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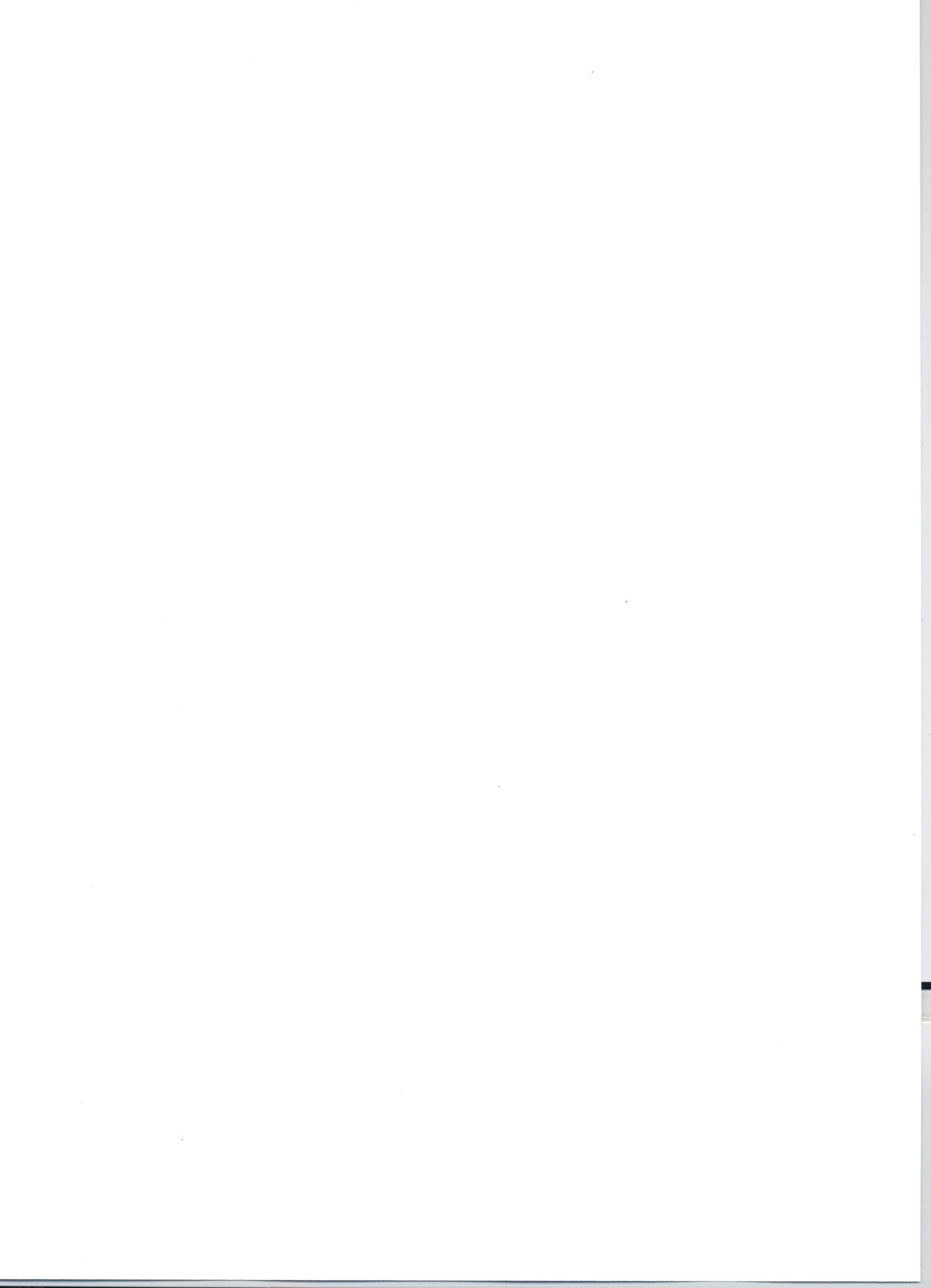
NATIONAL AUDIT OFFICE

PERFORMANCE AUDIT REPORT

RESPONSE TO CASES OF CHILD MALTREATMENT

Ministry of Gender Equality, Child Development
and Family Welfare

FEBRUARY 2018



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ABBREVIATIONS AND ACRONYMS

CDU	Child Development Unit
CPA	Child Protection Act
CPR	Child Protection Register
CRC	Convention on the Rights of Child
EU	European Union
FCS	Foster Care System
FWPOs	Family Welfare and Protection Officers
MoGE	Ministry of Gender Equality, Family Welfare and Child Protection
MoU	Memorandum of Understanding
NCC	National Children's Council
NGOs	Non-Governmental Organisations
RCIs	Residential Care Institutions
UN	United Nations
UNICEF	United Nations International Children Emergency Fund

EXECUTIVE SUMMARY

Child maltreatment is a widespread, global phenomenon affecting children. According to data from Statistics Mauritius and the Ministry of Gender Equality, Child Development and Family Welfare (MoGE) for the period January 2012 to December 2016, some 28,000 new cases were reported. They included abandonment, physical abuse, neglect cases, sexual abuse, worst forms of labour and psychological/emotional abuse. MoGE took several measures in response to the problem, and during the period January 2014 to June 2017, it spent some Rs 459 million on the protection, welfare and development of children.

The National Audit Office carried out this Performance Audit with the objective to assess the effectiveness of the measures taken by the Ministry to respond to reported cases of child maltreatment.

Key Findings

Strategy on Protection Services

Following the National Children's Policy of 2004, the Ministry took several measures to respond to reported cases of child maltreatment. According to a Consultant from the European Union, several of these measures have improved the provision of services in the areas of health, education, child protection and social security. However, an overarching national policy framework, law or strategy would have provided a comprehensive framework for the priorities and outcomes to be achieved for children in the area of child protection.

Case Management

According to the United Nations International Children Emergency Fund, response to child violence, abuse and neglect involves the development of case management. However, certain core elements of the case management process, such as case planning, assessment and monitoring progress and case closure, were not followed by the Ministry.

Child Protection Register

Some 5,500 cases of child maltreatment were reported at the Ministry on an annual basis, and these cases were processed manually in individual files. To cope with the increasing number of cases, the Ministry, in 2012, embarked on the development of a Child Protection Register. In 2014, the Register went live at the Ministry's Head Office, and subsequently, in 2016, it was made operational in only three outstations. As at November 2017, some Rs 3.9 million were spent in connection with the Register. However, the input was low, as only some 1,100 of some 3,000 new cases were input from the launching date till the end of November 2017.

Residential Care Institutions

For the period January 2014 to June 2017, some Rs 254.3 million were spent on Residential Care. As at September 2017, there were 19 Residential Care Institutions accommodating 552 children. Only four of them with a total of 81 children were registered with the Board set up under the Residential Care Homes Act. However, these registered RCIs did not have a contract or a Memorandum of Understanding (MoU) signed with the Ministry. Of the 15 remaining RCIs not registered with the Board, three had both contracts and MoUs, one had only a MoU which was being renewed on a month to month basis since 2012, and the remaining 11 RCIs which housed 354 children, had neither a contract nor MoU with the Ministry.

Hence, the level of compliance to conditions needed to be a place of safety was not the same in all the RCIs.

Foster Care System

For the period January 2014 to June 2017, some Rs 6.41 million were paid as stipend to foster care parents. Since the inception of the Foster Care Programme in January 2002 to June 2017, 167 applicants had been registered as foster parents, and 143 children were placed in foster homes.

Since 2014, the Ministry took some initiatives to improve the interest of the public in the programme, such as introducing a decentralised Foster Care Service, increasing stipend to foster families and carrying out sensitisation campaign. Though no yearly target was set, the number of prospective foster parents had slightly increased. For the period prior to 2015, on average, 10 parents were being registered as foster parents annually, and from 2015 to 2017, the average was some 14 per annum. However, in the absence of the target, the effectiveness of the initiatives taken to improve interest in the Programme could not be measured by the Ministry.

The foster care aims at providing the opportunity to children victims of abuse and/or neglect to live in a substitute family on a temporary basis, and yet the number of placements in foster families was relatively low as compared to those placed in RCIs. For the period January 2014 to June 2017, the percentage of children placed in foster homes¹ was about seven, while the remaining (93 per cent) were in shelters/ RCIs.

Child Mentoring Scheme

The Scheme was initiated in 2009, but kick started in September 2011. During the period January 2012 to June 2017, 63 children within the age brackets of 10 to 16 were roped into the Scheme. As of July 2017, 46 of them completed the mentoring sessions, while the sessions for nine children were still ongoing. For the remaining eight, one was aged more than 16 at time of matching, in five cases, the parents retracted, and in two cases, mentor did not want to form part of the programme.

¹ According to the Child Protection (Foster Care) Regulations, a foster home means a foster parent or family.

From January 2014 to June 2017, 106 cases were referred to the Child Mentoring Section. However, only a few matching activities were made for following reasons:
From July 2014 to December 2015, the Child Mentoring Committee set up under the Child Protection Act met only twice;

From October 2014 to May 2015, the Child Mentoring Section was not fully functional as there was no Coordinator responsible for the Scheme;

Though as from March 2016, there was an increase in the number of matching exercises and the number of children matched, the achievement of the objective of the Scheme was hampered by a shortage of mentors in 2016 and 2017.

As of August 2017, the mentoring sessions of four children with mild behavioural problems were still ongoing, and the matching exercise for 17 children was conducted by the Ministry who had already initiated actions for obtaining Mentoring Orders. Moreover, the Ministry, in 2016 initiated a recruitment exercise for child mentors. As at August 2017, 79 candidates accepted the offer, and 68 of them followed a training programme.

Rehabilitation and Reintegration

One of the objectives of the Child Development Unit (CDU) is the reinsertion of children victim of abuse in the society after being provided with follow-up sessions to ensure recovery from trauma.

During the period January 2014 to November 2017, 219 children from the RCIs were integrated either with their biological families or other relatives. On the other hand, none of the 143 children placed in foster homes since the inception of the Foster Care Programme in 2002 had integrated their biological families. From a scrutiny of case files, it was found that this was due to combining factors, such as unstable biological families and inadequate professional skill of Caregivers and CDU staff.

Monitoring, Review and Evaluation

Monitoring, review and evaluation of measures and programmes were not well developed. However, officers of the CDU carried out inspections in the following cases:

- According to reports of inspection visits effected by Enforcement Officers in nine RCIs for the period mid 2016 to October 2017, shortcomings identified and proposed remedial actions were regularly reported to the Managers thereof. However, some issues remained unresolved and became recurrent ones;
- Officers of the Foster Care Section carried out inspection at foster homes either when Court Orders were nearing expiry or upon requests of District Magistrates who, in some cases, required status on minor's progress on a regular basis. Officers also attended visits upon requests of foster parents who were facing difficulties in coping with children. In case where a child was having behavioural issues, visits at foster homes and at schools were carried out more regularly, depending upon the complexity of the problem;

- Progress reports on children placed under the Child Mentoring Scheme were not submitted to the Permanent Secretary of MoGE. However, debriefing sessions were carried out every two months with child mentors, and data on the number of children joining and leaving the Scheme was kept.

