abiding by the law. The restaurant remains under police surveillance.</p>		

Case No: 61	File No.: 5376	Case status: In progress
<p><u>Nature of complaint:</u></p> <p>A father lodged a complaint at the OCO because his children have been removed by the CDU. He admitted that he had beaten his elder son with a belt and that the child bore marks on his body. He alleged that the CDU is unresponsive to his request for information and that the Court case is dragging.</p> <p><u>Action(s) taken by the OCO:</u></p> <p>A correspondence was sent to the MGEFW for more information.</p> <p><u>Outcome/Follow-up:</u></p> <p>As per CDU's report, the children have been removed and placed in a facility. A social enquiry was carried out to identify a family member to take the responsibility of the minors.</p>		
Case No.: 62	File No.: 5380	Case status: Resolved
<p><u>Nature of complaint:</u></p> <p>A grandmother was desperate for help. She complained that her son was an alcoholic, was aggressive and abusive towards her and her granddaughter. The father morally and verbally abused the child all the time. The child was distressed by the situation. The mother entrusted her child to the grandmother as she worked on a cruise ship.</p> <p><u>Action(s) taken by the OCO:</u></p> <p>The complainant was referred to the CDU for legal advice and was directed to the Police. She already had a Protection Order against her son. She stated that she would make a statement at the Police and keep the OCO posted.</p> <p><u>Outcome/Follow-up:</u></p> <p>During a follow-up call, the complainant stated that the Police referred her to the CDU. However, the child was not willing to see the Psychologist of the CDU. As per her grandmother, the child was doing well in her studies. The father's behaviour was getting better. Things were working out fairly well at home and the complainant requested that no further action be taken.</p>		

Case No.: 63	File No.: 5382	Case status: Resolved
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Nature of complaint:

A father complained to the OCO that his child was victim of parental alienation. As per Court Order, the mother was granted custody and the father had a right of visit and *hébergement*. The complainant alleged that the child had been brainwashed against him as he refused to see him.

Action(s) taken by the OCO:

A mediation was carried out. The respondent was contacted so that she could give her version. She denied the allegations and stated that the paternal grandparents reported her to the CDU regarding an alleged physical abuse on the child following which the child was admitted to the hospital for a few weeks. The mother reported that the child refused to go to her father's place since then.

Outcome/Follow-up:

According to CDU's report, the child stated that she did not wish to go to her father's place during the weekend. The mother was sensitised on how important it was for the child to remain in contact with her father.

Case No.: 64	File No.: 5383	Case status: In progress
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Nature of complaint:

Through an anonymous source, the OC was informed that a little girl roamed around with her mother in a garden during the day. The mother was a drug addict and hung out with other drug addicts. The child was ill-treated by the mother.

Action(s) taken by the OCO:

The case was reported to the CP and to the MGEFW for enquiry and action at their end.

Outcome/Follow-up:

The CDU reported that an EPO had been issued, but could not be executed because the mother and her child could not be located. The whereabouts of the mother could not be traced

out despite several Police patrols. Follow-up is being maintained with the concerned authorities in this case.

Case No.: 65

File No.: 5385

Case status: Resolved

Nature of complaint:

A mother complained that her son had been physically abused by his cousin who resided in the same family yard. Owing to this traumatic incident, the mother had to leave her son at his maternal grandmother's place as the child was filled with anxiety.

Action(s) taken by the OCO:

The case was referred to the MGEFW for necessary action at their end.

Outcome/Follow up:

A report received from the MGEFW stated that the case had been lodged at the police station and that minor undertook treatment at the hospital. The report also disclosed that the minor had elected domicile at his maternal grandmother's place and that follow-up was being made by the Psychologist and the CDU of the MGEFW.

Case No.: 66

File No.: 5386

Case status: Resolved

Nature of complaint:

A Psychologist from a secondary school reported a case of sexual abuse between a father and her daughter to the MGEFW and the OCO.

Action(s) taken by the OCO:

The case was referred to the MGEFW for necessary enquiry and action.

Outcome/Follow up:

A report to the OCO from the MGEFW stated that no significant child protection concern was identified. The girl claimed having misinterpreted the way her father had touched her. The girl's mother reported to have discussed the issue with the father and she assured that she can protect her daughter. The girl was seen by the Psychologist of the MGEFW for assessment and supportive counselling.

Case No.: 67	File No.: 5288	Case status: In progress
<p><u>Nature of complaint:</u></p> <p>A father reported that he and his wife, who is a Rodriguan, were living apart due to professional commitment. While he worked in Mauritius, his wife worked in Rodrigues. He stated that the family separation was causing prejudice to his daughter of 3 years old. He requested the OC to advocate for the transfer of his wife on the Mauritian Establishment, whereby the parents and the child would reunite and live as a family.</p> <p><u>Action(s) taken by the OCO:</u></p> <p>The case was referred to the Island Chief Executive of the Central Administration, Rodrigues for consideration.</p> <p><u>Outcome/Follow up:</u></p> <p>A response is being awaited.</p>		
Case No.: 68	File No.: 5391	Case status: Resolved
<p><u>Nature of complaint:</u></p> <p>A father stated that he was apprised, by a close relative about a sexualised video of her daughter circulating on a social media platform. He claimed that his daughter was manipulated to indulge in sexual activities.</p> <p><u>Action(s) taken by the OCO:</u></p> <p>An OCO's Investigator advised the father to have her daughter seen by a Psychologist of the MGEFW and to report the matter to the Police. The OCO's Investigator furthermore contacted an Inspector of the Cybercrime Unit of the Mauritius Police Force to investigate the matter.</p> <p><u>Outcome/Follow up:</u></p> <p>The Cybercrime Unit removed the video from the social media platform. A police enquiry was underway to determine whether the child was manipulated by the perpetrator. The child was given psychological assistance and follow-up was being ensured by the CDU.</p>		

Case No.: 69**File No: 5392****Case status: Resolved****Nature of complaint:**

A mother complained that her neighbour was operating a building without permit as a furniture warehouse. Hence, blocking the entrance of her house and disrupting the lives of her children. The mother wrote to the Municipal Council on several occasions, but to no avail.

Action(s) taken by the OCO:

The case was referred to the Chief Executive of the Municipal Council for appropriate action at their end.

Outcome/Follow up:

A report was received from the Municipal Council which stated that a Compliance Notice had been served on the person concerned and the mother was informed accordingly.

Case No.: 70**File No.: 5395****Case status: Resolved****Nature of complaint:**

A father stated that his daughter was being physically abused by his mother with whom she was living. His daughter threatened to commit suicide if she continued to live with her mother. The father stated that he wished to take the responsibility of his daughter.

Action(s) taken by the OCO:

An OCO's Investigator spoke to a Coordinator of the MGEFW on the case. A letter was also sent to the MGEFW.

Outcome/Follow up:

A report from the MGEFW stated that both the mother and the child denied the allegation made by the father. An EPO was applied and minor was interviewed anew and brought to the hospital for medical examination and no sign of abuse was detected. Follow-up action by the CDU revealed that the minor had eventually shifted to her father's place; and as the minor was having behavioural issues, the case was referred to the Probation and Aftercare Services and the BPF.

Case No.: 71	File No.: 5396	Case status: In progress
<p><u>Nature of complaint:</u></p> <p>A mother stated that her child was being ill-treated by her paternal grandmother and father, with whom he was living with for the past ten months. The child's father was allegedly a drug addict. The child came back to live with his mother but the paternal grandmother threatened her to take back the child to her house.</p> <p><u>Action(s) taken by the OCO:</u></p> <p>An OCO's Investigator spoke to a CDU Officer on the case. The case was referred to the MGEFW for enquiry and needful at their end.</p> <p><u>Outcome/Follow up:</u></p> <p>A response is being awaited.</p>		
Case No.: 72	File No.: 5397	Case status: Resolved
<p><u>Nature of complaint:</u></p> <p>A mother reported that her daughter was engaged in a sexual relationship with a 19-year-old man. She stated that her daughter was admitted at the hospital and the matter was being dealt by the CDU and the Police. The mother complained that the CDU Officer did not explain to her about the procedures in place to assist victims of sexual abuse and argued with her when she herself was distraught. She wanted to understand the protocol in place with regard to child sexual abuse.</p> <p><u>Action(s) taken by the OCO:</u></p> <p>An OCO's Investigator explained the protocols involved; on the reason why the child had to be medically examined; and on why the minor needed to give her statement in the presence of a CDU Officer. The mother thanked the OCO's Investigator for having taken the time to explain all procedures involved.</p> <p><u>Outcome/Follow up:</u></p> <p>The complainant was advised to revert to the OCO in case she wanted to report any other case concerning violation of children's rights. The case was filed.</p>		

Case No: 73**File No.: 5399****Case status: In progress****Nature of complaint:**

A mother complained that her son was being harassed by her neighbour for the past five years. She gave a statement at the Police Station in 2016 but allegedly no action had been taken against her neighbour. The latter still harassed her son.

Action(s) taken by the OCO:

An OCO's Investigator referred the case to the CP for enquiry and appropriate action at their end.

Outcome/Follow up:

A response is being awaited.

Case No.: 74**File No.: 5400****Case status: In progress****Nature of complaint:**

A father stated that he had caught her daughter red-handed with a boy of 17 years old at his place and subsequently lodged a case at the police station. He stated that he was informed by letter from his daughter on the following day that she had eloped with her boyfriend without providing any information of her whereabouts.

Action(s) taken by the OCO:

An OCO's Investigator spoke to a Police Officer and a BPF Officer on the case.

Outcome/Follow up:

The BPF Officer stated that the minor girl was retraced and was handed over to the care of her father. Minor denied having sexual activities and stated that she lived in different locations. She did not involve her boyfriend at any point. The BPF provided counselling to both the father and the minor. The OCO's Investigator phoned the minor but she disconnected the call. Follow-up is being ensured on the case.

Case No.: 75	File No.: 5403	Case status: Resolved
<p><u>Nature of complaint:</u></p> <p>A Community Worker complained that two siblings were allegedly being ill-treated and neglected by their mother. The latter was reportedly a drug addict and allegedly prostituted herself to afford for her drugs.</p> <p><u>Action(s) taken by the OCO:</u></p> <p>The case was referred to the CDU.</p> <p><u>Outcome/Follow up:</u></p> <p>According to CDU's report, the mother had denied taking drugs and doing prostitution. The children did not seem to be neglected. One child reported being well-looked after by her mother and grandmother. The mother had been requested to conduct a toxicology test at the hospital and produce the result to the CDU.</p>		
Case No.: 76	File No.: 5408	Case status: Resolved
<p><u>Nature of complaint:</u></p> <p>A paternal aunt stated that she wished to apply for guardianship of her nephews and did not want the children to be placed in an RCI.</p> <p><u>Action(s) taken by the OCO:</u></p> <p>The case was referred to the MGEFW.</p> <p><u>Outcome/Follow up:</u></p> <p>As per report from the MGEFW, the paternal aunt made a motion to the Court to be entrusted with the care and responsibility of the two children, which had been duly granted to her by the Court.</p>		
Case No.: 77	File No.: 5429	Case status: Resolved
<p><u>Nature of complaint:</u></p> <p>A Sports Coach accompanied by a minor and her aunt, called at the OCO requesting advice on how minor can acquire a passport. According to complainant, minor was very talented in</p>		

a specific sport and had been shortlisted to represent the Republic of Mauritius at international level. However, minor did not have a passport, her parents were deceased and it was her aunt who looked after her.

Action(s) taken by the OCO:

The OC met with complainant, minor and minor's aunt. She explained to them that, in order for minor to get a passport, she needed a legal guardian. Since the aunt of the minor wanted to be her legal guardian, they have to obtain the death certificate of both parents and the aunt has to swear an affidavit, and when minor's aunt becomes her legal guardian, they will be able to carry out the necessary procedures for minor to acquire a passport.

Outcome/Follow-up:

An OCO's Investigator carried out regular follow-up on the case by calling complainant for updates on the case. The minor's aunt swore an affidavit, and the case was referred to the Attorney General's Office. The aunt became the legal guardian of the minor and she was able to get a passport. Minor was able to represent the Republic of Mauritius in Turkey and will soon go to Italy.

Case No.: 78

File No.: 5430

Case status: Resolved

Nature of complaint:

An uncle made a complaint that his niece was allegedly victim of corporal punishment perpetrated by her father. He stated that minor had a broken arm and had to stay in the hospital for some days. Complainant feared that minor was not safe at her place.

Action(s) taken by the OCO:

A letter was sent to the MGEFW for necessary intervention at their end.

Outcome/Follow-up:

According to the report from the MGEFW, minor was interviewed and denied all accusations made against her father and that she broke her arm when she fell down accidentally. The minor has been seen by the Psychologist for assessment and counselling.

Case No.: 79	File No.: 5431	Case status: Resolved
<p><u>Nature of complaint:</u></p> <p>An uncle made a complaint that his niece was being harassed by his father who was a drug dealer. According to information received, minor resided with her grandmother who took good care of her, but minor's father often threatened the grandmother and beat the child.</p> <p><u>Action(s) taken by the OCO:</u></p> <p>The case was referred to the MGEFW and to the Commissioner of Police for appropriate action at their end.</p> <p><u>Outcome/Follow-up:</u></p> <p>A report from the MGEFW to the OCO stated that the minor and her grandmother were faring well and that the father had been counselled. The Police carried out an enquiry and the grandmother was granted a Protection Order against the father. According to the Police's report, minor stated that she had not been victim of any form of violence by her father but he caused trouble to the grandmother. The father was given first-hand counselling by the Police.</p>		
Case No.: 80	File No.: 5432	Case status: In progress
<p><u>Nature of complaint:</u></p> <p>A Social Worker reported that a 14-year-old minor was in a relationship with a 17-year-old boy. According to complainant, the boy usually stayed at minor's house and this was condoned by the parents. Reportedly, the minor's mother was an alcoholic and complainant feared that minor was at risk of being abused.</p> <p><u>Action(s) taken by the OCO:</u></p> <p>Complainant was advised to report the case to the CDU and if he was not satisfied then he could contact the OCO. Three weeks later, complainant called back at the OCO stating that he had reported the case to the CDU but had not received any feedback. A letter was sent to the MGEFW requesting a report on actions taken at their level regarding the case.</p>		

Outcome/Follow-up:

A report from the MGEFW is being awaited.

Case No.: 81	File No.: 5435	Case status: Resolved
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Nature of complaint:

The OCO received an anonymous complaint that two minors were victims of corporal punishment perpetrated by their father.

