MAPPING OF RESIDENTIAL CARE FACILITIES FOR CHILDREN IN TIMOR-LESTE

FINAL REPORT

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Acknowledgements

This project is the product of cooperation between UNICEF and MSS, and it would not have been possible without input from children, staff and directors of residential care facilities who shared their time, perspectives, and experiences; to whom we are grateful. This project is based upon the recognition that a mapping of residential care facilities for children in Timor-Leste is necessary to reveal the type and quality of accommodations, care, and services provided to children in these facilities, and how child protection can be reformed to improve the situation for child victims of abuse, neglect, exploitation and violence.

About the International consultant

Dr. Robin N. Haarr has been working for more than 15 years with organizations and government entities to conduct survey and assessment research, do monitoring and evaluation, develop policy and program recommendations, and conduct capacity building trainings. She has worked extensively on issues of violence against children and women, human trafficking and exploitation, victim support services, child protection systems and residential care facilities for children, access to justice and justice system responses, and women's and child rights. She has worked on these issues with UNICEF, UNDP, UN Women, ILO, OSCE, USAID, SDC, and the US Department of State/US Embassies. Dr. Haarr has worked throughout Asia and CIS/CEE countries, and in Africa. Her dedication and leadership to address issues of violence against children and women, gender-based violence, human exploitation and trafficking, child protection and victim support services, and access to justice has brought about important policy changes and program development that benefit children, women, families, and communities. Contact: robinhaarr@yahoo.com

Chapter 1: Introduction

Timor-Leste's child protection system has improved considerably since the country gained independence in 2002. Within the Government of Timor-Leste, the Ministry of Social Solidarity (MSS) is designated as responsible for the welfare and protection of all Timorese people.[1] Within MSS, the National Directorate for Social Reinsertion (DNRS) has been established to promote and provide well-being of Timorese families, focusing especially on the protection of women and children. Within DNRS there are two departments – Department of Protection and Social Assistance to Vulnerable Children and the Department of Protection of Women Victims and Social Reinsertion of Vulnerable Families – and the former is informally referred to as the Child Protection Unit (CPU). The CPU established with technical assistance provided by UNICEF, and includes Child Protection Officers (CPOs) that have been assigned to each of the 13 districts to provide case management, social service support, and community awareness activities to respond to cases involving child abuse, neglect, exploitation, and violence (1, 2). In an effort to improve the referral and response system, district-level Child Protection Networks have also been established and referral guidelines have been developed for CPOs, police, and service providers. Still, however, a recent mapping and assessment of the child protection system revealed the system still remains weak and in need of development (3).

Desk review of residential care facilities for children in Timor-Leste

Because this mapping is primarily focused on residential care facilities for children in Timor-Leste, the desk review was focused more specifically on existing documents, reports, and information related residential care facilities for children and child protection services in Timor-Leste. Ultimately, the desk review revealed there is very limited data on and information about child protection services, in general, and residential care facilities for children, in particular, in the country. This is because there has been no comprehensive study that assesses the reasons for children's separation from their families or a situational analysis of residential care facilities for children in Timor-Leste.

Among the limited documents and report, in 2012, there was a joint effort of UNICEF and MSS to carry out a basic mapping of child protection services in Timor-Leste which revealed child protection service providers included three main groups: governmental entities, (DNRS, VPU, and CPU), nongovernmental organizations (NGOs), and church organizations (4). The majority of child protection service providers are located in Dili (24%), followed by Baucau (12%), Viqueque (10%), and Manufahi (9%) districts; in comparison, the other nine districts have very few child protection service providers. Surprisingly, districts with the highest rates of poverty tended to have the fewest number of service providers; whereas, districts with the lowest rates of poverty tended to have relatively high numbers of service providers (5).

In terms of types of child protection services, 45% reportedly provide child protection response services, 32% provide direct response services (e.g., outreach, rescue, family tracing, reintegration, and mediation, counseling and therapeutic support), and only 13% provide residential services for children (6).