Conclusion

With some 5,900 new cases of child maltreatment reported annually, MoGE has taken measures according to good practices for the best interest of the children. However, the implementation of the measures has been a major challenge for the Ministry to effectively address child maltreatment problem. Over the years, it attempted to improve some of those measures, but with limited success. In the absence of a holistic approach to child maltreatment, MoGE is functioning in a fragmented and reactive manner to address the problem.

The programmes and services were not being fully monitored, reviewed and evaluated to understand what had been the outcomes in terms of rehabilitation and reintegration of children in their biological families. There was also no proper reporting mechanism on the outcomes.

It has also been a challenge for the Ministry to reintegrate children into their biological families and society due to combining factors, such as absence of a proper case plan/care plan, inadequate training of case managers and the complex situation of biological families. Hence, the children have to stay in RCIs for longer period.

Key Recommendations

Strategy on Protection Services

As the activities in the National Child Protection Strategy 2014-2022 are too costly to implement, the Ministry should prepare a synopsis of the importance of the priority activities highlighted therein, and make preliminary demand for necessary funding.

Develop Care/Case Plans

All children who are currently placed in alternative care and their families, as well as all new cases reported should have care/case plans that are subject to formal review. A case plan should also be developed to effectively address child maltreatment. Cases of children within the child protection system must be followed up and reviewed throughout the period during which they are receiving support to ensure that they are not at risk.

Develop Mechanism to Monitor, Review and Evaluate Programmes

All the programmes and measures should be monitored, reviewed and evaluated by the Ministry. This will help to assess the effectiveness of the programmes, identify any shortcomings and take corrective measures in the best interest of the children and their families. Proper mechanisms of reporting the outcomes of the programmes should be developed.

The Ministry should also optimise the use of the Child Protection Register, and ensure that data pertaining to child maltreatment cases reported at the Ministry has been promptly input therein. The Register should be made operational in the remaining outstations, namely at Flacq, Goodlands and Rose Belle, as soon as possible.

Standardisation in Provision of Service

The Ministry should have contracts and MoUs with all the RCIs and ensure that they comply with the conditions contained therein. It should also ascertain that all them are duly registered and provide a standard service for the benefit of the children.

Facilitate Reintegration of Children

During the period of placement of a child victim of maltreatment, there should be continuous rehabilitative work for the child to reintegrate his/her family environment. The Ministry should identify factors preventing the rehabilitation of parents and work out solution to facilitate the reintegration of children in their biological families.

Summary of Ministry's Reply

- In respect of care/case plan, it has been developed, but due to the lack of human resources at the RCI Section, considerable delay is experienced in completing the said care plans and updating same.
- As for the registration of RCIs, their specificities are not captured in the Residential Care Homes Act. Not all provisions in the “Minimum Conditions for a Residential Care Home” can be met by shelters. Regulations for places of safety, as well as provisions for registration of shelters will be made under the forthcoming Children’s Bill.
- As regards the absence of MoU/Contract, Managers/Directors of shelters are requested to ensure strict adherence to a list of Do’s and Don’ts and a pre-defined child-to-Caregiver ratio.
- All matching exercises were conducted in line with the CPA. Children with mild behavioural were kept in abeyance as the programme was optimised;
- With regard to rehabilitation and reintegration, most of the children placed in RCIs under Court Order came from unstable homes and family environments whereby their physical, social and emotional needs could not be met. The Family Welfare and Protection Unit would be called upon to work on processing cases for family rehabilitation and reintegration on a fast track basis. A call for proposals from Non-Governmental Organisations (NGOs) willing to work on the rehabilitation of families and reintegration of minors thereat is also in the pipeline. All officers posted in the Section during the period January 2014 to November 2016 were provided on-the-job coaching, as well as formal training from the International Social Services and a local Consultant. However, they have moved to other sectors.
- RCIs have again been requested to ensure compliance with norms and standards set by the Ministry, including the submission of monthly reports on residents.

- With regard to shortcomings identified in shelters run by NGOs, it is difficult for the Ministry to apply sanctions as appropriate in the absence of an agreement between the Ministry and NGOs, among other reasons.

CHAPTER ONE

INTRODUCTION

This Chapter provides a background of the subject matter examined and describes the approach used in carrying out the audit.

1.1 Child Maltreatment

According to World Health Organisation, child maltreatment, sometimes referred to as child abuse and neglect, includes all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child's health, development or dignity.

In Mauritius, the problem of child maltreatment also exists. The responsibility of addressing this problem falls under the Ministry of Gender Equality, Child Development and Family Welfare (MoGE), which operates within the legal framework as prescribed in the Child Protection Act (CPA). The term harm is used in the Act, and is defined as including physical, sexual, psychological, emotional or moral injury, neglect, ill-treatment, impairment of health or development that a child may be exposed to.

1.2 Motivation

Child maltreatment is a widespread, global phenomenon affecting the lives of millions of children all over the world. According to Statistics Mauritius and the MoGE, the number of reported cases of child maltreatment in Mauritius prior to 2009 was some 3,000 per annum. Thereafter, the number of new cases reported annually had been fluctuating between 5,000 and 6,000. In 2015, according to a European Union (EU) Consultant, the increase in the number of reported cases could be a reflection of better public trust in the services provided by the protection system. For the years 2012 to 2016, there were some 28,000 new cases. These cases included abandonment, physical abuse, neglect cases, sexual abuse, worst forms of labour, and psychological/emotional abuse.

According to the World Health Organisation, child maltreatment has serious life-long consequences which include impaired physical and mental health, poorer school performance, and job and relationship difficulties. Ultimately, child maltreatment can contribute to slowing a country's economic and social development.

It was against this background that the National Audit Office carried out this Performance Audit on the effectiveness of the programmes and activities put in place by the Ministry to respond to reported cases of child maltreatment.

1.3 Audit Objective

The audit assessed the effectiveness of the measures taken by the Ministry to respond to reported cases of child maltreatment.

1.4 Audit Questions

The following audit questions, which covered the main issues related to the audit objective, were developed:

Main Question

Were the measures and programmes taken by MoGE to respond to reported cases of child maltreatment monitored, reviewed and evaluated to assess their effectiveness?

Sub Questions

- Were the programmes operating according to good practices?
- Were the programmes and measures monitored, reviewed and evaluated in terms of proportion of family rehabilitated and children reintegrated back in their families/society?

1.5 Audit Scope

This audit examined the activities of MoGE relating to its response to cases of child maltreatment in Mauritius (excluding Rodrigues) and covered the period January 2014 to June 2017. To get an insight of the latest achievement of the measures and programmes taken by Ministry, data up to November 2017 has been included in the Report.

1.6 Audit Criteria

Criteria from the following sources were used as a basis for evaluating the evidence collected, developing audit findings and reaching conclusions on the audit objective:

- CPA;
- Child Protection (Foster Care) Regulations;
- Agreements between Government and Residential Care Institutions (RCIs)²;
- United Nations (UN) Guidelines for the Alternative Care of Children;
- United Nations International Children Emergency Fund's (UNICEF's) Technical Background Document - Preventing and Responding to Violence, Abuse, and Neglect in Early Childhood;
- Inter-Agency Guidelines for Case Management and Child Protection - January 2014.

Other details on the audit criteria used are in the relevant Sections in this Report.

² "Residential Care Institutions (RCIs)" are interchangeably used as shelters

1.7 Audit Methodology

The audit was conducted in accordance with International Standards of Supreme Audit Institutions. Different methodologies were used to understand the audit area, along with obtaining sufficient, relevant and reliable audit evidence to support conclusion and recommendations.

1.8 Methods of Data Collection

Data was collected from files, documents review and interviews. Site visits were also conducted to confirm information in files and to get acquainted with the activities carried out at the outstations and RCIs.

1.8.1 Review of Documents

Information relating to policies, guidelines, regulations, structures, processes, systems, procedures, practices was collected through review of files and documents kept at MoGE, including the Child Development Unit (CDU) Outstations.

1.8.2 Interview

Interviews were carried out with key personnel at operational, middle and senior management levels of MoGE. The interviews were used to obtain explanations where information was not available in the reviewed documents.

1.9 Sampling

To carry out this Performance Audit, nine of the 19 RCIs in Mauritius were randomly selected, and files relating to these institutions were perused to get better understandings of the activities thereat.

28 Case Files were randomly selected and scrutinised to understand the case management process.

Case Files of 27 of the 61 children who were in foster homes as at 30 June 2017 were randomly selected to understand the Foster Care System (FCS) and to identify the factors hampering their reintegration in their biological families.

Case Files of 18 out of 30 Child Mentees matched in 2016 were randomly selected and scrutinised to get a better understanding of the procedure, and to ensure the effectiveness of the Child Mentoring Scheme through the progress and final reports on the behaviour of the Child Mentees.

CHAPTER TWO

DESCRIPTION OF THE AUDITED ACTIVITY

This Chapter describes the audited activity, including the vision, mission and the roles and responsibilities of MoGE with respect to response to child maltreatment. It also elaborates on the programmes and services put in place by the Ministry.

2.1 Background

In 1990, Mauritius signed and ratified the Convention on the Rights of Child (CRC). Subsequently, in October 1991, the Ministry was mandated to cater for children in the cohort of 0-18 years, and was thus given responsibilities for designing and implementing national policies, programmes and projects for the overall development of children. To provide for better protection (prevention and response) to children against all forms of maltreatment, the CPA was enacted in 1994, and subsequently in 1995, the CDU was set up with the mandate to enforce the Act.

2.2 Child Maltreatment - Vision and Mission of the Ministry

The vision of the Ministry is to have a society free from violence and discrimination based on sex, where the fundamental rights of women and children are respected, and where human values within the family and the civil society are cherished.

Its mission is to design and implement policies and programmes geared towards promoting gender equality and equity, protecting the rights of children, and enhancing their overall development and promoting the welfare of families.

The main objectives of the Ministry in connection with child welfare³ are as follows:

- To promote and defend children's rights as human rights, work for the elimination of all forms of violence and discrimination against children, defined as being the age bracket of 0-18, and ensure that legal measures are taken and mechanisms are put in place to promote safety and security of children;
- To promote the development and welfare of children from the very tender age in accordance with the CRC, to promote family welfare and to combat gender based violence.

³ "Child Welfare" is a term used to describe a set of Government services designed to protect children and encourage family stability. These typically include investigation of alleged child abuse and neglect, foster care, adoption services, and services aimed at supporting at-risk families so that they can remain intact. (<http://www.newworldencyclopedia.org/>)

2.3 Child Development Unit

The Unit ensures that the survival, protection, development and participation rights of the Mauritian child are upheld as per the CRC, whereby the best interests of the child shall be of primary consideration in all policies, programmes and actions pertaining to children's welfare.

The State has the obligation to ensure parental role wherever parents fail to do so, and this role is ensured by the CDU. Any child may be a potential victim of violence, and the CDU intervenes promptly, and is expected to provide comprehensive service delivery with a view to providing immediate assistance to and following up of the child.

The Unit develops partnerships with other stakeholders, namely Governmental institutions, Non-Governmental institutions and community organisations that have at heart the best interests of the Mauritian Child. It reinforces existing networking system for the reporting/monitoring and evaluation of child violence cases and promotes information, education and communication to the Mauritian citizens on the importance of child rights, protection, development services and facilities. It also contributes towards developing programmes/actions pertaining to child protection and development at national, as well as regional level.