Action(s) taken by the OCO:

A letter was sent to the MGEFW and the Commission of Police for enquiry and appropriate action at their end.

Outcome/Follow-up:

The CDU reported that they spoke with the two minors who denied being physically abused by their father and the minors were well cared for. The Police informed the OCO that they patrolled the vicinity where the minors resided on several occasions and there was no act of violence.

Case No.: 82	File No.: 5436	Case status: Resolved
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Nature of complaint:

The OCO received an anonymous complaint regarding a young woman who gave birth to a baby. According to information received, the grandmother of the baby gave the child away without the consent of the baby's mother because the identity of the baby's father was unknown. The complainant feared for the baby's well-being.

Action(s) taken by the OCO:

The case was referred to the MGEFW for enquiry and appropriate action at their end.

Outcome/Follow-up:

A report from the MGEFW revealed that the CDU officers met with the baby's mother and the prospective adoptive parents. The baby's mother explained that because of her young

age and her instable financial situation, she would not be able to cater for the baby. The prospective adoptive parents had already initiated legal procedures to adopt the baby.

Case No.: 83

File No.: 5437

Case status: Resolved

Nature of complaint:

The OCO received an anonymous complaint which stated that a minor aged 7 years old is victim of corporal punishment perpetrated by his mother.

Action(s) taken by the OCO:

The case was referred to the MGEFW for enquiry and appropriate action at their end.

Outcome/Follow-up:

The MGEFW could not intervene since complainant did not give sufficient details. Since complainant wished to remain anonymous, his contact details were not given to the MGEFW. The OCO contacted complainant and found out that he/she no longer resided in Mauritius. At the level of the MGEFW, the case was referred to the Commissioner of Police and the BPF.

Case No.: 84

File No.: 5451

Case status: Resolved

Nature of complaint:

A grandmother who recently took her grandchild under her care lodged a complaint at the OCO. She stated that she had applied for a school transfer for her grandchild to a school which was a five minutes' walk from her house. The school requested a document from the CDU which certified that minor was under her care. When complainant went to the CDU, they told her to tell the school to contact them which she did. However, two days later, the school contacted her and asked her to go to the Zonal Directorate with a letter confirming that minor is under her care. Complainant sought the advice of the OC.

Action(s) taken by the OCO:

An OCO's Investigator contacted the CDU for more information on the case. The CDU Officer explained that the grandmother had to apply for legal guardianship. Same was explained to complainant and she stated that she has already applied for legal guardianship. The OCO's Investigator advised the grandmother to go to the Zonal Directorate with all

documents pertaining to her application for legal guardianship and to apply for a school transfer.

Outcome/Follow-up:

The grandmother was able to get a school transfer for her grandchild.

Case No.: 85

File No.: 5489

Case Status: Resolved

Nature of complaint:

A mother complained at the OCO that her daughter whose legal guardian was her grandmother, was victim of corporal punishment perpetrated by the grandmother. According to information received, minor's father passed away and, since then, minor had been victim of physical abuse.

Action(s) taken by the OCO:

A letter was sent to the MGEFW for enquiry and appropriate action at their end.

Outcome/Follow-up:

The CDU convened minor and her grandmother to their office and found out that the grandmother often scolded minor because she refused to do her homework and was often disobedient. The minor and the grandmother were seen by the CDU's Psychologist and counselling had been carried out. The case had been referred to the Child Mentoring Section of the MGEFW for appropriate support.

Case No.: 86

File No.: 5499

Case status: Resolved

Nature of complaint:

A mother complained that her daughter, who was staying at the father's place, was victim of attempt upon chastity perpetrated by a neighbour. The child's brother witnessed the act. They both reported this abuse to the father, but the latter beat them instead. He tried to cover up the abuse. The brother even tried to commit suicide. The mother reported the case to the police.

Action(s) taken by the OCO:

The case was referred to the CDU for appropriate urgent action.

Outcome/Follow-up:

The CDU reported to the OCO that the child was interviewed by the police and the neighbour was arrested. Both the father and her daughter were provided with psychological counselling.

Case No.: 87	File No.: 5514	Case Status: Resolved
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Nature of complaint:

The OCO received a complaint from a mother who stated that her daughter was victim of bullying at school perpetrated by her classmates. She had already reported the case to the Rector of the school who only facilitated access to an Educational Psychologist. She has applied for a school transfer for her daughter. Her daughter had refused to go to school for two weeks because she was afraid. The complainant requested the intervention of the OCO because she feared for her daughter's mental health.

Action(s) taken by the OCO:

The case was referred to the METEST and the MGEFW for urgent appropriate action at their level.

Outcome/Follow-up:

According to the CDU's report, minor received all necessary psychosocial support and she was also been referred for more specialised assistance. The METEST acceded to complainant's request for a school transfer. A follow-up call was made by the OCO's Investigator to complainant who stated that minor was much better and had well integrated in her new school.

Case No.: 88	File No.: 5515	Case status: Resolved
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Nature of complaint:

An organisation made a complaint regarding a minor and his mother who were victims of domestic violence. It was reported that the minor had certain health issues which were not taken care of by the parents.

Action(s) taken by the OCO:

The case was referred to the MGEFW for enquiry and appropriate action at their level.

Outcome/Follow-up:

The CDU carried out an enquiry as per established protocol and found out that, during an argument, the minor's step-father hit him. However, the minor and the mother refused to lodge a statement against the minor's step-father. According to the CDU's report, the minor refused to go to his house with his mother so arrangements were made for him to stay with his aunt. The CDU carried out counselling sessions with the minor's mother and the step-father. From the latest report from the CDU, the minor returned to his mother's place and was doing well.

Case No.: 89	File No.: 5523	Case status: Resolved
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Nature of complaint:

A parent called at the OCO on the advice of the METEST to procure a letter from the OCO so as to facilitate the school transfer of her minor. According to complainant, she was separated from her husband and had to transfer her child to a school nearer to her residence. The complainant had a Protection Order against the father and the father did not want to give his consent for the school transfer of their child.

Action(s) taken by the OCO:

An OCO's Investigator explained to the complainant that the OCO does not give any letter to facilitate the school transfer of children. Given her particular case, she was advised to go to Court to get a Court Order which certified that the minor was with her and that she had a Protection Order against the father.

Outcome/Follow-up:

The complainant was contacted for a follow-up on the case. She stated that after the Court had served minor's father an Order, he agreed to the school transfer of the minor. Consequently, complainant was able to get a school transfer for her child.

Case No.: 90	File No.: 5525	Case status: Resolved
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Nature of complaint:

A mother stated that she was separated from her children's father since one year, and the children had been living with her. However, since some months, the children went to live with the father because the complainant encountered some financial problems and had to move to another house, and she had the children during the weekend. According to the complainant, the father recently told her that he would leave the children with her but she did not have enough space for her children. She requested the intervention of the OC for a mediation.

Action(s) taken by the OCO:

An OCO's Investigator contacted the father several times but he was unreachable. Since complainant did not have the exact address of the father, the OCO was unable to send a convocation letter. Complainant was informed of same and she said she would find out the father's address and get back to us. Complainant called the OCO stating that her children were back with her, but feared that the father might report a case of abduction. She was advised to go to Court to get custody of her children.

Outcome/Follow-up:

The OCO's Investigator contacted complainant for a follow-up on the case. She stated that she had entered a case in Court for custody of her children and that the father had no objection.

Case No.: 91	File No.: 5550	Case status: In progress
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Nature of complaint:

A paternal aunt made a complaint that three siblings were living with their mother who was a drug addict and their father was in prison. According to information received, an uncle was the minors' legal guardian but the minors ran away from their uncle's house to go live with their mother. The aunt feared for the minors' safety as she felt that they would be neglected and that there were even incidents where minors were begging for money. According to the complainant, she had already reported the case to the CDU.

Action(s) taken by the OCO:

An OCO's Investigator contacted the CDU and enquired about the case. The CDU has referred the case to the BPF because as they do not have the exact address of the mother and they are ensuring follow-up. The Investigator sent a letter to the MGEFW for an update on the case.

Outcome/Follow-up:

A report from the MGEFW is being awaited.

Case No.: 92	File No.: 5557	Case status: Resolved
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Nature of complaint:

A grandmother complained that the construction work for Metro Express was jeopardising the safety of children from a certain region. They have to cross on the construction site to access their primary school. The complainant stated that they had been proposed shuttle service two weeks before, but nothing had happened until present.

Action(s) taken by the OCO:

The OCO's Investigator apprised Metro Express of the complaint and they ensured that they would look into the matter and revert to us.

Outcome/Follow-up:

The situation has been resolved. A special track has been laid over so that children can cross to the other side safely, away from the dust and hazards.

Case No.: 93	File No.: 5558	Case status: Resolved
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Nature of complaint:

A Social Worker complained that a child was allegedly hit very violently by her brother. The case was reported to the CDU but, according to the complainant, their intervention was very slow.

Action(s) taken by the OCO:

An investigation was opened whereby the CDU was urged to initiate prompt action. Information was gathered from the school.

Outcome/Follow-up:

As per report of the CDU, the child was physically abused by her elder brother who was under the influence of drugs. The child was also victim of neglect. The child and her siblings were removed as per an EPO and placed in an RCI.

Case No.: 94**File No.: 5568****Case status: Resolved****Nature of complaint:**

A parent made a complaint to the OCO against her son's school teacher. According to her, the teacher used corporal punishment not only on her son but on other children in the class. Complainant reported the case to the Headmaster, but she felt that nothing was being done. The minor was afraid to go to school.

Action(s) taken by the OCO:

The case was referred to the METEST for enquiry and appropriate action at their level.

Outcome/Follow-up:

A report from the METEST revealed that the teacher scolded the minor because he used words of indecent nature during class and the teacher had reported the incident to the school office. According to the report, the minor's parent was informed of same and she reacted by putting allegations against the teacher. The teacher's conduct was discretely monitored and no form of violence has been noted.

Case No.: 95**File No.: 5572****Case status: Resolved****Nature of complaint:**

A mother called at the OCO and related that she was trying to get a school transfer for her child. She went to the METEST, but, since she was in the process of getting a divorce and the father of the minor was on the run for theft, an officer from the METEST told her to make a statement at the nearest police station and with the OB number, they would be able to facilitate her request for a school transfer.

Action(s) taken by the OCO:

An OCO's Investigator contacted the police station and spoke with a constable who stated that they cannot give a letter or permission to facilitate transfer of school. The OCO's Investigator explained that the complainant only needed to make a statement stating that minor was her daughter and she would use the OB number. The constable explained that in this case, complainant had to go to the nearest police station to her residence.

Outcome/Follow-up:

The Investigator advised complainant to make a statement to the nearest police station to her residence and, if she was having any difficulty, she would have to go to Court to get provisional custody of her minor.

Case No.: 96**File No.: 5575****Case status: Resolved****Nature of complaint:**

A Manager of a college reported that one student had on three occasions displayed aggressive and sexual misconduct against students of his college, for which he was rusticated. He stated that the minor had, in the past, been victim of sexual abuse perpetrated by his elder brother and that he was following psychological and psychiatric treatment at the hospital. The Manager stated that he wished to reintegrate the child to the college but feared for the security of the other students. He requested the OCO to intervene into the matter.

Action(s) taken by the OCO:

Two OCO's Investigators carried out mediation between the Manager, Rector and School Facilitator of the college and the guardian of the child. The OCO sent a letter to the hospital requesting for a report of the child from the Psychologist and the Psychiatrist and their suggestions on the kind of support the school can provide to the child if he is reintegrated. The OC spoke to the Manager and stated that, pending reports from the hospital, the child had to stay at home, considering that other children had the right to be safe at school. The OC also spoke to the guardian of the child.

Outcome/Follow up:

Report received from the hospital stated that, in view of the minor's diagnosis, the presence of an assistant teacher during school hours would be advisable. The OCO's Investigator relayed the information to the Manager of the college. After some time, the OCO's Investigator contacted the Rector of the college and she stated that the child had adapted well to school and was faring well.

Case No.: 97**File No.: 5578****Case status: Resolved****Nature of complaint:**

A father complained that his son had been inflicted with corporal punishment by his teacher who allegedly pulled his hair.

Action(s) taken by the OCO:

The case was referred to the Headteacher of the school for enquiry.

Outcome/Follow up:

A report from the school stated that the teacher denied having pulled the child's hair. He was made to sign the Circular on Corporal Punishment. He was advised accordingly and a report of the incident was sent to the Zonal Directorate of the METEST.

Case No.: 98**File No.: 5587****Case Status: In progress****Nature of complaint:**

A Social Worker made a complaint that a minor of her locality was being forced into prostitution by her mother and that she was allegedly living with her abuser.

Action(s) taken by the OCO:

A letter was sent to the MGEFW for immediate action at their end.

Outcome/Follow up:

A response is being awaited from the MGEFW.

Case No.: 99**File No.: 5605****Case status: Resolved****Nature of complaint:**

A father complained that his son had been refused entry at school. He stated that on the previous day, his son wore a jacket which was not in conformity to the school rules and when he was questioned by the School Manager, he replied that his school jacket was dirty and he did not have another one.

Action(s) taken by the OCO:

An OCO's Investigator explained to minor's responsible party that, without an official letter from the School Manager, there was no evidence that his son could be kept out of school. The OCO's Investigator explained to the complainant that they needed to go to the concerned authorities first, for them to take action and, if nothing was done, they should report back to the OCO.

Outcome/Follow-up:

The OCO's Investigator contacted the complainant for a follow-up on the case. He stated that the concerned authority confirmed that the School Manager cannot deny his son access to the school without an official letter, and, since the child was facing several issues at the school, the concerned authority proposed another school for his son to which he agreed.

Case No.: 100**File No.: 5606****Case status: Resolved****Nature of complaint:**

A grandmother made a complaint to the OCO regarding her granddaughter. According to her, the parents of the minor were in the process of getting a divorce and the father had a provisional visiting right on alternative weekends. It seemed that, whenever the father had taken the minor, the minor came back sick. The last time the father came to take the minor, she screamed at the top of her voice and did not want to go with the father. The grandmother suspected that the father was violent with the minor.