Relying upon data and information contained in several different documents and reports, it was determined that as of May 2012 there were a total of 59 residential care facilities for children, including 21 orphanages, 30 boarding houses, and 8 shelters. These are no state-run residential care facilities for children; rather, the majority of these facilities are operated by church organizations and to a lesser extent by NGOs and private individuals/entities.

Although most residential care facilities for children were established to provide care, guidance, support and protection to children, the desk review revealed that beyond the number and type of residential care facilities for children by district, little is known about these facilities, including the number and type of children they accommodate, the reasons for children's admittance into these facilities, the quality of accommodations, and type and quality of care and support services children in these facilities receive.

In 2008, MSS established the *Policy, Procedures and Standards for Child Care Centres and Boarding Houses*, which sets out the common values, principles and beliefs of MSS, DNRS, and the CPU, and describes the steps that will be taken to meet their commitment to protecting children that are temporarily or

[1] While MSS has the lead mandate for child and family welfare and protection, there are other ministries and agencies with mandated responsibilities for promoting child protection, including Ministry of Education, Ministry of Health, Ministry of Labour, Ministry of Justice, National Commission on the Rights of the Child (NCRC), Public Prosecution Services, and the Vulnerable Persons Unit (VPU).

permanently deprived of their family environment. This document includes recommendations for registration and licensing of residential care facilities for children (i.e., orphanages, boarding houses, and shelters); however, reportedly none of the existing residential care facilities are currently formally licensed by MSS to care for children on an overnight basis. This document also outlines minimum standards of care and record keeping of children in residential care facilities. It also outlines the practices that DNRS/CPU should undertake on an annual basis to monitor these residential care facilities to ensure that children are protected and minimum standards are being met in terms of care and accommodations. In 2011, effort was made to monitor 18 residential care facilities, mainly boarding houses, and short, basic reports were prepared on each of the 18 facilities. Unfortunately, these inspections appear to be fairly shallow in nature and scope versus thorough inspections of the care of children and the physical and structural conditions of the facility. While the *Policy, Procedures and Standards for Child Care Centres and Boarding Houses* is an important document and effort to bring government oversight to the operation of residential care facilities for children in Timor-Leste, there is clearly a need to enhance the policy and to ensure it has enforcement mechanisms that give DNRS/CPU the power to make sure all residential care facilities for children are operating in compliance with the policy.

Although there is limited data and information on how many children are living in residential care facilities and the reasons for their admission into such facilities, anecdotal information suggests that as many as 3,500 to 5,000 children in Timor-Leste are growing up for substantial periods of time in residential care facilities, and that most children are placed in such facilities due to poverty and because of child protection concerns, predominately violence, abuse, and early marriage of the girl child, It has also been reported that children are often placed in residential care facilities, often for long periods of time, without considering other options for their placement and care. Some girls are even placed in such facilities by their families to avoid the stigma of abuse and pregnancy (7). Given the large body of international research that reveals the negative effects of separating children from their families and placing them in residential institutions, it can be assumed that for most of these children that are place in residential care facilities, this will have a negative effect on their development and well-being. In particular, children that grow up in residential institutions are more likely to have poor physical health, development delays (including social and language development delays), attachment disorder, and potentially irreversible advance psychological damage (8, 9).

While residential care facilities in Timor-Leste reportedly provide for children's basic needs (i.e., housing/shelter, food, and clothing), anecdotal information reveals that staff in these facilities typically lack training related to violence against children and the special physical and psychological treatment of child victims which can prevent the effective recovery of child victims who need special physical and psycho-social support and care. It has also be reported that these facilities do not even give special consideration to issues of security and safety for child victims in their facilities, placing children at increased risk of re-victimization and having their rights to privacy violated.