The main objectives of CDU are as follows:

- (i) To provide for protection services to victims of violence, abuse and neglect on a 24 hour 7 day basis;
- (ii) To provide for hotline service with respect to reporting of a case and counselling as appropriate;
- (iii) To provide victims with follow-up sessions to ensure recovery from trauma, and thereafter their re-insertion in society;
- (iv) To prepare and support children victims of violence for legal encounters;
- (v) To provide alternative care to abused children, ranging from temporary removal to a shelter for children in distress, to foster caring, and eventually, as a last resort, committal to a charitable institution;
- (vi) To provide victims of Commercial Sexual Exploitation with curative, rehabilitative and re-integrative services;
- (vii) To provide periodic review of placement of children in shelters and charitable institutions;
- (viii) To provide trained mentors to children seen to be in distress because of mild behavioural problems through a well spelt Child Mentoring Programme.

2.4 Mechanism to Respond to Child Maltreatment

Article 19 of the CRC stipulates that “State Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from any type of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child. 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 for 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, and, as appropriate, for judicial involvement”. This role is adopted by the Ministry through the CDU.

The CDU operates through six Regional Offices on the island of Mauritius, namely at Bambous, Port-Louis, Flacq, Goodlands, Rose Belle and Vacoas. The responsibilities of the staff in these outstations include the management of cases of child abuse which are reported there. To ensure the protection of the Mauritian Child, the CDU provides a hotline service operational on a 24 hour 7 day basis with respect to reporting of cases of maltreatment so that it can provide prompt and timely assistance to children victim of abuses. Cases are reported by various professionals and family members, as well as the public.

Cases of child maltreatment, which are reported to CDU outstations or through the hotline, are attended by Family Welfare and Protection Officers (FWPO) and Family Support Officers who are on call on a 24-hour basis. The reported cases are followed by the CDU officers, and necessary supports, such as health and psychological are provided, and an instant assessment of the child’s prevailing situation is made. This is carried out at the earliest possible in order not to increase the risk of the child being further maltreated. The assessment provides details on the immediate situation and environment around the child and his family, and is used to allow CDU to take steps to ensure the child’s safety, namely through an application for Court Orders to remove the child from his/her home, if need be, and to provide treatment and therapy services. Each outstation maintains a Register Book to log in daily occurrences which are classified by year. All operations are manually recorded in physical case files which are currently classified, and kept on a yearly basis and in alphabetical order. Some files are also kept separately to enable quicker retrieval, such as those cases which are followed by the Ombudsperson for Children’s Office or those that are still with the Court.

If the child is deemed not to be at risk, the latter, as well as the immediate family members of the child are counseled and advised accordingly. Subsequent appointments are given to ensure that the child is still safe in his/her family environment.

If the child is deemed to be at risk, assessment is carried out to determine whether the child is in actual danger, and needs to be removed from his/ her immediate living environment.

A child can be removed from a family environment, that constitutes a risk to him/ her for the sake of child protection, on the basis of three types of Court Orders, namely Emergency Protection Orders , Interim Committal Orders and Committal Orders. These are described below.

2.4.1 Emergency Protection Orders

Where a District Magistrate is satisfied by information that the Permanent Secretary has reasonable cause to believe that a child is suffering or likely to suffer significant harm, he shall issue an Emergency Protection Order. The Protection Order shall have effect for a period of 14 days, and the District Magistrate may extend the Order for a further period of 14 days, where he considers it necessary for the protection of the child. An Emergency Protection Order shall, while it is in force, confer on the Permanent Secretary authority to verify whether the child is suffering or likely to suffer significant harm.

2.4.2 Interim Committal Orders

Interim Court Orders are issued after considering information of any improvements or not in the family situation since the Emergency Protection Order was issued. Under the Interim Court Order, a child is put in a place of safety for a period not exceeding 14 days, and the Order may be extended for further periods of 14 days until the final determination of the application.

2.4.3 Committal Orders

This Order constitutes the decision for a more permanent placement. Where after hearing evidence, including that of any parent, wherever possible and practicable, the Court considers it necessary in the interests of the child, it shall order that the child be committed to a place of safety until he/ she reaches the age of 18 or for such shorter period as the Court may deem fit.

After obtaining necessary Court Orders, children who are ill-treated, neglected, abandoned, destitute or otherwise exposed to harm and who have non-stable families are placed in RCIs to ensure their safety.

As at September 2017, there were 19 RCIs accommodating 552 children.

2.5 Foster Care

In order to give children placed in RCIs the chance to take advantage of a more secure, stable and supportive family environment and to maintain continuity in their lives, a FCS has been put in place at the level of the Ministry in October 2002, in accordance with the Child Protection (Foster Care) Regulations.

A child is placed in a foster home for a period of three months upon the application of an Interim Court Order. The child's placement is extended for a period of two years, if there is a favourable assessment of the Ministry, and following the application of a CO. If ever, re-integration of the child with his/her biological parents has not been possible after the two years, the placement is renewed for a further period of one or two years, as appropriate until the child reaches the age of 18.

The Permanent Secretary shall enter into a written agreement with the foster home before such placement is made, specifying that the home shall carry out the duties specified in the Code of Conduct⁴ of the Child Protection (Foster Care) Regulations.

The Foster Care aims at providing the opportunity to children victims of abuse and/or neglect to live in a substitute family on a temporary basis. The role of the foster parents is to give support to the child and help him to grow physically, emotionally, socially and spiritually. The ultimate goal of the FCS is to help the child to reintegrate in his/her family.

2.6 Child Mentoring Scheme

The Child Mentoring Scheme was introduced in December 2008 following amendment to the CPA. According to the Act, the object of the Scheme shall be to assist children between the ages of 10 and 16 who are victims of neglect, suffer from mild behavioural problems, are in distress, or have problems of social adaptation.

This Scheme is administered by the Permanent Secretary of the Ministry with the assistance of the Child Mentoring Committee⁵. Cases of children with mild behavioural problems are reported to the Ministry through its hotline/CDU Outstations and by other stakeholders, such as National Children’s Council (NCC) and Ombudsperson for Children’s Office.

The Psychologists of the Ministry determine whether or not, these children can be placed under the Child Mentoring Scheme. When a child is identified as displaying mild behavioural problems, he/she is referred to the Child Mentoring Section for further assistance. However, the Ministry seeks the consent of the child’s parents before matching him/her with a Child Mentor⁶. If the parents are agreeable that the child needs assistance, necessary actions are taken to match a suitable Child Mentor for a one-to-one relationship with the child. Subsequently, Court procedures are initiated for obtaining a Mentoring Order. After obtaining the Order, the child is considered to be placed under the Scheme, and thus, he/she has to undergo a mentoring session of two hours per week for a maximum of one year for an emotional reconstruction.

⁴ “Code of Conduct” is the main regulating document for obligations of foster carers.

⁵ According to Section 3B(2) of the CPA, the functions of the Child Mentoring Committee are among others to advise the Permanent Secretary and assist him in administering and implementing the Scheme, to conduct interviews for the recruitment of Child Mentors, to consider the suitability of a Child Mentor in relation to a child for the purpose of a Mentoring Order and to assess and evaluate the progress of children placed under the Child Mentoring Scheme.

⁶ According to CPA, a Child Mentor means “a person registered as such by the Permanent Secretary”. He/she is called upon to provide the child with guidance, advice and build a trusting relationship with view to bringing improvement in the child’s behavior and development.

CHAPTER THREE

FINDINGS

This Chapter describes the findings relating to the effectiveness of the measures taken by the Ministry to respond to cases of child maltreatment.

3.1 Programme “Child Protection, Welfare and Development” – Expenditure

For the years 2014 to 2016, the number of new reported cases of child maltreatment in Mauritius was on average some 5,900 annually. Several measures taken by the Ministry for the protection, welfare and development of children were financed under this Programme. To achieve its objectives, the amount spent by the Ministry increased from some Rs 113 million in 2014 to some Rs 148 million in financial year 2016-17, and during the period January 2014 to June 2017, some Rs 459 million were spent. Measures relating to responses to reported cases of child maltreatment are described in the paragraphs below.

3.2 Strategy on Protection Services

In 2011, an UN Special Rapporteur visited Mauritius and recommended that Government should develop a holistic and right-based national child protection strategy. Subsequently, in September 2015, a EU Consultant prepared and submitted to MoGE a National Child Protection Strategy 2014-2022 and its Action Plan.

The Strategy aimed at shifting from a fragmented and reactive child protection system towards the adoption of a rights-based and comprehensive national child protection system. It identified a number of priority areas which represented parts of the system to be strengthened in the coming years. The Action Plan also provided for primary and secondary prevention actions, specialised social services and intensive social services, including alternative care, whereby the involvement and collaboration of different stakeholders were called upon to ensure implementation of activities under their responsibility for the smooth functioning of the system. Both the Strategy and the Action Plan had been estimated by the Consultant to cost some Rs 36.6 billion to be implemented, which included some Rs 600 million for the MoGE. However, according to the Ministry, the strategy was not adopted as it was too costly to implement.

The Ministry took several measures to respond to reported cases of child maltreatment following the National Children’s Policy developed in 2004 despite not having a strategic framework on child protection. According to the Consultant, the National Children’s Policy has enabled initiatives and Government programmes, many of which have improved the provision of services in the areas of health, education, child protection and social security. However, she added that an overarching national policy framework, law or strategy would have provided a comprehensive framework for the priorities and outcomes to be achieved for children in the area of child protection.

3.3 Case Management

According to UNICEF, response to child violence, abuse and neglect involves the development of a case management which includes working with families to establish goals, creating plans to achieve the goals, providing services to meet needs identified in assessments, monitoring progress toward achievement of the goals, and closing cases when goals have been achieved.

3.3.1 Steps in Case Management

As per the Inter-Agency Guidelines for Case Management and Child Protection, the core steps in the case management process are:

- Identification and registration;
- Assessment;
- Case planning;
- Implementing the case plan;
- Follow up and review;
- Case closure.

According to CDU, for each new case of child maltreatment registered in outstations, a Case File was opened, and supports and interventions were provided.

A random sample of 28 Case Files, representing 40 cases of child maltreatment, was selected and scrutinised to ascertain the case management process followed by the Ministry.

Identification and registration, as well as assessment of children at risk were carried out by the Ministry. A case plan lists the needs identified in the assessment, determines the type of support that is needed based on the best interest of the child and sets a strategy for addressing them through direct service provision, referrals and/or community-based programmes. However, in none of the case files scrutinised, there was an individual case plan for implementation purposes.

Moreover, the Guidelines provide for follow up which involves checking that a child and his/her family are receiving appropriate services and support, monitoring the child's situation and identifying any changes in a child or family's circumstances. According to the Ministry, follow up of cases was being done regularly. However, in several cases reviewed, there was no documentary evidence that this was done on a timely basis.

Review is a reflection on how the implementation of the case plan is progressing, whether the objectives outlined in the case plan are being met, whether the plan remains relevant, and how to make adjustments to the plan, if necessary. In all the selected files, the children and their families were receiving support. However, in the absence of a case plan, it was difficult for the Ministry to measure the progress of its implementation. According to the Ministry, the ability to fulfill the need for a robust care plan was absent.

The EU Consultant stated, in the National Child Protection Strategy, that the Case Managers had not received any special training on individual case management and on rehabilitative work with families and children. Furthermore, they were frequently rotated to other positions in the Ministry, something which complicated every efforts to build appropriate skills for Case Management and rehabilitative work with families and children.