Action(s) taken by the OCO:

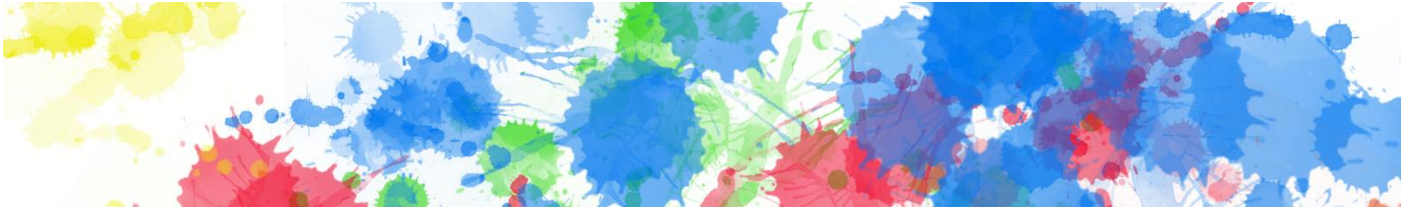
Since the case was in Court for divorce and custody, an OCO's Investigator explained to the complainant that the OCO cannot intervene as per section 7(4) of the Ombudsperson for

Children Act 2003 which reads, “*The Ombudsperson for Children shall not investigate any case which is pending before any Court but may refer any child involved in such a case to the Ministry for advice, assistance or counselling.*”

Outcome/Follow-up:

The complainant was given a referral letter addressed to the CDU nearest to the complainant's residence.

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APPENDICES



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Appendix A: Ombudsperson for Children Act 2003

OMBUDSPERSON FOR CHILDREN ACT

Act 41 of 2003 – 20 November 2003

ARRANGEMENT OF SECTIONS

SECTION

1. Short title	8. Protection of witnesses
2. Interpretation	9. Protection from liability
3. Establishment of office of Ombudsperson for Children	10. Staff of Ombudsperson for Children
4. Appointment of Ombudsperson for Children	11. Report of Ombudsperson for Children
5. Objects of office of Ombudsperson for Children	11. Offences
6. Functions of Ombudsperson for Children	12. Regulations
7. Investigation	13. —
	SCHEDULE

OMBUDSPERSON FOR CHILDREN ACT

1. Short title

This Act may be cited as the Ombudsperson for Children Act.

2. Interpretation

“African Charter” means the African Charter on the Rights and Welfare of the Child;

“child” means a person under the age of 18;

“Convention” means the Convention on the Rights of the Child, adopted by the General Assembly of the United Nations on 20 November 1989;

“Minister” means the Minister to whom responsibility for the subject of child development is assigned;

“Ombudsperson for Children” means the Ombudsperson for Children whose office is established under section 3;

“public body” means

- (a) a Ministry or Government Department;
- (b) a local authority;
- (c) a statutory corporation;

- (d) any other company, partnership or other entity of which Government is, by the holding of shares or some other financial input, or in any other manner, in a position to influence the policy or decision of such body.

3. Establishment of office of Ombudsperson for Children

- (1) There is established for the purposes of this Act the office of Ombudsperson for Children.
- (2) The Ombudsperson for Children shall be a person who has a wide knowledge of the issues and the law relating to children in Mauritius.
- (3) The Ombudsperson for Children shall take before the President the oath specified in the Schedule before assuming the duties of his office.

4. Appointment of Ombudsperson for Children

- (1) The Ombudsperson for Children shall be appointed by the President of the Republic, acting after consultation with the Prime Minister, the Leader of the Opposition, the Minister and such other persons as he considers appropriate.
- (2) An appointment under subsection (1) shall be subject to such terms and conditions as the President may determine.
- (3) The Ombudsperson for Children shall hold office for 4 years and shall be eligible for reappointment for only a second term of 4 years.
- (4) The President may remove the Ombudsperson for Children from office for inability to perform the functions of his office, whether arising from infirmity of body and mind or any other cause, or for misbehaviour.
- (5) The Ombudsperson for Children shall not engage in any trade, business, profession or political activity.

5. Objects of office of Ombudsperson for Children

The Ombudsperson for Children shall—

- (a) ensure that the rights, needs and interests of children are given full consideration by public bodies, private authorities, individuals and associations of individuals;
- (b) promote the rights and best interests of children;
- (c) promote compliance with the Convention and the African Charter.

6. Functions of Ombudsperson for Children

In carrying out the duties of his office, the Ombudsperson for Children shall—

- (a) make proposals to the Minister on legislation, policies and practices regarding services to, or the rights of, children;
- (b) advise the Minister on public and private residential placement facilities and shelters established for the benefit of children;
- (c) advise public bodies and other institutions responsible for providing care and other services to children on the protection of the rights of children;
- (d) take such steps as he may deem necessary to ensure that children under the care of, or supervision of, a public body are treated fairly, properly and adequately;
- (e) propose measures to ensure that the legal rights of children in care are protected and that the placement facilities promote the safety of children and conform with such norms as the Ombudsperson for Children may, from time to time, recommend;
- (f) initiate an investigation whenever the Ombudsperson for Children considers that there is, has been or is likely to be a violation of the rights of a child;
- (g) investigate cases relating to the situation of children in the family, in schools and in all other institutions, including private or public bodies, as well as cases of abandoned children or street children;
- (h) investigate any suspected or reported case of child labour;
- (i) investigate any case concerning a child who is a citizen of Mauritius and who may be abroad at the time of the investigation, or a child who is not a citizen of Mauritius but who is residing in Mauritius;
- (j) investigate complaints made by a child, or any other person, in relation to the rights of any child;
- (k) advise the Minister on the establishment of mechanisms to afford children the ability to express themselves freely, according to their age and maturity, especially on all matters concerning their individual or collective rights;
- (l) advise the Minister on the creation of partnerships with parents, teachers, nongovernmental as well as governmental organisations, local authorities and any other stakeholders committed to the promotion of children's rights.

7. Investigation

- (1) Where the Ombudsperson for Children considers, either upon complaint made to him or on his own motion, that it is necessary to investigate a matter relating to the rights of a child, the Ombudsperson for Children shall investigate the complaint in such manner as he considers appropriate.
- (2) For the purposes of an investigation under this Act, the Ombudsperson for Children may—

- (a) request any person, including any public officer, to provide information concerning a child whose rights have been, are being or are likely to be violated;
 - (b) enter premises where—
 - (i) a child is present, either temporarily or permanently, including an educational or health institution and a place of detention, in order to study the environment of such a place and assess its suitability;
 - (ii) a child may be in employment;
 - (iii) there is reasonable ground to believe that the moral and physical safety of a child may be in danger;
 - (c) request the Commissioner of Police to enquire and report to the Ombudsperson for Children on any allegation relating to the breach of the rights of a child;
 - (d) enter any licensed premises where the Ombudsperson for Children suspects that alcohol and tobacco may be handled, consumed or purchased by children;
 - (e) record the statement of any person in connection with an investigation;
 - (f) request the assistance of the Commissioner of Police and the officer-in-charge of any public body or institution, as the case may be, to facilitate any entry and effect, where appropriate, any seizure pursuant to paragraphs (b) and (d);
 - (g) summon witnesses and examine them on oath;
 - (h) call for the production of any document or other exhibit; and
 - (i) obtain such information, file or other record, upon application to the Judge in Chambers whenever necessary under any law, as may be required for the investigation.
- (3) Following an investigation under subsection (1), the Ombudsperson for Children shall—
- (a) act as a mediator to resolve any dispute relating to the rights of the child;
 - (b) make a report to such person or authority as the Ombudsperson for Children considers appropriate;
 - (c) make proposals of a general nature to the Minister on any matter which may have arisen in the course of the investigation.
- (4) The Ombudsperson for Children shall not investigate any case which is pending before any Court but may refer any child involved in such a case to the Ministry for advice, assistance or counselling. [S. 7 amended by s. 3 of Act 8 of 2005.]

8. Protection of witnesses

Notwithstanding any enactment, no statement made in good faith by any person by way of a written complaint, or by the giving in writing of a statement made in the course of an investigation, to

the Ombudsperson for Children, or any member of the staff of the Ombudsperson for Children, shall subject the maker of the statement to, or be used against him in, any civil or criminal proceedings.

9. Protection from liability

No liability, civil or criminal, shall lie against the Ombudsperson for Children, or any member of the staff of the Ombudsperson for Children, in respect of anything which is done, or purported to be done, in good faith under this Act or in respect of the publication, by or under the authority of the Ombudsperson for Children, of any report, proceedings or other matter under this Act.

10. Staff of Ombudsperson for Children

The Secretary to Cabinet and Head of the Civil Service shall make available to the Ombudsperson for Children such administrative and other staff as the Ombudsperson for Children may require.

11. Report of Ombudsperson for Children

- (1) The Ombudsperson for Children shall, not later than 30 September in each year, submit a report on its activities during the preceding year, to the President.
- (2) Notwithstanding subsection (1), the Ombudsperson for Children may at any other time, submit a special report on any matter which, in his opinion, is of such urgency or importance that it should not be delayed until submission of an annual report to the President.
- (3) The President shall cause every report sent to him under this section to be laid before the Assembly within one month of its submission.

11A. Offences

- (1) A person shall commit an offence—
 - (a) where he—
 - (i) fails to attend before the Ombudsperson for Children;
 - (ii) refuses to take the oath before the Ombudsperson for Children; or
 - (iii) wilfully refuses to furnish any information or to produce any document, record, file or exhibit,when required to do so under section 7;
 - (b) where he—
 - (i) refuses to answer to the best of his knowledge any question lawfully put to him by the Ombudsperson for Children; or

- (ii) knowingly gives to the Ombudsperson for Children false evidence or evidence which he knows to be misleading, in connection with an investigation under section 7;
- (c) where at any sitting held for the purposes of an investigation under section 7, he—
 - (i) insults the Ombudsperson for Children; or
 - (ii) wilfully interrupts the proceedings.
- (2) Any person who commits an offence under this section shall, on conviction, be liable to a fine not exceeding 10,000 rupees and to imprisonment for a term not exceeding 12 months.

[S. 11A inserted by s. 4 of Act 8 of 2005.]

12. Regulations

The Minister may—

- (a) make such regulations as he thinks fit for the purposes of this Act;
- (b) after consultation with the Ombudsperson for Children, make regulations for the purpose of regulating the procedure to be applied for the investigation of complaints by the Ombudsperson for Children.

SCHEDULE

[Section 3]

I having been appointed to be the Ombudsperson for Children under the Ombudsperson for Children Act do swear/solemnly affirm that I shall faithfully, impartially and to the best of my ability discharge the trust and perform the duties devolving upon me by such appointment and that I shall not, without reasonable cause, disclose any information imparted to me in the performance of such duties.

(S)

Before me,

Date:

(S)

President of the Republic

Appendix B: United Nations Convention on the Rights of the Child (1989), articles 1-42 only

Convention on the Rights of the Child

**Adopted and opened for signature, ratification and accession by General Assembly
resolution 44/25 of 20 November 1989**

entry into force 2 September 1990, in accordance with article 49

Preamble

The States Parties to the present Convention,

Considering that, in accordance with the principles proclaimed in the Charter of the United Nations, recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,

Bearing in mind that the peoples of the United Nations have, in the Charter, reaffirmed their faith in fundamental human rights and in the dignity and worth of the human person, and have determined to promote social progress and better standards of life in larger freedom,

Recognizing that the United Nations has, in the Universal Declaration of Human Rights and in the International Covenants on Human Rights, proclaimed and agreed that everyone is entitled to all the rights and freedoms set forth therein, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status,

Recalling that, in the Universal Declaration of Human Rights, the United Nations has proclaimed that childhood is entitled to special care and assistance,

Convinced that the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community,

Recognizing that the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding,

Considering that the child should be fully prepared to live an individual life in society, and brought up in the spirit of the ideals proclaimed in the Charter of the United Nations, and in particular in the spirit of peace, dignity, tolerance, freedom, equality and solidarity,

Bearing in mind that the need to extend particular care to the child has been stated in the Geneva Declaration of the Rights of the Child of 1924 and in the Declaration of the Rights of the Child adopted by the General Assembly on 20 November 1959 and recognized in the Universal Declaration of Human Rights, in the International Covenant on Civil and Political Rights (in particular in articles 23 and 24), in the International Covenant on Economic, Social and Cultural Rights (in particular in article 10) and in the statutes and relevant instruments of specialized agencies and international organizations concerned with the welfare of children,

Bearing in mind that, as indicated in the Declaration of the Rights of the Child, "the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth",

Recalling the provisions of the Declaration on Social and Legal Principles relating to the Protection and Welfare of Children, with Special Reference to Foster Placement and Adoption Nationally and Internationally; the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (The Beijing Rules); and the Declaration on the Protection of Women and Children in Emergency and Armed Conflict, Recognizing that, in all countries in the world, there are children living in exceptionally difficult conditions, and that such children need special consideration,

Taking due account of the importance of the traditions and cultural values of each people for the protection and harmonious development of the child, Recognizing the importance of international co-operation for improving the living conditions of children in every country, in particular in the developing countries,

Have agreed as follows:

PART I

Article 1

For the purposes of the present Convention, a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.

Article 2

1. States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

2. States Parties shall take all appropriate measures to ensure that the child is protected against 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.

Article 3

1. In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.

2. States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures.

3. States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.

Article 4

States Parties shall undertake all appropriate legislative, administrative, and other measures for the implementation of the rights recognized in the present Convention. With regard to economic, social and cultural rights, States Parties shall undertake such measures to the maximum extent of their available resources and, where needed, within the framework of international co-operation.

Article 5

States Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention.

Article 6

1. States Parties recognize that every child has the inherent right to life.

2. States Parties shall ensure to the maximum extent possible the survival and development of the child.

Article 7

1. The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by his or her parents.
2. States Parties shall ensure the implementation of these rights in accordance with their national law and their obligations under the relevant international instruments in this field, in particular where the child would otherwise be stateless.

Article 8

1. States Parties undertake to respect the right of the child to preserve his or her identity, including nationality, name and family relations as recognized by law without unlawful interference.
2. Where a child is illegally deprived of some or all of the elements of his or her identity, States Parties shall provide appropriate assistance and protection, with a view to re-establishing speedily his or her identity.

Article 9

1. States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. Such determination may be necessary in a particular case such as one involving abuse or neglect of the child by the parents, or one where the parents are living separately and a decision must be made as to the child's place of residence.
2. In any proceedings pursuant to paragraph 1 of the present article, all interested parties shall be given an opportunity to participate in the proceedings and make their views known.
3. States Parties shall respect the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interests.
4. Where such separation results from any action initiated by a State Party, such as the detention, imprisonment, exile, deportation or death (including death arising from any cause while the person is in the custody of the State) of one or both parents or of the child, that State Party shall, upon request, provide the parents, the child or, if appropriate, another member of the family with the essential

information concerning the whereabouts of the absent member(s) of the family unless the provision of the information would be detrimental to the well-being of the child. States Parties shall further ensure that the submission of such a request shall of itself entail no adverse consequences for the person(s) concerned.

Article 10

1. In accordance with the obligation of States Parties under article 9, paragraph 1, applications by a child or his or her parents to enter or leave a State Party for the purpose of family reunification shall be dealt with by States Parties in a positive, humane and expeditious manner. States Parties shall further ensure that the submission of such a request shall entail no adverse consequences for the applicants and for the members of their family.

2. A child whose parents reside in different States shall have the right to maintain on a regular basis, save in exceptional circumstances personal relations and direct contacts with both parents. Towards that end and in accordance with the obligation of States Parties under article 9, paragraph 1, States Parties shall respect the right of the child and his or her parents to leave any country, including their own, and to enter their own country. The right to leave any country shall be subject only to such restrictions as are prescribed by law and which are necessary to protect the national security, public order (*ordre public*), public health or morals or the rights and freedoms of others and are consistent with the other rights recognized in the present Convention.

Article 11

1. States Parties shall take measures to combat the illicit transfer and non-return of children abroad.

2. To this end, States Parties shall promote the conclusion of bilateral or multilateral agreements or accession to existing agreements.

Article 12

1. States Parties shall assure to the child who is capable of forming his or her own views 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.

2. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.

Article 13

1. The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice.

2. The exercise of this right may be subject to certain restrictions, but these shall only be such as are provided by law and are necessary:

(a) For respect of the rights or reputations of others; or

(b) For the protection of national security or of public order (ordre public), or of public health or morals.

Article 14

1. States Parties shall respect the right of the child to freedom of thought, conscience and religion.

2. States Parties shall respect the rights and duties of the parents and, when applicable, legal guardians, to provide direction to the child in the exercise of his or her right in a manner consistent with the evolving capacities of the child.

3. Freedom to manifest one's religion or beliefs may be subject only to such limitations as are prescribed by law and are necessary to protect public safety, order, health or morals, or the fundamental rights and freedoms of others.

Article 15

1. States Parties recognize the rights of the child to freedom of association and to freedom of peaceful assembly.

2. No restrictions may be placed on the exercise of these rights other than those imposed in conformity with the law and which are necessary in a democratic society in the interests of national security or public safety, public order (ordre public), the protection of public health or morals or the protection of the rights and freedoms of others.

Article 16

1. No child shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence, nor to unlawful attacks on his or her honour and reputation.

2. The child has the right to the protection of the law against such interference or attacks.

Article 17

States Parties recognize the important function performed by the mass media and shall ensure that the child has access to information and material from a diversity of national and international sources, especially those aimed at the promotion of his or her social, spiritual and moral well-being and physical and mental health.

To this end, States Parties shall:

- (a) Encourage the mass media to disseminate information and material of social and cultural benefit to the child and in accordance with the spirit of article 29;
- (b) Encourage international co-operation in the production, exchange and dissemination of such information and material from a diversity of cultural, national and international sources;
- (c) Encourage the production and dissemination of children's books;
- (d) Encourage the mass media to have particular regard to the linguistic needs of the child who belongs to a minority group or who is indigenous;
- (e) Encourage the development of appropriate guidelines for the protection of the child from information and material injurious to his or her well-being, bearing in mind the provisions of articles 13 and 18.

Article 18

1. States Parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern.
2. For the purpose of guaranteeing and promoting the rights set forth in the present Convention, States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children.
3. States Parties shall take all appropriate measures to ensure that children of working parents have the right to benefit from child-care services and facilities for which they are eligible.

Article 19

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

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

Article 20

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

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

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

Article 21

States Parties that recognize and/or permit the system of adoption shall ensure that the best interests of the child shall be the paramount consideration and they shall:

(a) Ensure that the adoption of a child is authorized only by competent authorities who determine, in accordance with applicable law and procedures and on the basis of all pertinent and reliable information, that the adoption is permissible in view of the child's status concerning parents, relatives and legal guardians and that, if required, the persons concerned have given their informed consent to the adoption on the basis of such counselling as may be necessary;

- (b) Recognize that inter-country adoption may be considered as an alternative means of child's care, if the child cannot be placed in a foster or an adoptive family or cannot in any suitable manner be cared for in the child's country of origin;
- (c) Ensure that the child concerned by inter-country adoption enjoys safeguards and standards equivalent to those existing in the case of national adoption;
- (d) Take all appropriate measures to ensure that, in inter-country adoption, the placement does not result in improper financial gain for those involved in it;
- (e) Promote, where appropriate, the objectives of the present article by concluding bilateral or multilateral arrangements or agreements, and endeavour, within this framework, to ensure that the placement of the child in another country is carried out by competent authorities or organs.

Article 22

1. States Parties shall take appropriate measures to ensure that a child who is seeking refugee status or who is considered a refugee in accordance with applicable international or domestic law and procedures shall, whether unaccompanied or accompanied by his or her parents or by any other person, receive appropriate protection and humanitarian assistance in the enjoyment of applicable rights set forth in the present Convention and in other international human rights or humanitarian instruments to which the said States are Parties.

2. For this purpose, States Parties shall provide, as they consider appropriate, co-operation in any efforts by the United Nations and other competent intergovernmental organizations or non-governmental organizations co-operating with the United Nations to protect and assist such a child and to trace the parents or other members of the family of any refugee child in order to obtain information necessary for reunification with his or her family. In cases where no parents or other members of the family can be found, the child shall be accorded the same protection as any other child permanently or temporarily deprived of his or her family environment for any reason, as set forth in the present Convention.

Article 23

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

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

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

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

Article 24

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

(a) To diminish infant and child mortality;

(b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;

(c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;

- (d) To ensure appropriate pre-natal and post-natal health care for mothers;
- (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;
- (f) To develop preventive health care, guidance for parents and family planning education and services.

3. States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.

4. States Parties undertake to promote and encourage international co-operation with a view to achieving progressively the full realization of the right recognized in the present article. In this regard, particular account shall be taken of the needs of developing countries.

Article 25

States Parties recognize the right of a child who has been placed by the competent authorities for the purposes of care, protection or treatment of his or her physical or mental health, to a periodic review of the treatment provided to the child and all other circumstances relevant to his or her placement.

Article 26

1. States Parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with their national law.

2. The benefits should, where appropriate, be granted, taking into account the resources and the circumstances of the child and persons having responsibility for the maintenance of the child, as well as any other consideration relevant to an application for benefits made by or on behalf of the child.

Article 27

1. States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.

2. The parent(s) or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child's development.

3. States Parties, in accordance with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.

4. States Parties shall take all appropriate measures to secure the recovery of maintenance for the child from the parents or other persons having financial responsibility for the child, both within the State Party and from abroad. In particular, where the person having financial responsibility for the child lives in a State different from that of the child, States Parties shall promote the accession to international agreements or the conclusion of such agreements, as well as the making of other appropriate arrangements.

Article 28

1. States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular:

- (a) Make primary education compulsory and available free to all;
- (b) Encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child, and take appropriate measures such as the introduction of free education and offering financial assistance in case of need;
- (c) Make higher education accessible to all on the basis of capacity by every appropriate means;
- (d) Make educational and vocational information and guidance available and accessible to all children;
- (e) Take measures to encourage regular attendance at schools and the reduction of drop-out rates.

2. States Parties shall take all appropriate measures to ensure that school discipline is administered in a manner consistent with the child's human dignity and in conformity with the present Convention.

3. States Parties shall promote and encourage international cooperation in matters relating to education, in particular with a view to contributing to the elimination of ignorance and illiteracy throughout the world and facilitating access to scientific and technical knowledge and modern teaching methods. In this regard, particular account shall be taken of the needs of developing countries.

Article 29

1. States Parties agree that the education of the child shall be directed to:

- (a) The development of the child's personality, talents and mental and physical abilities to their fullest potential;
- (b) The development of respect for human rights and fundamental freedoms, and for the principles enshrined in the Charter of the United Nations;
- (c) The development of respect for the child's parents, his or her own cultural identity, language and values, for the national values of the country in which the child is living, the country from which he or she may originate, and for civilizations different from his or her own;
- (d) The preparation of the child for responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of sexes, and friendship among all peoples, ethnic, national and religious groups and persons of indigenous origin;
- (e) The development of respect for the natural environment.

2. No part of the present article or article 28 shall be construed so as to interfere with the liberty of individuals and bodies to establish and direct educational institutions, subject always to the observance of the principle set forth in paragraph 1 of the present article and to the requirements that the education given in such institutions shall conform to such minimum standards as may be laid down by the State.

Article 30

In those States in which ethnic, religious or linguistic minorities or persons of indigenous origin exist, a child belonging to such a minority or who is indigenous shall not be denied the right, in community with other members of his or her group, to enjoy his or her own culture, to profess and practise his or her own religion, or to use his or her own language.

Article 31

- 1. States Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.
- 2. States Parties shall respect and promote the right of the child to participate fully in cultural and artistic life and shall encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity.

Article 32

1. States Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development.

2. States Parties shall take legislative, administrative, social and educational measures to ensure the implementation of the present article. To this end, and having regard to the relevant provisions of other international instruments, States Parties shall in particular:

- (a) Provide for a minimum age or minimum ages for admission to employment;
- (b) Provide for appropriate regulation of the hours and conditions of employment;
- (c) Provide for appropriate penalties or other sanctions to ensure the effective enforcement of the present article.

Article 33

States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances.

Article 34

States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse. For these purposes, States Parties shall in particular take all appropriate national, bilateral and multilateral measures to prevent:

- (a) The inducement or coercion of a child to engage in any unlawful sexual activity;
- (b) The exploitative use of children in prostitution or other unlawful sexual practices;
- (c) The exploitative use of children in pornographic performances and materials.

Article 35

States Parties shall take all appropriate national, bilateral and multilateral measures to prevent the abduction of, the sale of or traffic in children for any purpose or in any form.

Article 36

States Parties shall protect the child against all other forms of exploitation prejudicial to any aspects of the child's welfare.

Article 37

States Parties shall ensure that:

(a) No child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment. Neither capital punishment nor life imprisonment without possibility of release shall be imposed for offences committed by persons below eighteen years of age;

(b) No child shall be deprived of his or her liberty unlawfully or arbitrarily. The arrest, detention or imprisonment of a child shall be in conformity with the law and shall be used only as a measure of last resort and for the shortest appropriate period of time;

(c) Every child deprived of liberty shall be treated with humanity and respect for the inherent dignity of the human person, and in a manner which takes into account the needs of persons of his or her age. In particular, every child deprived of liberty shall be separated from adults unless it is considered in the child's best interest not to do so and shall have the right to maintain contact with his or her family through correspondence and visits, save in exceptional circumstances;

(d) Every child deprived of his or her liberty shall have the right to prompt access to legal and other appropriate assistance, as well as the right to challenge the legality of the deprivation of his or her liberty before a court or other competent, independent and impartial authority, and to a prompt decision on any such action.

Article 38

1. States Parties undertake to respect and to ensure respect for rules of international humanitarian law applicable to them in armed conflicts which are relevant to the child.

2. States Parties shall take all feasible measures to ensure that persons who have not attained the age of fifteen years do not take a direct part in hostilities.

3. States Parties shall refrain from recruiting any person who has not attained the age of fifteen years into their armed forces. In recruiting among those persons who have attained the age of fifteen years but who have not attained the age of eighteen years, States Parties shall endeavour to give priority to those who are oldest.

4. In accordance with their obligations under international humanitarian law to protect the civilian population in armed conflicts, States Parties shall take all feasible measures to ensure protection and care of children who are affected by an armed conflict.

Article 39

States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.

Article 40

1. States Parties recognize the right of every child alleged as, accused of, or recognized as having infringed the penal law to be treated in a manner consistent with the promotion of the child's sense of dignity and worth, which reinforces the child's respect for the human rights and fundamental freedoms of others and which takes into account the child's age and the desirability of promoting the child's reintegration and the child's assuming a constructive role in society.

2. To this end, and having regard to the relevant provisions of international instruments, States Parties shall, in particular, ensure that:

(a) No child shall be alleged as, be accused of, or recognized as having infringed the penal law by reason of acts or omissions that were not prohibited by national or international law at the time they were committed;

(b) Every child alleged as or accused of having infringed the penal law has at least the following guarantees:

(i) To be presumed innocent until proven guilty according to law;

(ii) To be informed promptly and directly of the charges against him or her, and, if appropriate, through his or her parents or legal guardians, and to have legal or other appropriate assistance in the preparation and presentation of his or her defence;

(iii) To have the matter determined without delay by a competent, independent and impartial authority or judicial body in a fair hearing according to law, in the presence of legal or other appropriate

assistance and, unless it is considered not to be in the best interest of the child, in particular, taking into account his or her age or situation, his or her parents or legal guardians;

(iv) Not to be compelled to give testimony or to confess guilt; to examine or have examined adverse witnesses and to obtain the participation and examination of witnesses on his or her behalf under conditions of equality;

(v) If considered to have infringed the penal law, to have this decision and any measures imposed in consequence thereof reviewed by a higher competent, independent and impartial authority or judicial body according to law;

(vi) To have the free assistance of an interpreter if the child cannot understand or speak the language used;

(vii) To have his or her privacy fully respected at all stages of the proceedings.

3. States Parties shall seek to promote the establishment of laws, procedures, authorities and institutions specifically applicable to children alleged as, accused of, or recognized as having infringed the penal law, and, in particular:

(a) The establishment of a minimum age below which children shall be presumed not to have the capacity to infringe the penal law;

(b) Whenever appropriate and desirable, measures for dealing with such children without resorting to judicial proceedings, providing that human rights and legal safeguards are fully respected. 4. A variety of dispositions, such as care, guidance and supervision orders; counselling; probation; foster care; education and vocational training programmes and other alternatives to institutional care shall be available to ensure that children are dealt with in a manner appropriate to their well-being and proportionate both to their circumstances and the offence.

Article 41

Nothing in the present Convention shall affect any provisions which are more conducive to the realization of the rights of the child and which may be contained in:

(a) The law of a State party; or

(b) International law in force for that State.

PART II**Article 42**

States Parties undertake to make the principles and provisions of the Convention widely known, by appropriate and active means, to adults and children alike.