Case closure is another core step in Case Management process. As per the Guidelines, case closure is the point at which work with the child ends based on a set of criteria. The Ministry had already set criteria for case closure, and we were made to understand that case closure was done. However, in the selected files, there was no evidence that cases were closed as per the set criteria.

Case Managers must have a reasonable caseload, reflecting their skills and capacities, and as per the Inter-Agency Guidelines for Case Management and Child Protection, the number of cases allocated per Case-worker should not be more than 25. The FWPOs are the main Case Managers. They have the duties to keep a record of all cases reported and attended for investigation, and follow-up purposes, and to record statistics of cases and its updating. They are supervised and monitored by Senior FWPO. As at June 2017, there were four Senior FWPOs and 36 FWPOs in post at CDU. With an average of 5,900 new cases per year, the ratio of FWPO to new cases was one to 147 (5,900/40), which was almost six times the number of cases stated in the Guidelines.

Ministry's Reply

There are 17 FWPOs posted in CDU Outstations, and hence the ratio of FWPO to number of new cases per year is 1: 347, that is 13 times more.

In respect of care/case plan, it has been developed following some recommendations of the Technical Committee for RCIs. However, due to the lack of human resources at the RCI Section, considerable delay is experienced in completing the said care plans and updating same.

3.3.2 Child Protection Register

As per the Inter-Agency Guidelines for Case Management and Child Protection, a case management database is recommended where there is likely to be a high volume of cases to cope with. On a yearly basis, some 5,000 to 6,000 cases of child maltreatment were reported at the level of CDU. These cases were processed manually in individual files, and the retrieving, tracking and management of files was a tedious process, especially in cases which dated several years back. Moreover, a Case File may contain more than one case where there are several siblings. A Case File for the same child may be available at more than one CDU Regional Office in situations where the child has moved to other locations. Since 2012, arrangements have been made to have individualised case file for each minor, whether sibling or not. To cope with the increasing number of cases, the Ministry has since 2012 embarked on the development of a Child Protection Register (CPR). The contract for the Software Development and Implementation of a Web-based CPR was awarded to a private Company in December 2012.

The CPR aimed at enabling the CDU to record and address child maltreatment cases reported at the Ministry with increased efficiency. It provides a single, integrated database

to record all cases of children in distress. It offers a wide variety of analysis, as well as management and statistical reports that will enhance decision making. It also allows better planning, make efficient use of resources and ensure adequate follow-up and rehabilitative work.

As at November 2017, some Rs 3.9 million were incurred for the software development, enhancement of the CPR and annual maintenance of the software.

The CPR was to be made operational at the Head Office and at the six CDU Outstations. In 2014, Officers of the Ministry were trained on the application software by the private Company. The CPR was launched on 16 June 2014, and went live on 28 August 2014 at the Ministry's Head Office only, but not at any CDU Outstations due to absence of adequate physical infrastructure and networking. Subsequently, in 2016, the CPR was made operational in only three Outstations, namely Vacoas (1 March 2016), Port Louis (25 May 2016) and Bambous (1 October 2016). New cases of children victim of maltreatment were input as from launching date of the CPR in the three Outstations. Records of cases prior to the launching date were kept manually. Input was low. The number of cases input from launching date to June 2017 was 752 out of 2,593 new cases, that is, some 29 per cent. As from July 2017, to speed up input of cases in the CPR, the responsibility of populating the system with cases from Vacoas, Port Louis and Bambous Outstations was entrusted to the System Administrators of the New Project Section of the CDU. As at end of November 2017, three FWPOs had been designated as the focal persons for the CPR, and the total number of cases input was some 1,100 out of some 3,000 new cases.

3.4 Residential Care Institutions

UN Guidelines on Alternative Care describe residential care as 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.

The Ministry, following necessary Court Orders, placed children victim of maltreatment in RCIs to ensure their safety. For the period January 2014 to June 2017, some Rs 254.3 million had been spent under Residential Care, of which some Rs 152.5 million were for Non-Governmental Organisations (NGOs) and some Rs 101.8 million for Government Owned Shelters.

As at September 2017, there were 19 RCIs with 36 Set-ups accommodating a total of 552 children. The list of RCIs and their respective Set-ups is at Appendix I.

Of the 19 RCIs,

- Five were Government Owned shelters, of which three shelters accommodating 59 children, namely La Cigogne, La Marguerite, and L'Oiseau du Paradis, were run through Management Service Contracts. The two other shelters, La Colombe and L'Oasis, which accommodated 82 children were run by the NCC. La Dauphinelle, which had operated under a Management Service Contract, ceased operation in August 2017.
- The remaining 14 shelters (411 children) were run by NGOs.

3.4.1 Certification of Residential Care Institutions

As per UN Guidelines, States should ensure that all entities and individuals engaged in the provision of alternative care for children receive due authorisation to do so from a competent authority, and are subject to regular monitoring and review. To this end, the authority should develop appropriate criteria for assessing the professional and ethical fitness of care providers and for their accreditation, monitoring and supervision.

As per the CPA, a child, may be committed to a place of safety whenever the Permanent Secretary has reasonable ground to believe that the child is being ill-treated, neglected, abandoned, destitute or otherwise exposed to harm. Place of safety means any place designated by the Minister, and includes a foster home, a convent, a charitable institution, an institution for children and a hospital.

The Residential Care Homes Act describes a Residential Care as any establishment, whether set up by statute or otherwise, which provides, or intends to provide

- personal care and board to persons who by reason of old age, disablement, a physical handicap, dependence on alcohol or drugs, need personal care;
- personal care and board for children and women;
- nursing for persons suffering from sickness, injury or infirmity;
- services for the reception of pregnant women or women immediately after childbirth;
- nursing, including care, habilitation, rehabilitation under medical supervision, including medical treatment, of persons suffering, or appearing to suffer, from a mental disorder;
- a place of safety for persons in distress.

As of September 2017, the Ministry was committing children at risk to the 19 RCIs. However, there was no consistency in terms of registration, and agreement and legal obligations in all the RCIs.

These are described below.

Of the 19 RCIs, only four (81 children) were registered with the Board set up under the Residential Care Homes Act. These four institutions were run by NGOs. The conditions necessary to be registered with the Board are described in the Residential Care Homes Regulations. However, though they were registered, there was neither a Contract nor a Memorandum of Understanding (MoU) signed between them and the Ministry.

Of the 15 remaining RCIs, three shelters (59 Children), namely La Cigogne, La Marguerite, and L'Oiseau du Paradis, had both Contracts and MoU with the Ministry. The MoU clearly provides for, amongst others, conditions for the benefits of the children to be respected by service providers. A few of the conditions are listed in Appendix II. As of November 2017, the contracts of these shelters had expired since more than one year, and were being renewed on a month to month basis. Another shelter namely, La Colombe (58 children),

did not have a contract signed with the Ministry, but had a MoU which was being renewed on a month to month basis since 2012. Bidding exercises for the management of three Government Owned shelters, namely, La Colombe, La Marguerite and L'Oiseau du Paradis were launched on three occasions since the expiry of their respective contracts, but all the procurement exercises were cancelled due to non-responsiveness of the bids.

For the remaining 11 RCIs (354 children), there were neither contracts nor MoU between the Ministry and the NGOs. They were also not registered with the Board set up under the Residential Care Homes Act. During the period January 2014 to June 2017, some Rs 115.1 million were paid to these RCIs.

Ministry's Reply

The specificities of shelters and places of safety for children victims of violence are not captured in the Residential Care Homes Act. Not all provisions in the "Minimum Conditions for a Residential Care Home" can be met by shelters. For instance, not all shelters can provide a space of not less than 9.3 m² for a single bedroom, as stipulated in the Act. Regulations for places of safety, as well as provisions for registration of shelters will be made under the forthcoming Children's Bill.

As regards the absence of MoU / Contract between the Ministry and the Service Providers, the need for a formal/uniform agreement with all shelters is felt. At present, Managers/Directors of shelters are requested to ensure strict adherence to a list of Do's and Don'ts and a predefined child-to-Caregiver ratio.

3.4.2 Residential Care Institutions as Place of Safety

The Ministry has set criteria for declaring RCIs as a place of safety as listed in Appendix III. They stipulate, amongst others, the security and safety of the child at all times and the recruitment of qualified and skilled staff together with their compliance to all law requirements. A list of Do's and Don'ts has also been prepared by the Ministry and made available to all RCIs. Examples are given in Appendix IV.

According to the Ministry, documents, such as Food Handler's Certificate, Certificate of Character, Fire Certificate, and Building Permit are required among others to recognise RCIs as place of safety.

Three of the criteria, namely Food Handler's Certificate, Certificate of Character and Fire Certificate were selected for analysis purpose as they were directly related to the welfare of children.

However, the results of our analysis showed that the level of compliance to conditions needed to be a place of safety in all the RCIs was not the same. As of October 2017, out of the 19 RCIs, only eight had a Fire Clearance Certificate, and of the 320 employees, 280 employee's Certificate of Character had expired, and 10 of the 20 Cooks did not have a Food Handler's Certificate.

Ministry's Reply

The attention of all Directors and Managers of shelters is drawn on the need for strict adherence to Do's and Don'ts and to other elements on a regular basis. A recent correspondence to all Directors /Managers of shelters in this respect was issued on 12 January 2018.

3.5 Foster Care System

The overall objective of the FCS is to meet the needs of the child, particularly in terms of stability, well-being and security in a family environment.

For the period January 2014 to June 2017, some Rs 6.41 million were paid as stipend to foster care parents. From the start of the programme in January 2002 to 22 June 2017, 167 applicants had been granted registration as foster parents, and 143 children were placed in foster homes. As at June 2017, 54 children, representing 38 per cent of children placed under foster care, got adopted by their foster families, 18 children, which represented 13 per cent, were discharged from foster homes to RCIs for reasons, such as behavioural problems or uncooperative foster parents, 10 had reached their 18 years (CO lapsed), while the remaining 61, were still in their respective foster families. Since the start of the programme, on average 10 parents were registered as foster parent annually.

3.5.1 Response to Foster Care System

With a view to improving the interest of the public in the FCS, the Ministry had to resort to decentralising of the service, increasing stipend provided to foster parents and conducting sensitisation campaign. There was some improvement in the number of applicants following these measures. However, the number of children in the FCS was relatively low compared to those in RCIs. These measures are detailed below.

➤ Decentralising the Foster Care Service

To address the problem of low response to FCS, the Ministry, in 2014 made an attempt to strengthen the foster care project by providing a decentralised service through its six CDU Outstations on a pilot basis for four months. The objectives of this pilot testing were to provide an opportunity to implement and test a project for a certain period of time, and to address any weaknesses in the process before its full and final implementation.

The response was relatively low. Only three out of 15 persons, who showed their interest to act as foster care parent, applied for registration purposes. This service was finally ceased in January 2015.

➤ Stipend to Foster Families

Since 2008, a stipend of Rs 1,500 per child was provided to foster parents to cater for the basic needs of a child. This amount was revised to Rs 5,250 in March 2016. The aim was:

- To motivate and encourage more parents to come forward to foster children, as only childless couples were interested in fostering children;

- To promote individualised care in a substitute familial environment which is a much preferred option than institutional care;
- To reduce the number of children placed in RCIs.