Appendix C: African Charter on the Rights and Welfare of the Child (1990), articles 1-31 only

PREAMBLE

The African Member States of the Organization of African Unity, Parties to the present Charter entitled African Charter on the Rights and Welfare of the Child,

CONSIDERING that the Charter of the Organization of African Unity recognizes the paramountcy of Human Rights and the African Charter on Human and People's Rights proclaimed and agreed that everyone is entitled to all the rights and freedoms recognized and guaranteed therein, without distinction of any kind such as race, ethnic group, colour, sex, language, religion, political or any other opinion, national and social origin, fortune, birth or other status,

RECALLING the Declaration on the Rights and Welfare of the African Child (AHG/ST.4 Rev.I) adopted by the Assembly of Heads of State and Government of the Organization of African Unity, at its Sixteenth Ordinary Session in Monrovia, Liberia, from 17 to 20 July 1979, recognized the need to take appropriate measures to promote and protect the rights and welfare of the African Child,

NOTING WITH CONCERN that the situation of most African children, remains critical due to the unique factors of their socio-economic, cultural, traditional and developmental circumstances, natural disasters, armed conflicts, exploitation and hunger, and on account of the child's physical and mental immaturity he/she needs special safeguards and care,

RECOGNIZING that the child occupies a unique and privileged position in the African society and that for the full and harmonious development of his personality, the child should grow up in a family environment in an atmosphere of happiness, love and understanding,

RECOGNIZING that the child, due to the needs of his physical and mental development requires particular care with regard to health, physical, mental, moral and social development and requires legal protection in conditions of freedom, dignity and security,

TAKING INTO CONSIDERATION the virtues of their cultural heritage, historical background and the values of the African civilization which should inspire and characterize their reflection on the concept of the rights and welfare of the child,

CONSIDERING that the promotion and protection of the rights and welfare of the child also implies the performance of duties on the part of everyone,

REAFFIRMING ADHERENCE to the principles of the rights and welfare of the child contained in the declaration, conventions and other instruments of the Organization of African Unity and in the United Nations and in particular the United Nations Convention on the Rights of the Child; and the OAU Heads of State and Government's Declaration on the Rights and Welfare of the African Child;

HAVE AGREED AS FOLLOWS:

PART 1: RIGHTS AND DUTIES

CHAPTER ONE: RIGHTS AND WELFARE OF THE CHILD

ARTICLE 1: Obligation of State Parties

1. Member States of the Organization of African Unity, Parties to the present Charter shall recognize the rights, freedoms and duties enshrined in this Charter and shall undertake the necessary steps, in accordance with their Constitutional processes and with the provisions of the present Charter, to adopt such legislative or other measures as may be necessary to give effect to the provisions of this Charter.
2. Nothing in this Charter shall affect any provisions that are more conducive to the realization of the rights and welfare of the child contained in the law of a State Party or in any other international Convention or agreement in force in that State.
3. Any custom, tradition, cultural or religious practice that is inconsistent with the rights, duties and obligations contained in the present Charter shall, to the extent of such inconsistency, be discouraged.

ARTICLE 2: Definition of a Child

For the purposes of this Charter, a child means every human being below the age of 18 years.

ARTICLE 3: Non-Discrimination

Every child shall be entitled to the enjoyment of the rights and freedoms recognized and guaranteed in this Charter irrespective of the child's or his/her parents' or legal guardians' race, ethnic group, colour, sex, language, religion, political or other opinion, national and social origin, fortune, birth or other status.

ARTICLE 4: Best Interests of the Child

1. In all actions concerning the child undertaken by any person or authority the best interests of the child shall be the primary consideration.

1. In all judicial or administrative proceedings affecting a child who is capable of communicating his/her own views, an opportunity shall be provided for the views of the child to be heard either directly or through an impartial representative as a party to the proceedings, and those views shall be taken into consideration by the relevant authority in accordance with the provisions of appropriate law.

ARTICLE 5: Survival and Development

1. Every child has an inherent right to life. This right shall be protected by law.
2. State Parties to the present Charter shall ensure, to the maximum extent possible, the survival, protection and development of the child.
3. Death sentence shall not be pronounced for crimes committed by children.

ARTICLE 6: Name and Nationality

1. Every child shall have the right from his birth to a name.
2. Every child shall be registered immediately after birth.
3. Every child has the right to acquire a nationality.

State Parties to the present Charter shall undertake to ensure that their Constitutional legislation recognize the principles according to which a child shall acquire the nationality of the State in the territory of which he has been born if, at the time of the child's birth he is not granted nationality by any other State in accordance with its laws.

ARTICLE 7: Freedom of Expression

Every child who is capable of communicating his or her own views shall be assured the rights to express his opinions freely in all matters and to disseminate his opinions subject to such restrictions as are prescribed by laws.

ARTICLE 8: Freedom of Association

Every child shall have the right to free association and freedom of peaceful assembly in conformity with the law.

ARTICLE 9: Freedom of Thought, Conscience and Religion

1. Every child shall have the right to freedom of thought conscience and religion.

2. Parents, and where applicable, legal guardians shall have the duty to provide guidance and direction in the exercise of these rights having regard to the evolving capacities, and best interests of the child.

3. State Parties shall respect the duty of parents and where applicable, legal guardians, to provide guidance and direction in the enjoyment of these rights subject to the national laws and policies.

ARTICLE 10: Protection of Privacy

No child shall be subject to arbitrary or unlawful interference with his privacy, family home or correspondence, or to the attacks upon his honour or reputation, provided that parents or legal guardians shall have the right to exercise reasonable supervision over the conduct of their children. The child has the right to the protection of the law against such interference or attacks.

ARTICLE 11: Education

1. Every child shall have the right to education.

2. The education of the child shall be directed to:

(a) the promotion and development of the child's personality, talents and mental and physical abilities to their fullest potential;

(b) fostering respect for human rights and fundamental freedoms with particular reference to those set out in the provisions of various African instruments on human and peoples' rights and international human rights declarations and conventions;

(c) the preservation and strengthening of positive African morals, traditional values and cultures;

(d) the preparation of the child for responsible life in a free society, in the spirit of understanding, tolerance, dialogue, mutual respect and friendship among all peoples, ethnic, tribal and religious groups;

(e) the preservation of national independence and territorial integrity;

(f) the promotion and achievement of African Unity and Solidarity;

(g) the development of respect for the environment and natural resources;

(h) the promotion of the child's understanding of primary health care.

3. State Parties to the present Charter shall take all appropriate measures with a view to achieving the full realization of this right and shall in particular:

(a) provide free and compulsory basic education:

(b) encourage the development of secondary education in its different forms and progressively make it free and accessible to all;

(c) make higher education accessible to all on the basis of capacity and ability by every appropriate means;

(d) take measures to encourage regular attendance at schools and the reduction of drop-out rates;

(e) take special measures in respect of female, gifted and disadvantaged children, to ensure equal access to education for all sections of the community.

4. State Parties to the present Charter shall respect the rights and duties of parents, and where applicable, of legal guardians, to choose for their children schools other than those established by public authorities, which conform to such minimum standards as approved by the State, to ensure the religious and moral education of the child in a manner consistent with the evolving capacities of the child.

5. State Parties to the present Charter shall take all appropriate measures to ensure that a child who is subjected to schools or parental discipline shall be treated with humanity and with respect for the inherent dignity of the child and in conformity with the present Charter.

6. State Parties to the present Charter shall take all appropriate measures to ensure that children who become pregnant before completing their education shall have an opportunity to continue their education on the basis of their individual ability.

7. No part of this Article shall be construed as to interfere with the liberty of individuals and bodies to establish and direct educational institutions subject to the observance of the principles set out in Paragraph I of this Article and the requirement that the education given in such institutions shall conform to such minimum standards as may be laid down by the States.

ARTICLE 12: Leisure, Recreation and Cultural Activities

1. State Parties shall recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.

2. State Parties shall respect and promote the right of the child to fully participate in cultural and artistic life and shall encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity.

ARTICLE 13: Handicapped Children

1. Every child who is mentally or physically disabled shall have the right to special measures of protection in keeping with his physical and moral needs and under conditions which ensure his dignity, promote his self-reliance and active participation in the community.

2. State Parties to the present Charter shall ensure, subject to available resources, to a disabled child and to those responsible for his care, assistance for which application is made and which is appropriate to the child's condition and in particular shall ensure that the disabled child has effective access to training, preparation for employment and recreation opportunities in a manner conducive to the child achieving the fullest possible social integration, individual development and his/her cultural and moral development.

3. The State Parties to the present Charter shall use their available resources with a view to achieving progressively the full convenience of the mentally and physically disabled person to movement and access to public highway buildings and other places to which the disabled may legitimately want to have access to.

ARTICLE 14: Health and Health Services

1. Every child shall have the right to enjoy the best attainable state of physical, mental and spiritual health.

2. State Parties to the present Charter shall undertake to pursue the full implementation of this right and in particular shall take measures:

(a) to reduce infant and child mortality rate;

(b) to ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;

(c) to ensure the provision of adequate nutrition and safe drinking water;

(d) to combat disease and malnutrition within the framework of primary health care through the application of appropriate technology;

- (e) to ensure appropriate health care for expectant and nursing mothers;
- (f) to develop preventive health care and family life education and provision of service;
- (g) to integrate basic health service programmes in national development plans;
- (h) to ensure that all sectors of the society, in particular, parents, children, community leaders and community workers are informed and supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of domestic and other accidents;
- (i) to ensure the meaningful participation of non-governmental organizations, local communities and the beneficiary population in the planning and management of basic service programmes for children;
- (j) to support through technical and financial means, the mobilization of local community resources in the development of primary health care for children.

ARTICLE 15: Child Labour

1. Every child shall be protected from all forms of economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's physical, mental, spiritual, moral, or social development.

2. State Parties to the present Charter take all appropriate legislative and administrative measures to ensure the full implementation of this Article which covers both the formal and informal sectors of employment and having regard to the relevant provisions of the International Labour Organization's instruments relating to children.

State Parties shall in particular:

- (a) provide through legislation, minimum wages for admission to every employment;
- (b) provide for appropriate regulation of hours and conditions of employment;
- (c) provide for appropriate penalties or other sanctions to ensure the effective enforcement of this Article;
- (d) promote the dissemination of information on the hazards of child labour to all sectors of the community.

ARTICLE 16: Protection Against Child Abuse and Torture

1. State Parties to the present Charter shall take specific legislative, administrative, social and educational measures to protect the child from all forms of torture, inhuman or degrading treatment and especially physical or mental injury or abuse, neglect or maltreatment including sexual abuse, while in the care of the child.
2. Protective measures under this Article shall include effective procedures for the establishment of special monitoring units to provide necessary support for the child and for those who have the care of the child, as well as other forms of prevention and for identification, reporting referral investigation, treatment, and follow-up of instances of child abuse and neglect.

ARTICLE 17: Administration of Juvenile Justice

1. Every child accused or found guilty of having infringed penal law shall have the right to special treatment in a manner consistent with the child's sense of dignity and worth and which reinforces the child's respect for human rights and fundamental freedoms of others.
2. State Parties to the present Charter shall in particular:
 - (a) ensure that no child who is detained or imprisoned or otherwise deprived of his/her liberty is subjected to torture, inhuman or degrading treatment or punishment;
 - (b) ensure that children are separated from adults in their place of detention or imprisonment;
 - (c) ensure that every child accused of infringing the penal law:
 - (i) shall be presumed innocent until duly recognized guilty;
 - (ii) shall be informed promptly in a language that he understands and in detail of the charge against him, and shall be entitled to the assistance of an interpreter if he or she cannot understand the language used;
 - (iii) shall be afforded legal and other appropriate assistance in the preparation and presentation of his defence;
 - (iv) shall have the matter determined as speedily as possible by an impartial tribunal and if found guilty, be entitled to an appeal by a higher tribunal;
 - (d) prohibit the press and the public from the trial.

3. The essential aim of treatment of every child during the trial and also if found guilty of infringing the penal law shall be his or her reformation, reintegration into his or her family and social rehabilitation.
4. There shall be a minimum age below which children shall be presumed not to have the capacity to infringe the penal law.

ARTICLE 18: Protection of the Family

1. The family shall be the natural unit and basis of society. It shall enjoy the protection and support of the State for its establishment and development.
2. State Parties to the present Charter shall take appropriate steps to ensure equality of rights and responsibilities of spouses with regard to children during marriage and in the event of its dissolution. In case of the dissolution, provision shall be made for the necessary protection of the child.
3. No child shall be deprived of maintenance by reference to the parents' marital status.

ARTICLE 19: Parental Care and Protection

1. Every child shall be entitled to the enjoyment of parental care and protection and shall, whenever possible, have the right to reside with his or her parents. No child shall be separated from his/her parents against his/her will, except when a judicial authority determines in accordance with the appropriate law, that such separation is in the best interest of the child.
2. Every child who is separated from one or both parents shall have the right to maintain personal relations and direct contact with both parents on a regular basis.
3. Where separation results from the action of a State Party, the State Party shall provide the child, or if appropriate, another member of the family with essential information concerning the whereabouts of the absent member or members of the family. State Parties shall also ensure that the submission of such a request shall not entail any adverse consequences for the person or persons in whose respect it is made.
4. Where a child is apprehended by a State Party, his parents or guardians shall, as soon as possible, be notified of such apprehension by that State Party.

ARTICLE 20: Parental Responsibilities

1. Parents or other persons responsible for the child shall have the primary responsibility for the upbringing and development the child and shall have the duty:

- (a) to ensure that the best interests of the child are their basic concern at all times;
- (b) to secure, within their abilities and financial capacities, conditions of living necessary to the child's development; and
- (c) to ensure that domestic discipline is administered with humanity and in a manner consistent with the inherent dignity of the child.

2. State Parties to the present Charter shall in accordance with their means and national conditions take all appropriate measures:

- (a) to assist parents and other persons responsible for the child and in case of need, provide material assistance and support programmes particularly with regard to nutrition, health, education, clothing and housing;
- (b) to assist parents and others responsible for the child in the performance of child-rearing and ensure the development of institutions responsible for providing care of children; and
- (c) to ensure that the children of working parents are provided with care services and facilities.

ARTICLE 21: Protection against Harmful Social and Cultural Practices

1. State Parties to the present Charter shall take all appropriate measures to eliminate harmful social and cultural practices affecting the welfare, dignity, normal growth and development of the child and in particular:

- (a) those customs and practices prejudicial to the health or life of the child; and
- (b) those customs and practices discriminatory to the child on the grounds of sex or other status.

2. Child marriage and the betrothal of girls and boys shall be prohibited and effective action, including legislation, shall be taken to specify the minimum age of marriage to be 18 years and make registration of all marriages in an official registry compulsory.

ARTICLE 22: Armed Conflicts

1. State Parties to this Charter shall undertake to respect and ensure respect for rules of international humanitarian law applicable in armed conflicts which affect the child.

2. State Parties to the present Charter shall take all necessary measures to ensure that no child shall take a direct part in hostilities and refrain in particular, from recruiting any child.