➤ *Sensitisation Campaigns*

To promote foster care/to encourage families to become foster families, thus, helping children to grow with a strong sense of identity, the Ministry took another initiative by carrying out sensitisation campaigns. During a campaign from 20 October to 11 November 2014, 72 people were sensitised. In 2016, the sensitisation campaign continued in private and Parastatal Bodies with a view to creating greater awareness on foster care. Another sensitisation programme started on 14 October 2016. The objective of the programme was to increase the visibility of FCS. Since the official launching of the foster care campaign/last sensitisation programme, that is, on 14 October 2016 to 30 June 2017, 116 persons attended the Foster Care Section of the Ministry, and officers of the Section attended to 461 calls on the Helpline 187. Of the 116 persons, eight had been registered as foster care parents and followed training sessions organised by the Ministry, while the application forms of 12 persons were in process.

A slight improvement was observed in terms of the number of registered applicants for 2015, 2016 and 2017 (Up to June) which stood at 15, 13 and 15 respectively. The Ministry did not set any yearly target on the number of prospective foster parents. For the period prior to 2015, on average, 10 parents were being registered as foster parents annually, and from 2015 to 2017, the average was some 14 per annum. In the absence of any target set, the effectiveness of the initiatives taken to improve interest in the FCS could not be measured by the Ministry.

3.5.2 Proportion of Children in Foster Care System

The Foster Care aims at providing the opportunity to children victims of abuse and/or neglects to live in a substitute family on a temporary basis, and its ultimate goal is to help the child to reintegrate in his/her family.

However, the number of placements in foster families was relatively low as compared to those placed in RCIs. Though there was an improvement in the number of foster parents for the period January 2014 to June 2017, the percentage of children placed in foster homes⁷ during that period was about seven, while the remaining (93 per cent) were placed in shelters/ RCIs. Information on the number of children placed in alternative care from January 2014 to end of November 2017 is given in Table 1.

⁷ According to the Child Protection (Foster Care) Regulations 2002, a foster home means a foster parent or family.

Table 1 Children in Alternative Care Placements

Year	Number of Children Placed in RCIs	Number of Placements in Foster Home	Total Number of Children in Alternative Placements	Number of Applicants granted Registration as Foster Parents
2014	116	5	121	4
2015	115	8	123	15
2016	120	11	131	13
2017 (up to November)	104	13	117	15
Total	455	37	492	47

Source: MoGE Records

3.5.3 Foster Care Service as a Pre-Adoption Measure

UN Guidelines for the Alternative Care of Children⁸ state that in accordance with the predominant opinion of experts, alternative care for young children, especially those under the age of three years, should be provided in family-based settings.

37 children were placed in foster families during the period January 2014 to November 2017. 26 of them were aged three or less, seven were between three and five years old and four were aged above five. Thus, some 89 per cent of them were aged five or below. Details are given in Table 2 below. This was in line with the UN Guidelines.

Table 2 Number of Children Placed in Foster Homes from January 2014 to November 2017

Age Bracket (years)	2014	2015	2016	2017 (Up to November)	Total
Below 1	0	0	1	3	4
1 - 3	3	7	7	5	22
3+ to 5	2	1	2	2	7
5+ to 18	0	0	1	3	4
Total	5	8	11	13	37

Source: MoGE and Auditors Analysis

⁸ 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.

The Ministry and the EU Consultant acknowledged that FCS, though not its main objective, had been served as a pre-adoption measure. This is reflected by the number of children who got adopted once fostered since 2002. Out of 143 children placed in foster homes from January 2002 to June 2017, 54 children, representing 38 per cent, were adopted by their respective foster families. 50 of the 54 children, that is, around 93 per cent of the children who eventually got adopted by the foster families were aged five or below when they were placed in foster home.

3.5.4 Individual Care Plan

According to the Fostering Services (England) Regulations 2011, a “care plan” has been defined as the plan for the future care of a child. The Child Protection (Foster Care) Regulations provide that the Permanent Secretary shall ascertain that the preferred foster home is appraised of, and agree with the individual plan in respect of the child. However, according to the Ministry, none of the children placed in foster families had an individual care plan. It was thus difficult for the Ministry to measure progress in the rehabilitation of the child.

Ministry’s Reply

Although the Foster Care Section is not in possession of a full-fledged individual care plan, the foster care child is being visited at school and at the residence of foster care parents for follow-up on his/her medical and schooling issues. Furthermore, foster children are being followed by the Psychologists attached to the Section.

3.6 Child Mentoring Scheme

In 2009, the Ministry launched the Child Mentoring Scheme with the following objectives:

- to help children between the ages of 10 to 16 suffering from mild behavioural problems to have a stable future they need and deserve;
- to give children with difficulties the opportunity to have the care and guidance from a role model;
- to improve the situation of the children whilst living in their social environment.

A Child Mentoring Section has been set at the level of the Ministry to administer the Scheme.

The CPA provides for the setting up of a Child Mentoring Committee, which, besides having an advisory role, oversees the running of the Scheme. Its function is to advise the Permanent Secretary and assist in administering and implementing the Scheme. The Act also provides for the Committee to set up such sub-committees as it considers necessary to assist it in performing its functions. Thereupon, a sub-committee was set up to undertake the process of carrying out the matching exercise of child mentees with child mentors based on the set of eligibility criteria.

The Scheme was initiated in 2009, but kick started in September 2011 after the inclusion of the Child Mentoring Order in the Child Protection (Mentoring Order) Regulations.

During the period January 2012 to June 2017, 63 children within the age brackets of 10 to 16 were roped into the Scheme. Details are given in Table 3.

Table 3 Number of Child Mentors and Mentees Roped in the Child Mentoring Scheme since 2012

Date of Matching	Number of Children Matched	Number of Children who Completed Placement	Number of Mentors Conducting Mentoring Sessions
10.07.12	5	5	4
08.11.12	11	9	9
23.08.13	13	10	13
04.11.14	4	1	4
02.03.16	10	10	10
24.05.16	7	7	10
24.06.16	4	4	10
11.08.16	9	Ongoing	10
Sub -Total	63	46	
17.08.17	17	Mentoring Order Awaited	
Total	80	46	

Source: MoGE's Records

As of July 2017, 46 of them, that is, some 73 per cent, completed their period of mentoring while mentoring sessions for nine children were ongoing. The remaining eight children did not form part of the Scheme as one child was aged more than 16 at time of matching, parents retracted in five cases and mentor did not want to form part of the programme in two cases.

As of August 2017, the mentoring sessions of four children with mild behavioural problems were still ongoing, and the matching exercise for 17 children was effected by the Ministry who had already initiated actions for obtaining Mentoring Orders.

3.6.1 Child Mentoring Activities

During the period January 2014 to June 2017, 106 cases of children with mild behavioural problem were referred to the Child Mentoring Section. However, during this period, few matching activities were made for reasons elaborated below.

➤ *Child Mentoring Committee and Sub-Committee*

The minutes of the Child Mentoring Committee for the period May 2014 to August 2017 were scrutinised.

According to the CPA, the Committee should meet at such times and place as decided by the Chairperson. However, during the period July 2014 to December 2015, the Committee met only twice under the chairmanship of a Deputy Permanent Secretary. Also, there was no approval of cases of child mentoring as a Child Mentoring sub-committee was not held to carry out the matching exercise. Besides, one member of the Committee who was the representative of an NGO and who had wide experience in issues relating to children, resigned on 8 December 2015, and another representative to replace the latter to form part of the Committee was not appointed.

➤ *Child Mentoring Section*

On the other hand, from October 2014 to May 2015, the Child Mentoring Section was not fully functional as there was no Coordinator responsible for it. Moreover, the Section was managed by only one staff who was also assigned other projects of the Ministry.

In June 2015, an Officer of the Ministry was assigned the responsibility of implementing the Scheme, and by the end of 2015, the Section was manned by three additional officers headed by a Coordinator. From January 2016 to June 2017, the Child Mentoring Committee met on six more occasions. The sub-committee met in May 2016, after being reconstituted.

For the period January 2014 to February 2016, that is, for some 26 months, only one matching exercise was done on 4 November 2014, when four children were matched. As from March 2016, there was an increase in the number of matching exercises and children matched. By August 2016, four other matching exercises were done and 30 more child mentees were placed under the Scheme and they were being assisted by 10 child mentors. This included four cases of children who were referred during 2014 and were matched in March 2016, that is, after more than one year.

➤ *Number of Child Mentors*

Though there was an increase in the number of matching exercises and the number of children matched as from March 2016, the achievement of the Scheme's objective was hampered by a shortage of mentors in 2016 and 2017.

In 2011, there was a pool of 22 child mentors available to assist child mentees under the Scheme. These mentors were paid a stipend of Rs 1,500 on a monthly basis per child mentee. The stipend for supporting a child mentee per month was revised to Rs 1,750 with effect from July 2013, and recently, as from June 2016, it was revised again to Rs 2,000 per month per child mentee. Over the years, the pool of child mentors reduced gradually to reach 10 by 2016. This pool of mentors could allow only 30 child mentees to be placed under the Scheme⁹. Other potential child mentees had not been able to take advantage of the Scheme owing to the limited number of child mentors available.

⁹ According to Section 3(b) (ii) of CPA (as amended in 2008), a child mentor shall not be assigned more than three children under the Scheme.

In 2016, for instance, 40 cases of children suffering from mild behavioural problem were referred to the Child Mentoring Section, and on 17 August 2017, matching exercise for only 11 children was done. In one case, parents retracted. The remaining 28 cases, representing 70 per cent were kept in a waiting list. Similarly, in 2017, 16 cases were referred to the Child Mentoring Section, and only six of them were matched with child mentors on 17 August 2017. Two children were not matched because of health problem. Hence, eight of the 16 cases representing 50 per cent, were kept in a waiting list pending the availability of mentors.

With the view to scaling up the Scheme, the Ministry, in 2016 initiated procedures to increase the pool of mentors. As at August 2017, 79 candidates accepted the offer, and 68 of them followed a training programme.

Ministry's Reply

The reason for other child mentees who were not able to be assisted under the Programme was that recruitment of additional child mentors could not be envisaged owing to lack of funds.

All matching exercises were conducted in line with the CPA. Children with mild behavioural were kept in abeyance as the programme was optimised and mentors could not be legally assigned more than three child mentees.

3.7 Rehabilitation and Reintegration

According to UN Guidelines for the Alternative Care of Children, 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, and should be in the best interests of the child. The objective of RCIs, according to the Guidelines, should generally be to provide temporary care, and to contribute actively to the child's family reintegration.

One of the objectives of the CDU is the reinsertion of children victim of abuse in the society after being provided with follow-up sessions to ensure recovery from trauma.

During the period January 2014 to November 2017, 219 children in the RCIs were integrated either with their biological families or other relatives. On the other hand, none of the 143 children who got fostered since the implementation of the Foster Care Programme in 2002 had integrated their biological families.

Ministry's Reply

With a view to processing cases for family rehabilitation and reintegration on a fast track basis, following meetings of the Technical Committee for RCIs, it was agreed that the Family Welfare and Protection Unit would be called upon to work on this aspect.

A call for proposals from NGOs willing to work on the rehabilitation of families and reintegration of minors thereat is also in the pipeline.

3.7.1. Status of Biological Families

The Ministry carried out an exercise on the field to ascertain the possibility of reintegration of some children in their biological families during the period April to June 2017. The exercise concerned 20 children placed in RCIs. The conclusion drawn was that only one child had the possibility of being reintegrated. For the remaining 19 (95 per cent), the situation was difficult for various reasons.

Case Files of 27 of the 61 children (44 per cent) who were in foster homes as at June 2017 were scrutinised. In all the 27 cases, it was reported that the conditions of the families were found to be complex, in that, among others, biological parents either did not show interest to know the whereabouts of minors once they were removed from their responsibilities or they were untraceable or did not have the means to support the child.

The status of biological families whose children had been placed in alternative care was in most cases not stable, and this acted as a deterrent to rehabilitate the parents, and ultimately reintegrating the children in their respective biological families.

Ministry's Reply

Most of the children placed in institutions under Court Order came from unstable homes and family environments whereby their physical, social and emotional needs could not be met.

3.7.2 Professional Skills of Child Development Unit Officers

According to UN Guidelines for the Alternative Care of Children, 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 a team with access to multi-disciplinary advice, in consultation with the different actors involved (the child, the family and 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 will involve and under whose supervision.

The EU Consultant mentioned in 2015, that officers of the CDU had not received any special training on rehabilitative work with families and children, though they were gathering on the job experience.

As at June 2017, the Residential Care Unit of the Ministry was manned by a Coordinator, five FWPOs, four Enforcement Officers and one Care Worker. We were made to understand that during the period January 2014 to June 2017, the officers of this Unit did not receive any training on rehabilitation on children. As for the Foster Care Unit, it was manned by a Coordinator, four FWPOs and one Instructor who attended calls on hotline. With respect to Foster Care Services, the officers participated in a capacity building workshop¹⁰ (two days) which was carried out in May 2015. These officers had the skills to

¹⁰ The workshop was on “Un Autre Futur est Possible”. The main organising agencies were the African Network for the Prevention and Protection of Child Abuse and Neglect and the International Social Services in collaboration with MoGE and the Ministry of Social Security, National Solidarity and Reforms Institutions. The objective of the workshop was to strengthen the supervision of vulnerable children in shelters and rehabilitation centres. Children with disabilities and those called beyond control were particularly concerned.

support foster families, and Caregivers taking care of these children who were difficult to handle. A follow up of the workshop was carried out in June 2016, whereby officers of the Foster Care Unit participated. The focus was, amongst others, on providing assistance on the overall process to implement a foster care programme for children difficult to place. This was the only training which the officers followed during the period January 2014 to June 2017.

Ministry's Reply

The officers of the Residential Care Section benefited from on-the-job training and are also provided with leads for self-learning on a regular basis.

All officers posted in the Section during the period January 2014 to November 2016 were provided on-the-job coaching, as well as formal training from the International Social Services and a local Consultant. However, they have moved to other sectors.

3.7.3 Professional Skills of Caregivers

According to UN Guidelines, special attention should be paid to the quality of alternative care provision, both in residential and in family-based care, in particular with regard to the professional skills, selection, training and supervision of carers.

➤ Residential Care

To ensure delivery of quality services to the residents in RCIs, tendering exercises for the selection of service provider to run three RCIs were carried out by the Ministry. For the remaining RCIs, the service providers were selected based on their performance in the field of care of children.

However, two major weaknesses with regards to the welfare of children, namely ratio of Caregiver to children not always adhered to, and Caregivers lacking skills had been identified by the Ministry itself. The Ministry drew the attention of service providers on those aspects for remedial action. Details are given in paragraph 3.8.1.1 below.

➤ Foster Care

According to the Child Protection (Foster Care) Regulations, the Permanent Secretary of the Ministry shall ensure that adequate training be given to the foster parents. In fact, the Ministry had been providing training to both prospective and existing foster parents. During the period January 2013 to June 2017, seven training courses (each of two or three sessions) for prospective foster parents and five for existing ones were organised. The attendance of existing foster parents in the training sessions was low compared to that of prospective foster parents. For the latter, the percentage participation varied from 68 to 100, whereas for existing foster care parents, on average only some 32 per cent attended the training sessions.

Representatives from the International Social Services consisted of a team of professionals from United Kingdom, Geneva, Canada, amongst others.

- *Counselling to Prospective Foster Parents.* Initially, the Ministry through its Psychologists and officers of the Foster Care Section, dispensed a two-day training sessions of three hours each to the prospective foster parents with the objective to equip them with the necessary knowledge and skills in order to be mentally, emotionally and physically prepared to welcome a child in their respective families. Those sessions were provided before placement of children and the level of participation was impressive. During two of the training sessions, 100 per cent participation was recorded.

The Ministry, with the increasing complexity of children who experienced difficult and/or neglectful early years, and in view of professionalising the Foster Care Service, took the initiative of reviewing the training programme in 2016. Additional training modules, which included, for instance, skills and competencies to foster, understanding attachment and coping with stress and anger, were dispensed to a group of prospective foster parents as from June 2016. The objective of the revised training programme was to prepare the new foster parents with the necessary parenting and coping skills to better understand the different stages of a child. The course was also spread over three sessions of five hours each as compared to two sessions of three hours before 2016.

- *Counselling to Existing Foster Parents.* On an annual basis, the Ministry conducted a three-hour group counselling session to existing foster parents. The session aimed at providing the latter with further parenting skills, and emphasis had been laid on issues which they might be facing with coping with adolescents' behavioural problems, amongst others.

However, existing foster parents did not show great interest in participating in the group counselling sessions, though these sessions were considered as an important forum/platform for foster parents to share their views and experiences. As mentioned above, the level of participation was low. For the last five years, it was in the range of 21 to 38 per cent.

Ministry's Reply

Although some of the foster care parents could not attend the counselling, they do attend counselling sessions held in office whenever required.

3.7.4 Appointment of Service Provider

In line with the recommendations made by CRC in January 2006, commitment was taken by MoGE to set up a Residential Care for the rehabilitation and reintegration of Commercial Sexual Exploitation of Children victims.

The construction of L'Oasis RCI was completed in May 2012. Up to May 2016, the Ministry faced difficulties in appointing a service provider in spite of six bidding exercises carried out between 2012 and 2016.

In March 2016, CDU pointed out that children victims of Commercial Sexual Exploitation were not getting access to appropriate rehabilitative services. In a bid to cater for rehabilitative need of these children, arrangements were proposed by CDU to ensure that

they were getting the right therapies and skilling to promote their rehabilitation and support and eventual reinsertion in the mainstream society. In May 2016, the NCC was requested to take over the operation of L'Oasis Residential Care Centre, and on 26 May 2016, 25 residents were transferred from Shelter La Colombe to L'Oasis Centre, whereby they were provided with the necessary support.

3.8 Monitoring, Review and Evaluation

3.8.1 Monitoring and Review

The UN Guidelines for the Alternative Care of Children require States to ensure that all entities and individuals engaged in the provision of alternative care for children are subject to regular monitoring and review.

According to the CRC, any placement for care, protection or treatment must be subject to “periodic review” to determine its continuing appropriateness. The UN Guidelines have given a more precise indication of what is required, specifying that 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 several factors, such as the personal development of the child or developments in the child’s family environment.

To ensure that activities of all the Schemes are appropriate and are being carried out in the right way to suit the child’s best interests, there is a need for constant monitoring and review, as well as regular inspections.

As per UN Guidelines, inspection comprises both scheduled and unannounced visits, involving discussion with and observation of the staff and the children.

At the level of the Ministry, inspections were regularly being carried out by the Officers to ascertain that the personnel of the RCIs were performing their duties according to guidelines issued, and that the foster home and its household continued to suit the child’s best interests. However, monitoring and review functions were not adequate as described below.

3.8.1.1 Residential Care Institutions

As per the CRC, 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.

To supervise the activities of RCIs, the Ministry, in April 2016, decided that Enforcement Officers would conduct inspection checks on a fortnightly basis. Officer in Charge of the 19 RCIs were informed accordingly, and they were required to assist the officers. They were also informed through letters that inspection would be based on guidelines issued by the Ministry. These could be grouped under three main headings, namely suitability and number of Caregivers, health and safety and extra-curricular activities.

Shortcomings identified during inspection visits and proposed remedial actions were regularly reported to the Managers of RCIs. However, some issues remained unresolved and became recurrent ones.

To illustrate the above shortcomings, the inspection reports relating to 285 visits for the period mid 2016 to October 2017 of a sample of nine RCIs (Five Government Owned Shelters and four run by NGOs) were scrutinised. The scrutiny focused on factors relating to the welfare of children, namely suitability and number of Caregivers, Health and Safety and Monthly Report which gives details of health condition, behaviour and any other matters, such as schooling and extracurricular activities for the children).

Although there were regular inspections, monitoring and review were not carried out with a view to determining the continuing appropriateness of care and treatment which took into account factors, such as the personal development of the child or developments in the child's family environment.

➤ *Government Owned Shelters*

▪ *Suitability and Number of Caregivers*

According to the MoU, the services of Child Caregivers should be made available adequately at all times to ensure adequate and proper care of residents. The ratio of the number of Caregivers to residents during the day and night for the shelters are given in Table 4 below. However, there were instances, as illustrated below, when this requirement was not met.

Table 4 Ratio of Number of Caregivers to Residents

Shelter	Ratio During the Day (Minimum)	Ratio During the Night (Minimum)	
L'Oiseau du Paradis	1:5 (8)	1:4 (6)	The lesser of the Caregivers to residents ratio, and minimum number for both day and night
La Cigogne	1:4 (3)	1:3 (4)	
La Colombe	1:5 (8)	1:4 (6)	
L'Oasis	Not available	Not available	

Source Memorandum of Understandings of Shelters

Shelter L'Oiseau du Paradis, Cap Malheureux: Enforcement Officers pointed out that Caregivers had neither the competencies required in provision of child welfare nor the appropriate skills in respect of child care. Safety and hygiene aspects of residents were neglected and there was a laissez-faire attitude on the part of Caregivers. In addition, the latter needed additional training in the provision of childcare and on how to better deal with difficult children in distress. For the latest inspection visit in September 2017, mention was made in the report that the Child to Caregiver ratio was poor.

Shelter La Cigogne, Floreal: On only one occasion, the Child Caregiver to children ratio was not respected.

Shelter La Colombe, Pointe aux Sables: On several occasions, it was found that there was a need to review the proportion of Child Caregiver to residents ratio, especially in the Babies Section where there was not enough Child Caregivers working. There was also a problem of absenteeism and there was often only one Child Caregiver on the roster due to lack of staff. During the latest visit in October 2017, the Child Caregiver to residents ratio was stated to be poor.

Shelter L'Oasis, Pointe aux Sables: During the visit conducted by Enforcement Officers on 29 August 2017, there were 22 minors and two infants who were accommodated in the shelter. There were two Caregivers who worked during the day, and two or three during the night, resulting at times in a ratio of 1:11 which was considered to be poor.

La Marguerite, Belle Rose: Following visits conducted by officers of the Ministry at the Shelter on 19 January and 7 September 2015 respectively, the attention of Service Provider was drawn on both occasions that the number of Child Caregivers present to look after 25 residents, that is, four on first visit and three on second visit, was not in accordance with the MoU. The required number of Caregivers during the day for the 25 residents should have been five on the above-mentioned dates. The Service Provider was thus required to take appropriate action.