3. State Parties to the present Charter shall, in accordance with their obligations under international humanitarian law, protect the civilian population in armed conflicts and shall take all feasible measures to ensure the protection and care of children who are affected by armed conflicts. Such rules shall also apply to children in situations of internal armed conflicts, tension and strife.

ARTICLE 23: Refugee Children

1. State Parties to the present Charter shall take all appropriate measures to ensure that a child who is seeking refugee status or who is considered a refugee in accordance with applicable international or domestic law shall, whether unaccompanied or accompanied by parents, legal guardians or close relatives, receive appropriate protection and humanitarian assistance in the enjoyment of the rights set out in this Charter and other international human rights and humanitarian instruments to which the States are Parties.

2. State Parties shall undertake to cooperate with existing international organizations which protect and assist refugees in their efforts to protect and assist such a child and to trace the parents or other close relatives or an unaccompanied refugee child in order to obtain information necessary for reunification with the family.

3. Where no parents, legal guardians or close relatives can be found, the child shall be accorded the same protection as any other child permanently or temporarily deprived of his family environment for any reason.

4. The provisions of this Article apply *mutatis mutandis* to internally displaced children whether through natural disaster, internal armed conflicts, civil strife, breakdown of economic and social order or howsoever caused.

ARTICLE 24: Adoption

State Parties which recognize the system of adoption shall ensure that the best interest of the child shall be the paramount consideration and they shall:

(a) establish competent authorities to determine matters of adoption and ensure that the adoption is carried out in conformity with applicable laws and procedures and on the basis of all relevant and reliable information, that the adoption is permissible in view of the child's status concerning parents, relatives and guardians and that, if necessary, the appropriate persons concerned have given their informed consent to the adoption on the basis of appropriate counseling;

- (b) recognize that inter-country adoption in those States that have ratified or adhered to the International Convention on the Rights of the Child or this Charter, may, as the last resort, be considered as an alternative means of a child's care, if the child cannot be placed in a foster or an adoptive family or cannot in any suitable manner be cared for in the child's country of origin;
- (c) ensure that the child affected by inter-country adoption enjoys safeguards and standards equivalent to those existing in the case of national adoption;
- (d) take all appropriate measures to ensure that in inter-country adoption, the placement does not result in trafficking or improper financial gain for those who try to adopt a child;
- (e) promote, where appropriate, the objectives of this Article by concluding bilateral or multilateral arrangements or agreements, and endeavour, within this framework to ensure that the placement of the child in another country is carried out by competent authorities or organs;
- (f) establish a machinery to monitor the well-being of the adopted child.

ARTICLE 25: Separation from Parents

1. Any child who is permanently or temporarily deprived of his family environment for any reason shall be entitled to special protection and assistance;
2. State Parties to the present Charter:
 - (a) shall ensure that a child who is parentless, or who is temporarily or permanently deprived of his or her family environment, or who in his or her best interest cannot be brought up or allowed to remain in that environment shall be provided with alternative family care, which could include, among others, foster placement, or placement in suitable institutions for the care of children;
 - (b) shall take all necessary measures to trace and re-unite children with parents or relatives where separation is caused by internal and external displacement arising from armed conflicts or natural disasters.
3. When considering alternative family care of the child and the best interests of the child, due regard shall be paid to the desirability of continuity in a child's up-bringing and to the child's ethnic, religious or linguistic background.

ARTICLE 26: Protection Against Apartheid and Discrimination

1. State Parties to the present Charter shall individually and collectively undertake to accord the highest priority to the special needs of children living under Apartheid and in States subject to military destabilization by the Apartheid regime.
2. State Parties to the present Charter shall individually and collectively undertake to accord the highest priority to the special needs of children living under regimes practising racial, ethnic, religious or other forms of discrimination as well as in States subject to military destabilization.
3. State Parties shall undertake to provide whenever possible, material assistance to such children and to direct their efforts towards the elimination of all forms of discrimination and Apartheid on the African Continent.

ARTICLE 27: Sexual Exploitation

1. State Parties to the present Charter shall undertake to protect the child from all forms of sexual exploitation and sexual abuse and shall in particular take measures to prevent:
 - (a) the inducement, coercion or encouragement of a child to engage in any sexual activity;
 - (b) the use of children in prostitution or other sexual practices;
 - (c) the use of children in pornographic activities, performances and materials.

ARTICLE 28: Drug Abuse

State Parties to the present Charter shall take all appropriate measures to protect the child from the use of narcotics and illicit use of psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the production and trafficking of such substances.

ARTICLE 29: Sale, Trafficking and Abduction

State Parties to the present Charter shall take appropriate measures to prevent:

- (a) the abduction, sale of, or traffic in children for any purpose or in any form, by any person including parents or legal guardians of the child;
- (b) the use of children in all forms of begging.

ARTICLE 30: Children of Imprisoned Mothers

1. State Parties to the present Charter shall undertake to provide special treatment to expectant mothers and to mothers of infants and young children who have been accused or found guilty of infringing the penal law and shall in particular:

- (a) ensure that a non-custodial sentence will always be first considered when sentencing such mothers;
- (b) establish and promote measures alternative to institutional confinement for the treatment of such mothers;
- (c) establish special alternative institutions for holding such mothers;
- (d) ensure that a mother shall not be imprisoned with her child;
- (e) ensure that a death sentence shall not be imposed on such mothers;
- (f) the essential aim of the penitentiary system will be the reformation, integration of the mother to the family and social rehabilitation.

ARTICLE 31: Responsibility of the Child

Every child shall have responsibilities towards his family and society, the State and other legally recognized communities and the international community. The child, subject to his age and ability, and such limitations as may be contained in the present Charter, shall have the duty:

- (a) to work for the cohesion of the family, to respect his parents, superiors and elders at all times and to assist them in case of need;
- (b) to serve his national community by placing his physical and intellectual abilities at its service;
- (c) to preserve and strengthen social and national solidarity;
- (d) to preserve and strengthen African cultural values in his relations with other members of the society, in the spirit of tolerance, dialogue and consultation and to contribute to the moral well-being of society;
- (e) to preserve and strengthen the independence and the integrity of his country;
- (f) to contribute to the best of his abilities at all times, and at all levels, to the promotion and achievement of African Unity.

Appendix D: Extract from the OC's Annual Report 2019-2020 on whistleblowing and barriers to reporting on child abuse

4.2. Who is a whistle-blower on child abuse?

ANYONE CAN BE A WHISTLE-BLOWER ON CHILD ABUSE. As a general rule, everyone who is determined to have an adequate level of maturity has a responsibility to disclose any actual or suspected case of child abuse. The diagram on the next page illustrates examples of whistle-blowers, who can be the authorities, civil society organisations and different groups of people, at times, including children.

Firstly, the Child Development Unit (CDU) of the Ministry of Gender Equality and Family Welfare is the authority responsible for handling child protection cases in the Republic of Mauritius. It operates a hotline number, that is 113, to obtain confidential referrals from anyone expressing concerns on actual or potential cases of child abuse and to intervene accordingly. Other institutions such as the Police and the 'Brigade pour la Protection des Mineurs' [now renamed as the 'Brigade pour la Protection de la Famille'] are also involved in identifying cases of children requiring protection on the field and referring them to the CDU. The OCO is a human rights institution that focuses on ensuring that the rights of our country's children, including their right to protection from all forms of violence, are being respected by all concerned stakeholders. Upon receipt of complaints or on its own motion, the OCO can also investigate on whether all necessary actions to safeguard children's rights have been taken by the relevant authorities.

People involved in the care of children such as parents, wider family relatives, neighbours and any community member can act as important whistle-blowers to provide first-hand information on actual or potential child abuse. Furthermore, school staff as well as any professional working with children (e.g., doctors, nurses, psychologists, therapists, social workers, etc.), who notice signs of abuse or obtain a disclosure of abuse from a child, have the duty to report same to the authorities. Another category of whistle-blowers is civil society organisations, including non-governmental and community-based organisations. They are often in close contact with members of the community, including children, and can play an important role in flagging up potential cases of child abuse to the authorities.

In addition, the media can come across such cases on the field and relay information to the authorities. Finally, children, especially those who have an adequate level of maturity and discernment, can act as whistle-blowers. They can disclose abuse perpetrated against them or other children to a responsible adult or to the authorities directly.



People involved in the care of children such as parents, wider family relatives, neighbours and any community member can act as important whistle-blowers to provide first-hand information on actual or potential child abuse.

It is important to know that, according to section 39A(2) of the Criminal Code Act 1838 on ‘culpable omission’, “any person who wilfully omits to provide to a person in danger such assistance as he could, without any risk to himself or to a third party, provide to that person by his own intervention or by calling for help shall be punished by a fine not exceeding 10,000 rupees and by imprisonment for a term not exceeding 2 years”. In relation to child protection, it can be inferred that it is every citizen’s responsibility to assist or seek help from relevant authorities for any child who is a victim or at risk of abuse.

4.3. Potential barriers to reporting on child abuse

Different factors can become obstacles to reporting abuse perpetrated against children. Some potential ones are proposed in the list provided on the next page. To better inform policies and interventions in the protection of children from abuse, more in-depth and rigorous local research on barriers to whistleblowing on child abuse could be considered.

Fear of retaliation

- An individual might fear retaliation or revenge from the actual or potential perpetrator if the latter knows that he/she made a report of child abuse against him/her.

Fear of stigmatisation

Individuals and families might not want to associate themselves with victims of child abuse or perpetrators by fear of loss of reputation and being stigmatised as having a link or involvement with them.

A culture of secrecy

It is well-known that child abuse often occurs 'behind closed doors' and the perpetrator is usually in a position of responsibility, trust or power relative to the child. The perpetrator often grooms or threatens the child to not disclose the abuse to anyone. He/she may also impose complicity with other members of the house (e.g. spouses, siblings or grandparents) through different means such as providing privileges or using coercion, so that they do not reveal the abuse.

Lack of trust in authorities

- Owing to adverse past experiences with authorities, some people may have difficulties to trust that the authorities will be able to help their children in abuse situations. Some parents might fear that their children would be taken away from them and they might prefer to seek informal help from wider relatives or friends to protect their children.

Untrained staff

- Without training and sensitisation, staff members from any professional background may lack the appropriate knowledge and skills on how to identify signs of actual or potential child abuse and intervene in such cases.

Inadequate networking among stakeholders

- At times, it may happen that information on child abuse is poorly communicated internally among the relevant authorities, which may result in delays in decision-making and interventions on the field. There can also be cases where whistle-blowers provide inaccurate or insufficient information to the authorities, which can make it harder for the latter to evaluate the urgency of the matter or plan a suitable course of action.

Appendix E: List of RCIs in Mauritius (as at 25 September 2022)

- 40 RCIs owned/rented and managed by 13 NGOs, and funded by NSIF:

SN	Name of NGO	Name of RCI (if different from NGO's name)	Region	Number of unit(s)	Capacity
1.	Arya Sabha Mauritius	Gayasing Ashram	Port Louis	1	17
2.	Association des Amis de Don Bosco	La Case Mama Marguerite (Girls)	Baie du Tombeau	1	12
		Maison Don Bosco (Boys)		1	12
3.	Roman Catholic Diocese of Port Louis	Foyer Père Laval	Port Louis	1	15
4.	Association pour les Handicapés de Malherbes	-	Curepipe	1	27
5.	Centre d'Education et de Développement pour les Enfants Mauriciens (CEDEM)	CEDEM Vacoas	Vacoas	1	12
		CEDEM Floreal	Floreal	1	12
		CEDEM Floreal 2		1	12
6.	Congrégation des Filles de Marie de St Denis	Crèche Cœur Immaculée de Marie	Quatre Bornes	1	26
		Foyer Monseigneur Leen	Rose Hill	1	20
7.	Etoile du Berger	-	Albion	1	8
		-	Roches Brunes	1	8
		-	Beau Bassin	1	10
8.	Fondation pour l'Enfance – Terre de Paix	House in Community	Albion	1	12
		House in Community		1	6
		House in Community		1	8
		House in Community	Quatre Bornes	1	12
9.	Le Croissant Bleu	Havre D'Avenir	Beau Bassin	1	20
10.	Pure Mind Haven	-	Vacoas	1	25

SN	Name of NGO	Name of RCI (if different from NGO's name)	Region	Number of unit(s)	Capacity
11.	Shelter for Women and Children in Distress Trust Fund	Shelter for Women and Children in Distress	Forest Side	1	30
12.	SOS Children's Village Mauritius	SOS Children's Village Beau Bassin	Beau Bassin	5	30 (6 per unit)
		SOS Children's Village Bambous	Bambous	9	54 (6 per unit)
		House in Community	Vacoas	1	5
		House in Community	Beau Bassin	1	3
		House in Community		1	5
		House in Community	Harewood	1	5
		House in Community		1	5
13.	Worldlight	Worldlight Kids Villa	Roches Brunes	1	20
TOTAL (13 NGOs)				40	431

- 3 RCIs owned by Government, managed by 2 NGOs and funded through the MGEFW:

SN	Name of NGO	Name of RCI (if different from NGO's name)	Region	Number of unit(s)	Capacity
1.	Children's Foundation	Shelter La Marguerite	Belle Rose	1	25
		Shelter La Cigogne	Floreal	1	15
2.	Association for Population and Development	L'Oasis Residential Care Drop-in Centre	Port Louis	1	30
TOTAL (2 NGOs)				3	70

- 2 RCIs owned by Government, managed by the NCC and funded through the MGEFW:

SN	Name of governmental body	Name of RCI (if different from NGO's name)	Region	Number of unit(s)	Capacity
1.	National Children's Council (NCC)	L'Oiseau du Paradis	Cap Malheureux	1	27
		Notre Dame Relay Centre	Notre Dame	1	10
TOTAL (NCC)				2	37

- 1 RCI in Rodrigues owned and managed by 1 NGO, and funded through the Commission for Child Development and Others:

SN	Name of NGO	Name of RCI (if different from NGO's name)	Region	Number of unit(s)	Capacity
1.	Congrégation des Filles de Marie	Foyer de Marie Madeleine de la Croix	Baladirou	1	20
TOTAL (1 NGO - Rodrigues)				1	20

Appendix F: List of common warning signs indicating actual or potential child abuse

The following is an extract from Mayo Clinic's (2022) webpage in relation to child abuse (www.mayoclinic.org/diseases-conditions/child-abuse/symptoms-causes/syc-20370864).

“Specific signs and symptoms depend on the type of abuse and can vary. Keep in mind that warning signs are just that — warning signs. The presence of warning signs doesn't necessarily mean that a child is being abused.