According to a document (list of officers) submitted by the Service Provider in June 2017, there were in all six Child Caregivers working at the shelter.

- *Health and Safety*

The Ministry lays much emphasis on health, safety and security of children in the MoU, Criteria for Place of Safety and list of Do's and Don'ts. However, there were instances where the living conditions in the RCIs were not of an acceptable standard.

Shelter L'Oiseau du Paradis, Cap Malheureux: On several occasions, the premises (yard and building) of the shelter were messy and untidy. The premises were not well maintained and were filled with debris, hazardous things and uncovered dustbins, among others. Moreover, dormitories were in a deplorable condition and had no supply of hot water. There was a lack of proper hygiene and care. During four visits effected from January to September 2017, on three occasions, the premises were found to be poorly maintained and the condition of the yard was inappropriate.

Shelter La Cigogne, Floreal: Several shortcomings had repeatedly been identified at the shelter, such as extractor in the kitchen needed replacement, fungus problem, window frames /anti-theft grill needed replacement as the existing ones might be hazardous for the residents (nail pins were visible) and cleaning of water tank. During their last inspection carried out in September 2017, these issues were still being highlighted by the Enforcement Officers in their report.

Shelter La Colombe, Pointe aux Sables: During visits carried out by the Enforcement Officers, it was often reported that the premises (yard and building) were not kept in hygienic and good living conditions. In fact, cleanliness and hygienic aspects remained a major cause of concern to be addressed. The Ministry, in April 2017, requested the Service Provider to ensure that the norms and standards were respected at the shelter. In spite of this reminder, the health and sanitary conditions of the shelter were rated poor by officers of the Ministry during the last three visits carried out in July, September and October 2017 respectively.

A few examples of issues repeatedly reported by Enforcement Officers were debris consisting of unused equipment, broken glasses, benches and metals stacked for long period at the back yard, residents dormitories (babies, boys and girls) and living room were stuffy and lack ventilation, the kitchen was in a poor condition in terms of cleanliness, ventilation and safety, and there was no exit door and the fire extinguisher was located in an unreachable corner.

Shelter L'Oasis: On several occasions, Enforcement Officers drew the attention of the Ministry and Service Provider that the sanitary conditions and safety issues concerning the shelter were poor.

During several inspection visits, Enforcement Officers had pointed out that the premises of the shelter, especially the rooms of the shelter were messy and filthy, the kitchen was in a deplorable state, whereby all cupboards were broken, waste disposal was a major problem as absorption pit was in a poor condition causing accumulation of waste water and foul smell, and the gas cylinder required to be properly enclosed as a measure of safety. These hazards were again reported during the last visit in September 2017.

Shelter La Marguerite: The health and sanitary conditions were good.

▪ *Monthly Report*

According to the MoU, the Service Provider should submit a monthly report on residents, giving details of health condition, behaviour and any other matters, such as schooling and extra-curricular activities to the Ministry.

The status with regard to the submission of monthly reports by the selected RCIs as at October 2017 was as follows:

Shelter L'Oiseau du Paradis, Cap Malheureux: Except for the period May to September 2014, MoGE had not received the monthly reports for the period October 2014 to July 2017.

Shelter La Cigogne, Floreal: The management of this shelter was abiding by this requirement and was submitting monthly reports.

Shelter La Colombe, Pointe aux Sables: Following MoGE's request on 6 April 2015, NCC submitted monthly reports for the months of March to June 2015. Since then, no reports had been sent until August 2017, when one was submitted after request from the Ministry again.

Shelter L'Oasis, Pointe aux Sables: For the period under review, no monthly reports were available, until August 2017 when one was submitted.

Shelter La Marguerite – Belle Rose: The Service Provider had been submitting monthly reports regularly up to December 2015. Since then, no report was submitted despite having been requested to do so by the Ministry in May 2016.

Ministry's Reply

The recruitment of Caregivers, as personnel, is normally done at level of the NGOs. As at now, there is no specific qualifications requirements for such recruitment. Standardised salary package is also not yet available at the level of all places of safety. As such, the rate of turnover of Caregivers is high, and thus weakens the ability of NGOs to retain their personnel, especially Caregivers on long term basis.

Based on the poor quality of service offered at L'Oiseau du Paradis, the relocation of residents of the said shelter started around July 2017, and the shelter ceased operation on 29 December 2017.

The NCC is working on the possibility of recruiting personnel to work in shelters under its management.

The most recent correspondence issued to RCIs for them to ensure compliance with norms and standards set by this Ministry dated back to 12 January 2018. In the said correspondence, the Ministry has reiterated its request for monthly reports on residents and has also requested for a daily information sheet on minors to be submitted.

➤ *Shelters run by Non-Governmental Organisations*

The four selected shelters consist of 12 set-ups. These shelters did not have a MoU with the Ministry. During visits effected by Enforcement Officers in the four selected shelters, namely Vedic Social Organisation, Association des Amis de Don Bosco, Shelter for Women and Children in Distress Trust Fund and Fondation pour l'Enfance Terre de Paix, from January to October 2017, the Caregiver ratio to resident was considered to be adequate. Health and sanitary condition was also fair. The only exception was at one set-up at the Youth House of Terre de Paix.

During visits of 29 August, 18 September and 3 October 2017 respectively, the Youth House was found to be in poor conditions. Some of the observations made were as follows:

- The fridge was found filthy;
- There were lack of hygiene and maintenance in toilets and bathrooms;
- The gas cooker needed to be degreased;
- Waterproofing work should be effected in one minor's room;
- Premises were stuffy and should be ventilated;

- Window frames needed to be cleaned up;
- Sanitary equipment needed to be repaired and changed.

Issues observed were inserted in the Inspection Book and the attention of the Director of Terre de Paix was drawn through an official letter on 24 November 2017.

We were also made to understand that none of the above four shelters submitted a monthly report.

Ministry's Reply

Given that the service provider operates in a government-owned building, major infrastructural issues are referred to the Office Accommodation Section of this Ministry. Enforcement Officers ensure that the attention of the officer responsible for accommodation is drawn accordingly.

Regarding Shelter La Colombe and Shelter L'Oasis, at present, only one handyman oversees cleaning work thereat. The NCC is at present recruiting personnel to work in shelters under its management.

With regards to shortcomings identified in shelters run by NGOs, it becomes difficult for the Ministry to apply sanctions as appropriate to the said service providers because of the absence of an agreement between this Ministry and NGOs, the fact that all shelters are running at full capacity, and deductions from monthly payment will have a ripple effect on the provision of basic needs for minors placed thereat.

3.8.1.2 Foster Care System

The Child Protection (Foster Care) Regulations provide for the Permanent Secretary to review the child's needs at regular intervals or upon request of the licensed social worker or the foster home. With regards to placement of a child under Committal Order, the Regulations require the Permanent Secretary to effect regular reviews at intervals of not more than one month to ensure that the foster home and its household continue to suit the child's best interests.

According to the Regulations, at the time of placement, the visitor¹¹ should see the child at home or at the educational institution every week for the first six weeks, every fortnight for the next two months and every month for the next six months. Subsequently, the visitor should see the child at least once every six months, or on request from the child, the foster parent or the teacher/instructor.

Officers of the Foster Care Section did not carry visits as per the requirement of the Regulations, but carried out inspection at foster homes as and when Court Orders (Interim Committal Orders and Committal Orders) were nearing expiry. Also, they carried out visits upon requests of District Magistrates who, in some cases, required status on minor's progress on a regular basis. Officers also attended visits upon requests of foster parents who

¹¹ Visitor means a licensed social worker who has been designated by the Permanent Secretary to monitor any placement made under the CPA (Foster Care) Regulations.

were facing difficulties in coping with children. When a child placed under foster caring was undergoing behavioural issues, visits at foster homes and at schools were carried out more regularly, depending upon the complexity of the problem.

Though there were some inspections, regular reviews as required by the Regulations were not effected. Reviews as per this requirement would have better determined the continuing appropriateness of the placement.

3.8.1.2 Child Mentoring Scheme

As per the CPA, the Child Mentoring Committee has to periodically assess and evaluate the progress of children placed under the Scheme and submit progress reports to the Permanent Secretary. The mentor is required to submit to the Permanent Secretary a report on the programme of work undertaken with the child by the end of each month, and quarterly progress reports on the situation and evolution of the child.

We were made to understand that the above were not done. However, debriefing sessions were carried out every two months with child mentors and the data on the number of children joining and leaving the programme was kept.

3.8.2 Evaluation

As of October 2017, the programmes, schemes and measures put in place by the Ministry had not been evaluated, for example, to:

- ascertain the success rate of placement in terms of stability;
- ascertain the successful integration of children into the community with the view to bringing improvement to FCS;
- identify the reasons as to why reintegration was not possible.

There was also no follow-up on the development of a child who left the alternative care once he became an adult. This follow-up could be used as an indicator to evaluate the outcome of the Ministry's services and programmes.

Case Study-New South Wales

In New South Wales, the Children and Young Persons (Care and Protection) Act requires the Minister to provide or arrange such assistance for children of or above the age of 15, and young persons who leave out-of-home care until they reach the age of 25, as the Minister considers necessary having regard to their safety, welfare and well-being.

The out of home care agency, who has supervisory responsibility for the young person, is required to prepare a leaving care plan, in consultation with the child or young person.

Legal Aid New South Wales requires that the leaving care plan 'must include specific supports and assistance to the young person across a range of areas, including health assistance, education, employment, housing and legal assistance'.

CHAPTER FOUR

CONCLUSION AND RECOMMENDATIONS

4.1 Conclusion

With some 5,900 new cases reported annually, child maltreatment has become a major cause of concern for Government. To ensure the best interest of those children, MoGE has taken appropriate measures according to good practices, such as placing children at risk in RCIs and providing them psychological support accordingly, setting up of a FCS, and providing assistance to children suffering from mild behavioural problems through the Child Mentoring Scheme. However, their implementations have been a major challenge for the Ministry. Unhealthy environment of some RCIs, insufficient number of trained Caregivers in RCIs, and limited number of foster care parents and child mentors are, amongst others, some of the major constraints faced by the MoGE to effectively address the problem of child maltreatment. Over the years, the Ministry attempted to improve some of those measures, such as increasing the fees of foster care parents and child mentors, carrying out sensitisation campaigns and carrying out regular inspection visits at RCIs. However, those measures met with limited success.

In the absence of a holistic approach to child maltreatment, MoGE is functioning in a fragmented and reactive child protection system to address the problem. Moreover, the programmes and services were not being fully monitored, reviewed and evaluated to understand what had been the outcomes in terms of rehabilitation and reintegration of children in their biological families.

There were no proper mechanisms of reporting on outcomes. For instance, Monthly Reports on residents, giving details of health condition, behaviour and any other matter, such as schooling and extra-curricular activities are not being submitted on a regular basis. This indicates that regular progress of children at the Government Owned Shelters was not being monitored. This also applies to children placed in RCIs managed by NGOs. Consequently, the long term development of the children cannot be ascertained by the Ministry.

Besides, it is a major challenge for MoGE to reintegrate children into their biological families and society. This is due to combining factors, such as absence of a proper case plan/care plan, inadequate training of case managers and the complex situation of biological families. Hence, the children have to stay in RCIs for longer period.

4.2 Recommendations

In the light of the audit findings and conclusion, hereunder are the recommendations for the benefits and welfare of the children.

4.2.1 *Strategy on Protection Services*

As the National Child Protection Strategy 2014-2022 and the activities of the Action Plan are too costly to implement, the Ministry should prepare a synopsis of the importance of the priority activities highlighted therein, and make preliminary demand for necessary funding.

4.2.2 *Develop Care/Case Plans*

All children who are currently placed in alternative care and their families, as well as all new cases reported should have care/case plans that are subject to formal review. A case management plan should also be developed to effectively address the child maltreatment. Cases of children within the child protection system must be followed up and reviewed throughout the period during which they are receiving support to ensure that they are not at risk.

In order to provide good support to individual children and their families, it is necessary that a case manager is allocated a reasonable number of children and/or families to work with at any one time. Additionally, appropriate training should be regularly provided to all those involved in the provision of care for children.

4.2.3 *Develop Mechanism to Monitor, Review and Evaluate Programmes*

Monitoring, review and evaluation of a programme is vital for various reasons, such as to determine whether the programme works to the best interest of the children, to help refine programme delivery, and to provide evidence for continuing support of the programme.

All the programmes and measures should be monitored, reviewed and evaluated by the Ministry. This will help to assess the effectiveness of the programmes, identify any shortcomings and take corrective measures in the best interest of the children and their families. Hence, proper mechanisms of reporting the outcomes of the programmes should be developed.

Monthly Report should also be submitted by all RCIs. Additionally, service providers of both Government Owned Shelters and NGOs should report on progress of children to determine outcomes of measures taken by the RCIs.

To optimise the use of the CPR and to enable CDU to record and address child maltreatment cases reported at the Ministry with increased efficiency, it is important to have all the data input promptly in the Register. The CPR in the remaining outstations, namely at Flacq, Goodlands and Rose Belle, should be implemented as soon as possible. This will enable the Ministry to coordinate the job, avoid duplication, save time and work in the best interest of the children victims of maltreatment.

4.2.4 Standardisation in Provision of Service

The Ministry should have contracts and MoU with all the RCIs, elaborating conditions that need to be fulfilled by them for the benefit of the children. It should ascertain that all the conditions of the MoU are complied with, such as the Child Caregivers to resident ratio and the health, safety and security of residents. Also, to ensure a standard service in all RCIs, the Ministry should ensure that the RCIs are duly registered and compliant with conditions set up by appropriate authorities.

4.2.5 Facilitate Reintegration of Children

During the period of placement of a child victim of maltreatment, there should be continuous rehabilitative work for the child to reintegrate his/her family environment. The Ministry should identify factors preventing the rehabilitation of parents and work out solution to facilitate the reintegration of children in their biological families. Also, the Ministry should provide adequate training to officers dealing with such cases as family reintegration requires a comprehensive assessment of whether returning the children back home is appropriate.

Appendix I**List of Residential Care Institutions and Set-ups**

SN	Residential Care Institution	Breakdown	Number of Children
1.	Terre de Paix	Barracudas Lane, Albion	
2.		Espadon Lane, Albion	
3.		Laitier Lane, Albion	
4.		Youth House, Albion	46
5.		Near Lighthouse, Albion	
6.		Rotin Lane, Q.Bornes	
7.		Creche Coeur, Q.Bornes	
8.		Vencatachellun Lane, B. Bassin	
9.	Foyer Pere Laval	Port Louis	33
10.	SOS Bambous	Bambous	67
11.	Foyer Mgr Leen	Rose Hill	19
12.	SOS Beau Bassin	Beau Bassin	37
13.	SOS Community	Beau Bassin Harewood	
14.		Beau Bassin Dupere	
15.		Beau Bassin La Confiance	
16.		Beau Bassin Harewood	25
17.		Amaury	
18.		Eau Coulee	
19.		Vacoas	
20.	CEDEM	Floreal	
21.		Vacoas	30
22.	Creche Coeur	Quatre Bornes	26
23.	Gayasingh Ashram	Port Louis	3
24.	Shelter Forest Side	Forest Side	29
25.	L'Oiseau du Paradis	Cap Malheureux	15
26.	Etoile du Berger	House 1 Albion	
27.		House 2 Albion	24
28.		Roche Brunnes	
29.	Vedic Social Organisation	Paillotte	22
30.	La Marguerite	Belle Rose	27
31.	Association des Handicapés de Malherbes	Forest Side	21
32.	Don Bosco	House 1 Tombeau Bay	
33.		House 2 Tombeau Bay	29
34.	La Cigogne	Floreal	17
35.	La Colombe	Pointe aux Sables	58
36.	L'Oasis	GRNW	24
	Total		552

Appendix II

Memorandum of Understanding

Service provider to

- (i) To keep a file for each resident;
- (ii) Carry out all human resources functions, such as recruitment, selections, training, administration, performance management and discipline;
- (iii) Make arrangements to prepare and provide food to the residents for their healthy living;
- (iv) Arrange for regular check up for the residents and ensure that they are in good health;
- (v) Provide residents with clean and ironed clothing;
- (vi) Ensure safety and security of residents.

Appendix III

Criteria for Declaration of Residential Care Institution as Place of Safety

The main criteria taken into consideration when declaring a Residential Care Institution as a place of safety are as follows:

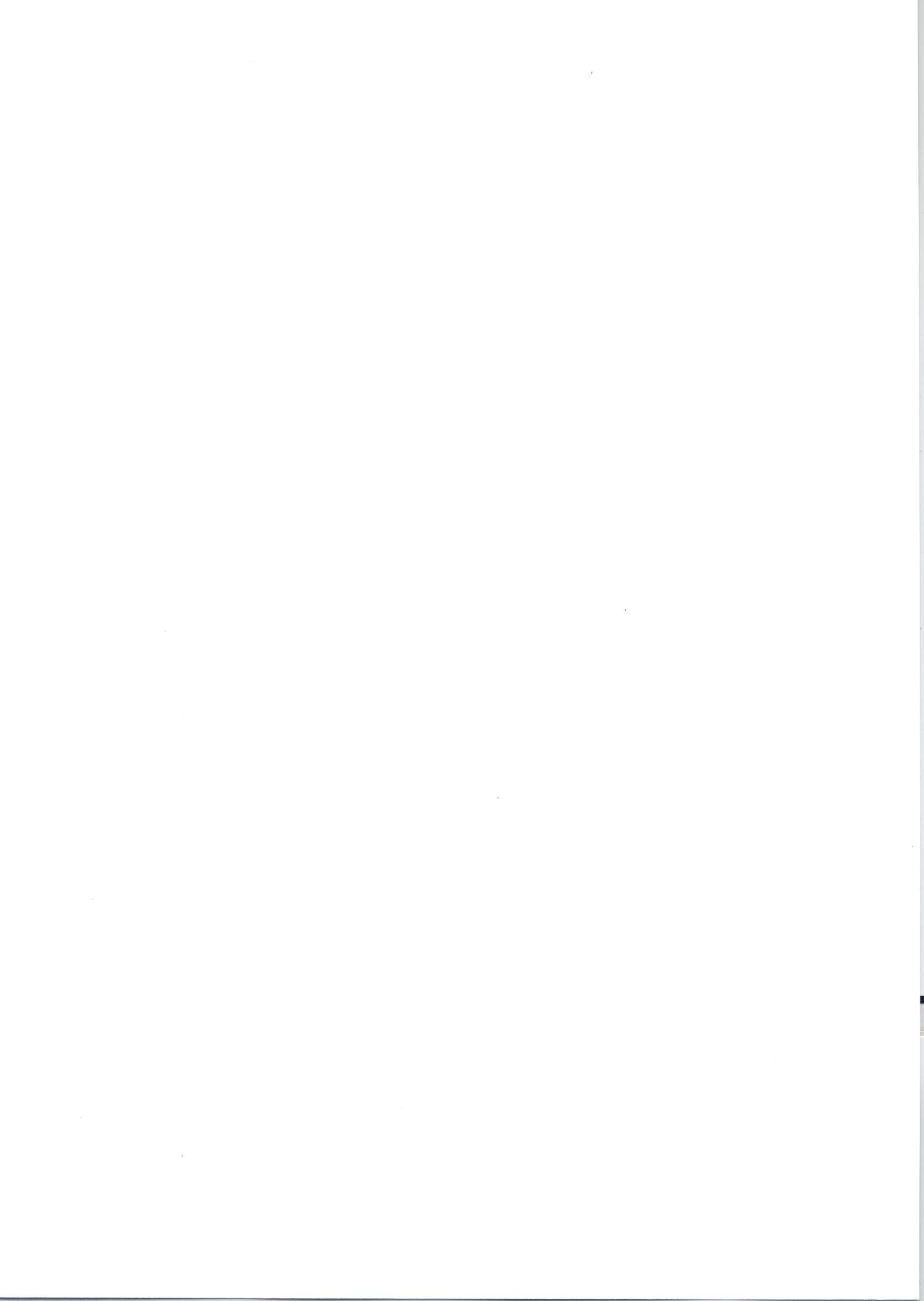
- (i) The state of the premises (whether the building is fit for purpose: cleanliness, safety, sanitation);
- (ii) The security of the neighbourhood, as well as security of building;
- (iii) The number of Carers, as well as their expertise in the domain of child care (proper training of Carers). (Child: Carer ratio of 1:4 at most for babies, and toddler's ratio is 1:5);
- (iv) The different support provided to the children (for example provision of Psychologist, therapies);
- (v) Schooling facilities to be provided to the children;
- (vi) The different activities that the Residential Care Institution is proposing to the children;
- (vii) Certificate of Character of the Carers, as well as that of the Managers are requested for;
- (viii) Clearance from Fire Services;
- (ix) Building and Land Use Permit;
- (x) Food Handling Certificate for Cooks/Carers.

Appendix IV

List of Do's and Don'ts for Residential Care Institutions

- (1) The Manager RCI shall
 - (i) Make sure that all the material, psychosocial and emotional needs of the child are met;
 - (ii) Respect the rights and integrity of the child as stipulated in the Child Protection Act and the Convention on the Rights of the Child;
 - (iii) Ensure the involvement and participation of the child in the activities of the institution;
 - (iv) Ensure security and safety of the child at all times;
 - (v) Foster integration of the children within the institution and the society;
 - (vi) Ensure a good quality of services including infrastructural facilities, proper food, clothing, medical care.

- (2) The Manager RCI shall not
 - (i) Take any child to a staff/outsider's residence/parent's place from where child has been removed;
 - (ii) Leave young children unattended or supervised by other children;
 - (iii) Use corporal punishment or any other form of harsh punishment;
 - (iv) Demean/ humiliate or insult a child under any circumstance;
 - (v) Make racial/ethnic discrimination/harassment against any child;
 - (vi) Allow outsiders to enter the premises without permission;
 - (vii) Reveal information/data about any child or breach confidentiality to any unauthorised person;
 - (viii) Display or broadcast any images, videos or photographs of residents to media/the general public;
 - (ix) Misuse any image, video or photographs for any purpose;
 - (x) Allow any person to work as volunteer unless Management is satisfied that he or she can act as such;
 - (xi) Incite a child to change his/her religion;
 - (xii) Allow alleged perpetrators to visit/contact residents;
 - (xiii) Allow inappropriate gestures to be made towards residents;
 - (xiv) Engage /marry any minor.



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