Physical abuse signs and symptoms

- *Unexplained injuries, such as bruises, broken bones (fractures) or burns*
- *Injuries that don't match the given explanation*
- *Injuries that aren't compatible with the child's developmental ability*

Sexual abuse signs and symptoms

- *Sexual behavior or knowledge that's inappropriate for the child's age*
- *Pregnancy or a sexually transmitted infection*
- *Genital or anal pain, bleeding, or injury*
- *Statements by the child that he or she was sexually abused*
- *Inappropriate sexual behavior with other children*

Emotional abuse signs and symptoms

- *Delayed or inappropriate emotional development*
- *Loss of self-confidence or self-esteem*
- *Social withdrawal or a loss of interest or enthusiasm*
- *Depression*
- *Avoidance of certain situations, such as refusing to go to school or ride the bus*
- *Appears to desperately seek affection*
- *A decrease in school performance or loss of interest in school*
- *Loss of previously acquired developmental skills*

Neglect signs and symptoms

- *Poor growth*
- *Excessive weight with medical complications that are not being adequately addressed*
- *Poor personal cleanliness*
- *Lack of clothing or supplies to meet physical needs*
- *Hoarding or stealing food*
- *Poor record of school attendance*
- *Lack of appropriate attention for medical, dental or psychological problems or lack of necessary follow-up care*

Parental behavior

Sometimes a parent's demeanor or behavior sends red flags about child abuse. Warning signs include a parent who:

- *Shows little concern for the child*
- *Appears unable to recognize physical or emotional distress in the child*
- *Blames the child for the problems*
- *Consistently belittles or berates the child, and describes the child with negative terms, such as "worthless" or "evil"*
- *Expects the child to provide attention and care to the parent and seems jealous of other family members getting attention from the child*
- *Uses harsh physical discipline*
- *Demands an inappropriate level of physical or academic performance*
- *Severely limits the child's contact with others*
- *Offers conflicting or unconvincing explanations for a child's injuries or no explanation at all*
- *Repeatedly brings the child for medical evaluations or requests medical tests, such as X-rays and lab tests, for concerns not seen during the health care provider's examination"*

Appendix G: Review of the Child (Foster Care) Regulations 2022

Section number in the Regulations	Discussion points
<p>Section 3(1)(c) (Purpose of the Foster Care Advisory Committee)</p> <p>3. (1) <i>There shall be, for the purposes of these regulations, a Foster Care Advisory Committee which shall –</i></p> <p>(c) <i>oversee the assessment and evaluation of the foster care system and make recommendations to the Minister for such improvements and changes as may be required</i></p>	<p>This function of the Committee can potentially overlap with my mandate under the OCA 2003. As long as it refers to internal assessments, evaluations and recommendations on the foster care system at the level of the Ministry, I do not see a problem. However, it should not concern external assessments, evaluations and recommendations because these fall under my role as an independent child rights institution. The Committee cannot be judge and party of its own recommendations and the role of an independent evaluator is undeniable.</p>
<p>Section 3(2) (Constitution of the Foster Care Advisory Committee)</p> <p>(2) <i>The Committee shall consist of –</i></p> <p>(a) <i>the supervising officer or his representative, as Chairperson;</i></p> <p>(b) <i>a representative of the Prime Minister's Office;</i></p> <p>(c) <i>a representative of the Attorney-General's Office;</i></p> <p>(d) <i>a representative of the Ministry responsible for the subject of education;</i></p> <p>(e) <i>a representative of the Ministry responsible for the subject of finance;</i></p> <p>(f) <i>a representative of the Ministry responsible for the subject of health;</i></p> <p>(g) <i>a representative of the Ministry responsible for the subject of social security;</i></p> <p>(h) <i>a representative of the Ministry responsible for the subject of youth and sports;</i></p>	<p>The Committee does not consist of any representative from the civil society/NGOs who have expertise in the domain of foster care, which I believe can bring better balance and impartiality in the decisions taken by this Committee.</p>

Section number in the Regulations (ctd)	Discussion points (ctd)
<p>(i) the Commissioner of Police or his representative;</p> <p>(j) the Commissioner of Probation and After Care or his representative;</p> <p>(k) the technical head of the section responsible for the subject of child development or his representative</p> <p>(l) a representative of the Mauritius Bar Association;</p> <p>(m) a psychologist, to be appointed by the supervising officer.</p>	
<p>Section 4(2)(a&b) (Application to operate a foster home)</p> <p>(2) (a) Any person who intends to provide for a foster home shall make an application to the supervising officer.</p> <p>(b) An application under subparagraph (a) shall be made by –</p> <p>(i) an unmarried or a married person; or</p> <p>(ii) a married couple.</p>	<p>The UN Committee on the Rights of the Child (2015) noted in their Concluding Observations on the combined third to fifth periodic reports of Mauritius that “foster care is inadequately professionalised” (para.43) and that there is a “lack of information on the assessment, selection, training, remuneration and supervision of foster parents and kinship caregivers” (para.43(c)). The Foster Care Regulations have to be carefully reviewed in relation to these international observations and standards.</p> <p>For instance, I think it does not suffice to say that a prospective foster parent can be either an “unmarried or a married person”; or “a married couple”. The Regulations must include more specifications on the level of qualification, training and experience that a foster parent must have. Being the owner of a house or being financially stable do not guarantee that a person will have the necessary tools to act in the capacity of a foster carer. Although section 8(1)(b) of the same Regulations provides that adequate</p>

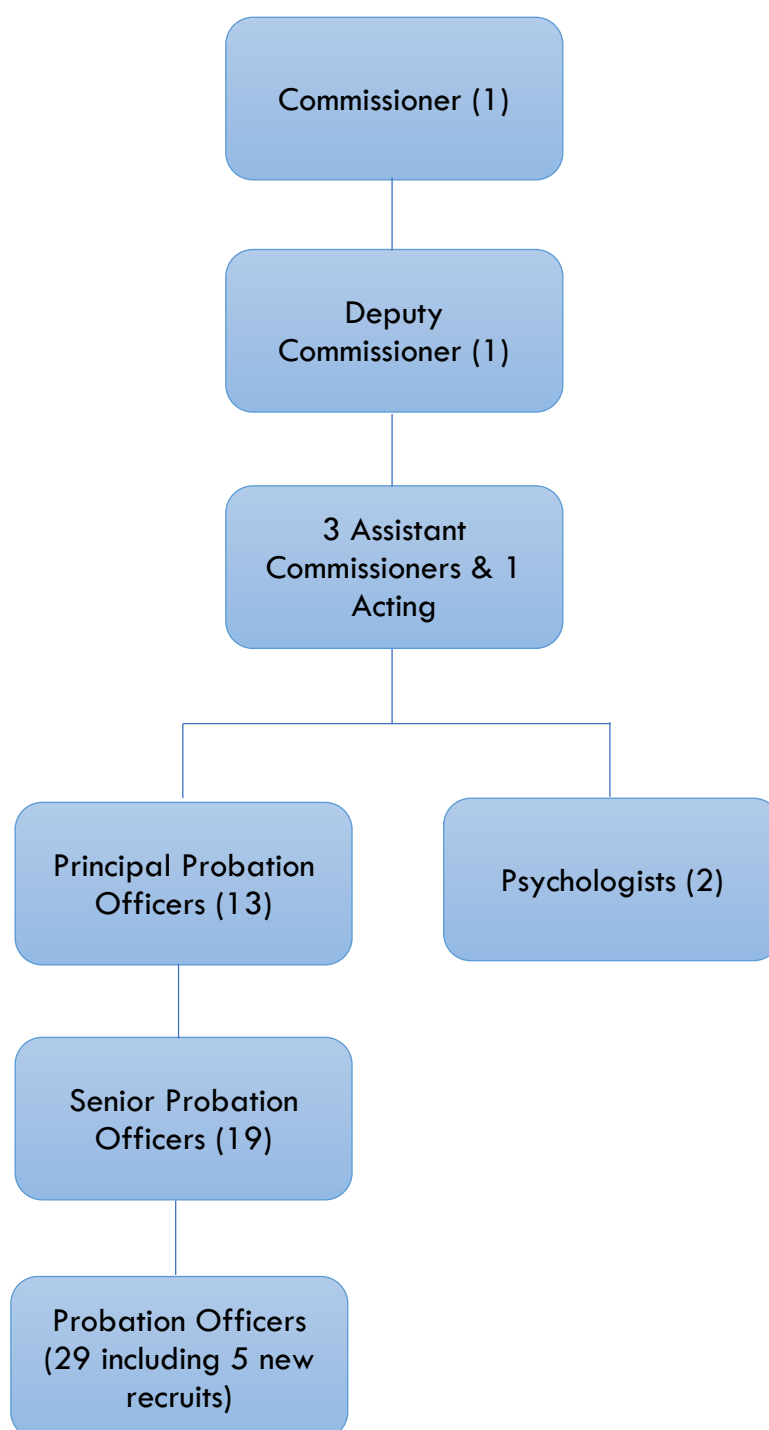
Section number in the Regulations (ctd)	Discussion points (ctd)
	<p>training and assistance will be provided to foster homes, I insist that the foster carer must be assessed for relevant skills and knowledge prior to being registered as such.</p>
<p>Section 4(4)(a) (Number of children accommodated in a foster family)</p> <p><i>(4) For the purpose of granting the registration and subsequent placement, the supervising officer shall take into account –</i></p> <p><i>(a) the number of children who may be accommodated</i></p>	<p>The Regulations do not specify any maximum number of children that can be placed in a foster home, which I think is necessary. We have to be careful that foster homes do not turn into RCI-like structures, as this will defeat the purpose of family-based and individualised care.</p>
<p>Section 4(5) (Outcome of an application)</p> <p><i>(5) The supervising officer may, in accordance with the recommendations of the Foster Care Advisory Committee, grant or reject the application.</i></p>	<p>No time limit for the processing of the application is provided in the Regulations, which can give an indefinite period to the Supervising Officer (SO) to make a decision on an application. I believe, this is an abuse of power, and the Regulations must prescribe a time limit for application processing. I suggest this to be no later than 30 days.</p>
<p>Section 4(7)</p> <p><i>(7) Where the supervising officer rejects an application, he shall, within 30 days of his decision, inform the applicant accordingly.</i></p>	<p>I believe that the administrative time taken by an SO to inform an applicant on the rejection of his/her application should be shortened to within 10 days. This can allow the applicant to make an appeal, if he/she wishes so, in the shortest possible delay.</p>

Section number in the Regulations (ctd)	Discussion points (ctd)
<p>First Schedule, Code of Conduct, section 4(a&b) (Visits and interviews of foster child by authorities)</p> <p><i>4. No foster parent shall –</i> <i>(a) prevent an authorised officer from visiting a foster home;</i> <i>(b) prevent an authorised officer from interviewing a child in private.</i></p>	<p>Foster care is a family-based alternative care option. The Regulations must be revised so as not to encourage or abuse of institutional practices such as too many unexpected visits from officers requesting private conversations with the children in the absence of the foster parent(s). It may be necessary in cases of alleged abuse or neglect by a foster parent, but it should not be a routine practice. This approach can disturb the intimacy of the family and the ability for the child to feel included within the foster home.</p>
<p>First Schedule, Code of Conduct, section 9(1) (Access of the biological family to a child in foster care)</p> <p><i>9. (1) The supervising officer and the foster parent shall allow the child's biological parents, siblings and relatives to have access to the child in placement unless there is a restraining order issued by the Court.</i></p>	<p>The access of biological parents, siblings and relatives to meet the child in foster care placement can, on a positive side, promote family bonding and reintegration, but, on a negative side, it can also create conflict and instability, especially if the child has not been consulted enough on his wishes in relation to these contacts. Privacy of the child and foster family can be significantly affected if such parental visits are excessive or intrusive. The authorities must prevent such situations through proper assessments and follow-ups with the child and foster family in the best interests of the child.</p>

Appendix H: Useful information on the Mauritius Probation and Aftercare Service (PAS)

Digests from the correspondence of the PAS to the Ombudsperson for Children dated 10 August 2022

Organigram of the PAS (as at July 2022)



Services provided by the PAS

The PAS forms part of the criminal justice system and operates in conjunction with other agencies of the system. It derives its mandate from the Probation of Offenders Act 1946 and the Community Service Order Act 2002 and is responsible for the community supervision of offenders subject to probation orders and community service orders. It also manages, with the support of a Committee of Management, appointed by the Minister responsible for probation and aftercare, probation institutions comprising the Probation Hostel for Boys, the Probation Home for Girls and other institution run by the PAS. Probation Hostel and Home Regulations 1989, amended in 2021, regulates the running of these institutions.

Vision of PAS: To contribute towards promoting a safe and functional society

Mission/Objectives:

- (i) Assist competent authorities (such as District Courts, Intermediate Court, Children's Court, Supreme Court, Attorney General's Office, Office of the Director of Public Prosecutions, RYC/CYC Board of Visitors, National Adoption Council, Commission on the Prerogative of Mercy, etc) in informed decision-making (through social enquiry reports in both criminal and civil matters);
- (ii) Provide effective supervision/rehabilitation of offenders within the community (under probation orders, community service orders, aftercare orders, parole licence) and in probation institutions (under probation orders with residence requirement, preventive intervention orders in respect of children with serious behavioural concerns) and offer a throughcare service to residents of probation institutions, extended to the RYC;
- (iii) Assist in the community (including individuals and families) in addressing interpersonal issues (through counselling and mediation work); and
- (iv) Educate people in the community (including students and elderly persons) on addressing social problems (through preventive work programme).

Core traditional activities/services (role of the service):

- (i) Preparing and submitting social enquiry reports (criminal and civil matters);
- (ii) Supervision and rehabilitation of offenders (adults and **juveniles**) subjected to probation and community service orders until final disposal;

- (iii) Institutional care of **minors (juvenile offenders granted probation orders with residence requirement)** in probation institutions;
- (iv) Counselling and mediation work for general public to restore impaired social functioning;
- (v) Counselling/therapy and psychological assessment reports by 2 clinical/social psychologists; and
- (vi) Delivering preventive talks upon request.

Number of social enquiries, supervision and counselling carried out by PAS from the years 2019 to 2021 with adults and minors referred to their service

Type of intervention by PAS	Year								
	2019			2020			2021		
	<u>Adult</u>	<u>Minor</u>	<u>Total</u>	<u>Adult</u>	<u>Minor</u>	<u>Total</u>	<u>Adult</u>	<u>Minor</u>	<u>Total</u>
Social Enquiries	2911	719	3630	2451	487	2938	2384	402	2786
Supervision	1334	228	1562	865	127	992	852	110	962
Counselling	2272	361	2633	1525	250	1775	1429	188	1617
TOTAL	6517	1308	7825	4841	864	5705	4665	700	5365
Percentage (%)	83.3	16.7	100	84.9	15.1	100	87.0	13.0	100

It can be noted from the table above that cases referred to PAS regarding minors only represent around 15 per cent of their annual caseload.

Appendix I: Purpose of the UK's Children (Leaving Care) Act 2000

Extract from the following weblink:

www.legislation.gov.uk/ukpga/2000/35/notes/division/2#:~:text=The%20Act%20simplifies%20the%20arrangements,based%20Job%2DSeekers%20Allowance.%20

*The Act's main purpose is to help young people who have been looked after by a local authority move from care into living independently in as stable a fashion as possible. To do this it amends the Children Act (c.41) to place a duty on local authorities to assess and meet need. The responsible local authority is to be under a duty to assess and meet the care and support needs of **eligible** and **relevant** children and young people and to assist **former relevant children**, in particular in respect of their employment, education and training. Key features and definitions are:*

- a) **Eligible children** are those in care aged 16 and 17 who have been looked after for a period to be prescribed. The age at which spells in care start to count towards eligibility will also be prescribed.
- b) **Relevant children** are those aged 16 and 17 who meet the criteria for eligible children but who leave care. Regulations may exclude certain groups, such as children who return home permanently and children who receive respite care. Local authorities may, for example, take highly dependent children for short periods to give their carers a break. This group would remain the responsibility of their families and would not be eligible for the new arrangements even if their periods of respite care added up to the prescribed period for eligibility.
- c) **Former relevant children** are those who before reaching the age of 18 were either eligible or relevant children.
- d) **The responsible local authority to be whichever one last looked after an eligible or relevant young person.** That local authority will retain its responsibility wherever the young person may be living in England or Wales. At present responsibility falls to the authority in whose area they live. This has given rise to disputes over responsibility between authorities which the new arrangements are intended to avoid.
- e) **A duty to keep in touch.** The responsible local authority to be under a duty to keep in touch with all its care leavers who qualify for these new support arrangements, including those aged 18-21 and beyond in some cases.

- f) **Pathway Plans.** All eligible and relevant and former relevant children and young people must have a Pathway Plan. This will take over from the existing care plan and will run at least until they are 21, covering education, training, career plans and support needed, for example to move into supported lodgings. Regulations may be made about Pathway Plans and their review. It is envisaged that they will be reviewed every six months or more frequently as needed.
- g) **Personal Adviser.** All eligible, relevant and former relevant children and young people must have a Young Person's Adviser (referred to in the Act as a personal adviser) who will help to draw up the Pathway Plan and to make sure that it develops with the young person's changing needs and that it is implemented. When the young person leaves care and until they are at least 21 the Young Person's Adviser will be responsible for keeping in touch with them and ensuring that they receive the advice and support to which they are entitled. Regulations may provide that children in other groups might also have Young Person's Advisors.
- h) **Vacation support.** The responsible local authority must assist care leavers in higher education, or in residential further education, with vacation accommodation where this is needed.
- i) **Assistance with employment.** The responsible local authority must assist a former relevant child (and may assist other care leavers) with the costs associated with employment to the extent that his welfare requires it.
- j) **Education and training support.** The responsible local authority must assist a former relevant child (and may assist other care leavers) with the costs of education and training up to the end of the agreed programme, even if that takes the young person past the age of 21, to the extent that his welfare and educational and training needs require it.
- k) **General assistance.** The responsible local authority must assist a former relevant child (and may assist other care leavers) to the extent that his welfare requires it, either in kind or, exceptionally, in cash.

Appendix J: Extracts of the document on social protection measures proposed by the Social Integration Division of the MSISSNS

An overview of the MSISSNS and its poverty alleviation programs and schemes

1. Overview of the Ministry

The Ministry of Social Integration, Social Security and National Solidarity (Social Integration Division), previously known as the Ministry of Social Integration and Economic Empowerment, was created in May 2010, with a vision to eradicate extreme and chronic poverty and to strive towards the creation of an inclusive and more equitable society. The mission of the Ministry is to support and empower the vulnerable groups with a view to mainstreaming them in society and improving their quality of life in a sustainable manner through the provision of an effective and efficient service delivery, imbued in equity, fairness and impartiality.

Various strategic initiatives are being taken at the level of the Ministry for the economic empowerment of **households found eligible under the Social Register of Mauritius (SRM)**. With its ongoing poverty alleviation and empowerment programmes, the Ministry and the National Empowerment Foundation (NEF), which operates under its aegis, are providing necessary support to these households to facilitate their social integration in a sustainable manner.

2. Departments/Bodies falling under the Social Integration Division

2.1. National Empowerment Foundation (NEF)

The Ministry ensures the delivery of its services to all eligible SRM households through the NEF, which is its implementing arm. The principal mission of the NEF is to combat absolute poverty while focusing on issues such as preserving and creating employment, supporting and assisting micro-entrepreneurs, with special emphasis on those in socio-economic difficulties.

2.2. National Social Inclusion Foundation (NSIF)

The National Social Inclusion Foundation, previously known as the National CSR Foundation, was incorporated under the Foundation Act 2012 in December 2016. The NSIF is managed jointly by the private and public sector and its main objective is the allocation of CSR funds to NGOs to enable them to undertake programmes and projects for the benefit of target groups in approved priority areas. Presently, 137 NGOs are being funded by the NSIF for the implementation of programmes and projects targeting vulnerable children and their families. The services provided by these NGOs include food assistance, leisure and recreational activities, psychosocial support, literacy and numeracy, parental and life skills support and therapeutic session, if needed.

3. Procedures/Applications for services

To benefit from all the services from the Ministry/NEF, the person has to be registered and found eligible under the SRM. Only eligible SRM households are entitled to pro-poor empowerment support with the aim of moving them out of the poverty trap and to integrate them into mainstream society. This is done for a defined period of time following the signature of a social contract between the eligible household and the NEF. The Social Contract signed between the Ministry and the household is used as a point of entry to benefit from the payment of a monthly subsistence allowance and other associated empowerment support programmes.

4. Main services offered to eligible households under the SRM by the Ministry and NEF

4.1. Payment of Subsistence Allowance

The objective of the Subsistence Allowance is to ensure that the basic needs of people living in absolute poverty are effectively met and they ultimately move out of poverty. Under this scheme, every adult on the SRM is entitled to a monthly subsistence allowance based on a minimum threshold of Rs 3,000 with a maximum threshold of Rs 10,500 for a family of two adults and three children.

4.2. Child Allowance Scheme

The purpose of the Scheme is to provide a monthly Child Allowance in respect of children of eligible SRM households as an incentive to encourage them to attend school regularly. The Child Allowance is an income support payable in favour of children aged not less than 3 years and not more than 23 years attending a registered school or educational institution. The Child Allowance is payable in respect of not more than 3 children per household and is based on percentage of school attendance. The quantum of the monthly Child Allowance has increased from Rs 951 to Rs 1,046 per child as from 01 July 2022.

4.3. Provision of School Materials

Schools materials are provided each academic year with the aim of empowering and motivating children of school-going age from eligible SRM households to attend school. These students of pre-primary, primary and secondary schools are provided with school materials comprising bags, uniforms, shoes, copybooks, socks and stationery.

4.4. School Premium Scheme

The School Premium Scheme has been set up to improve educational achievements and encourage students from poor households to attain higher level of education and complete their secondary studies. Cash award is provided to students as follows:

- (a) Rs 15 000 for successfully completing the Grade 9 level under the nine-year schooling;
- (b) Rs 25 000 for successfully completing the School Certificate or equivalent vocational certificate;
- (d) Rs 35 000 for those successfully completing the Higher School Certificate or equivalent technical qualification; and
- (e) Rs 40,000 for those successfully completing an undergraduate degree.

4.5. Free Examination Fees Scheme

The Free Examination Fees Scheme is being implemented since 2017 to facilitate children of eligible SRM households, through an exemption of payment of fees, to re-sit the SC and HSC

examinations at a second attempt. This Scheme caters for students who have failed their School Certificate (SC) or Higher School Certificate (HSC) exams and also for those who want to improve their qualifications.

4.6. Crèche Scheme

The Crèche Scheme aims at empowering eligible SRM mothers to take up employment or follow a training course. The Scheme is being implemented since February 2017 and a payment up to Rs 2000 is effected to the registered day care centres in respect of the children of 3 months to 3 years of SRM eligible households.

4.7. Training and Placement

NEF provides training and placement facility to job seekers, in collaboration with training institutions such as MITD and NCC. Training and Placement Programme aims at enhancing the employability of unemployed persons in unskilled and semi-skilled jobs through the provision of vocational and technical training to those with poor academic achievements so that they acquire technical knowledge and expertise to enhance their chances of employability and/or to start their own micro business.

4.8. Life Enhancement Education Programme

Life Enhancement Education Programme is conducted with a view to equipping SRM beneficiaries with the social and interpersonal skills that enable them to cope with the demands of everyday life. The programme is an important tool to help the beneficiaries to find new ways of thinking and problem solving in an ever changing society with new challenges and constraints.

4.9. Social Housing

- (a) Full Concrete Housing Scheme: The Ministry/NEF works towards improving the living conditions and environment of SRM households, including social housing. Fully Concrete Housing units of up to 50m² each are being built for households living in absolute poverty and who are owners of a plot of land but do not have the means to build a housing unit.

- (b) 10% NHDC Housing Scheme: With a view to facilitate the integration of the low-income group to the mainstream society, 10% of all new housing units constructed by the NHDC will be earmarked for the SRM households, who are not landowners and at a subsidized rate.
- (c) 'Upgrading of houses' Scheme: An Upgrading Housing Scheme has been introduced to cater for minor renovation works, provision of toilet and bathroom amenities, replacement of roof, partitioning, extension and repairs to Corrugated Iron Sheet housing units, and plastering and flooring for incomplete houses of eligible SRM households.

4.10. Provision of Free Optical Glasses

The project has been implemented as from the financial year 2021-2022 and makes provision of free optical glasses to children aged up to 21 years old, following a free eye screening. The objective of the project is to provide spectacles to students with visual impairment in order to improve eye sight and any visual impairment.

4.11. Provision of Free Sanitary Towels

Free sanitary towels are provided to children of eligible SRM households from Grade 6 to Grade 13 classes with a view to minimize absenteeism, relieve teenage girls of the stigma, anxiety and discomfort associated with menstrual hygiene management so they can focus on their studies.

4.12. Implementation of Learning Corners

In an integrated approach to alleviate poverty in Mauritius, the NEF has set up learning corners in deprived regions with the support of stakeholders. The philosophy behind this initiative was to provide literary and pedagogical support to children or students coming from vulnerable families of deprived regions.

4.13. Provision of free diapers

Since July 2022, diapers are provided to children up to twelve months old from households found eligible under the SRM. The objective of this measure is to promote the wellbeing of babies, to reduce the financial constraints being faced by the parents and to improve their standard of living.

4.14. Provision of tablets to children of Grade 10 to Grade 13 classes

Given the changing dynamics of education and with the Covid-19 sanitary restrictions during the pandemic, provision of tablets were considered as an essential tool for students of Grade 10 to 13 classes of eligible SRM households. This consequentially permitted online learning of vulnerable children and also provide opportunities to pursue studies for upper grades students.

5. Additional Services provided by the Ministry/NEF

- Medical screening;
- Recreational activities;
- Psychological support;
- Upgrading of living environment; and
- Waiving of administration fees for full-time courses at MITD and other recognised tertiary institutions.

Appendix K: Additional information on the NGO Lovebridge's programme

Extracts from the Lovebridge Progress Report 2020

Lovebridge Accompaniment Method (Lovebridge, 2020, p.7)

The Lovebridge method is based on **psychosocial intervention** and consists of the following:

- *Field support to families on 6 interconnected pillars - multidimensional approach to poverty reduction inspired by the Global Multidimensional Poverty Index (UNDP)*
- *Relationship based approach*
- *+130 000 hours on the field since 2015*
- *Balanced caseload: manageable ratio per field worker (to ensure quality, depth & impact of field work)*
- *Minimum of 5 to 8 hours of support work per family per month (proximity with beneficiaries, regularity of contact, systematicity of review of action plans – internally and with beneficiaries)*
- *Individualised work, per family & per individual within the family. Field experience has shown that when there is family cohesion, the family moves quicker towards empowerment*
- *Beneficiary participation & voice: mandatory*
- *Regular visits/support at home, support outside the home*
- *Technical in-kind help through the provision of products & services*
- *Presence on the field from Monday to Saturday, dawn to dusk. Telephone availability for emergencies after hours and during public holidays*
- *Systemic approach to poverty reduction*

External assessment of the Lovebridge methodology (Lovebridge, 2020, p.12)

A 2-year study carried out by the University of Mauritius in collaboration with the Mauritius Research and Innovation Council on the psychosocial accompaniment method of the Lovebridge project. The study (titled: Research on long term holistic accompaniment of families living in poverty

in the Republic – A case study of the Lovebridge Model) shows the positive impact of the Lovebridge psychosocial accompaniment method on beneficiaries as shown in the following study extracts:

- *“After having joined the programme, beneficiaries are clearly more willing and better equipped to stand on their own feet and face the daily struggles with a positive mindset.”*
- *“The emotional and psycho-social support brought through accompaniment of the Lovebridge team is valued by beneficiaries more than material help and support they may receive.”*
- *“There was unanimity about the fact that the help and support they had received before joining the Lovebridge project did not have as a profound and long-term impact as is the case with the present accompaniment programme.”*
- *“What emerges out of this study is that the accompaniment model adopted by Lovebridge, with its multi-dimensional and participatory approach, does have a significant impact on poverty reduction on the ground.”*
- *“Lovebridge’s comparative advantage is that it has privileged access to the field. It is, thus, recommended that Lovebridge should increase its role as facilitator/coordinator between families living in poverty and other public, private and parastatal organisations and institutions.”*
- *“The accompaniment approach adopted by Lovebridge and applied to the Mauritian context is clearly making a significant impact on the ground in terms of fighting poverty through empowerment.”*
- *“At national and policy level, this (Lovebridge) accompaniment approach can grow and have significant impact on families living in poverty if it is provided with the necessary positioning, materials and human resources”*

The Study and the Lovebridge psychosocial accompaniment method have been presented and awarded at the 6th International Conference on Poverty and Sustainable Development, held in Sri Lanka in December 2019.

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