International research reveals that children that grow up in institutions or residential care facilities are at increased risk of violence, compared to children whose care and protection is governed by parents at home (10). In fact, the *UN World Report on Violence Against Children* has revealed that violence in residential institutions is six times higher than violence in family-based foster care. Institutionalized children are often subjected to violence from staff responsible for their well-being. This violence can include harassment, humiliation, isolation, restraints, beatings, rape, and torture (11). Staff can often subject children to violence in an effort to discipline them, and sometimes these methods of punishment (12).

Children in residential institutions are also vulnerable to violence from other children in the institution. The *UN World Report on Violence Against Children* has revealed that violence among children in residential institutions often occurs when conditions and staff supervision are poor. Staff may even sanction or encourage violence among children either to maintain control or simply for amusement. In addition, bullying and sexual abuse are often widespread in institutions, as revealed in studies from the 1990s in the UK, Russia, and other countries (13). Because residential institutions for children are generally closed to public scrutiny, incidents of violence against children in such institutions typically remain hidden from the general public and state bodies.

The *UN World Report on Violence Against Children* also reveals lack of care, often referred to as neglect, as another form of violence against children that occurs in residential institutions. According to the Convention on the Right so the Child (CRC), governments are required to ensure that children's basic needs are met in residential institutions; however, in many countries, conditions in institutions are poor (overcrowded and unsanitary) and children's health, development, and lives are at risk. Many residential institutions for children also lack the necessary resources and qualified and well-trained

staff that are necessary to provide children with a supportive, caring, and healthy environment to grow up in (14).

Some children resort to running away as a result of institutionalization and the lack of human contact and care. There is a wide body of research that reveals running away is actually a coping or survival strategy that children often use to escape the violence and abuse in their lives (15).

Why conduct a mapping of residential care facilities for children in Timor-Leste?

UNICEF and MSS have undertaken this joint initiative to map residential care facilities for children in Timor-Leste. To date, there has been no systematic mapping or assessment of residential care facilities for children in Timor-Leste; as a result, there is no clear picture of the quality of accommodations, care, and services provided to children in these facilities which include orphanages, boarding houses, and shelters. This has made it extremely difficult for MSS and DNRS to monitor the quality of care and services provided to children in these various residential care facilities.

The purpose of this mapping of residential care facilities for children was to systematically collect qualitative and quantitative data on the accommodations, care, and services provided to children in these facilities, including:

- Accommodations
- Management and staffing
- Operational policies and procedures
- Reasons for children's admissions
- Registration/recoding of data on children
- Type of and quality of accommodations
- Type of and quality of care provided to children
- Type of services provided to children
- Case management practices
- Access to family
- Access to education
- Access to medical/health care
- Access to social services
- Violence against children in facilities
- Means of funding
- Challenges

It was also the goal of this mapping to analyze the data and generate findings that would provide a comprehensive situational analysis of the type of and quality of accommodations, care and services provided to children in these facilities and inform the development of effective police recommendations.

In no way does this mapping claim to be representative of all residential care facilities for children in the country as it focuses on only seven district and 23 different facilities. Nevertheless, the data does provide us with a clear understanding of the situation in residential care facilities for children and the type and quality of care that they are receiving in these facilities. Most important, this study will fill a significant gap in the limited research on residential care facilities for children in Timor-Leste.

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Chapter 2: Mapping Methodology

Purpose of the mapping

The goal of this project was to support DNRS under the Ministry of Social Solidarity (MSS) in the nation-wide mapping of residential care facilities for children in Timor-Leste, and to collect qualitative and quantitative information and data on, but not limited to: the management, operations, and staffing of such facilities; the number of children in such facilities and the reasons for their admission; and quality of care and support services provided to children in such facilities.

To accomplish the goals of this project, the following research methodology and data collection instruments have been developed.

Sampling of districts and residential care facilities

Table 1 reveals there are a total of 59 residential care facilities for children in Timor-Leste (identified as of May 16, 2012), including 21 orphanages, 30 boarding houses, and 8 shelters. In consultation with UNICEF and DNRS, the decision was made to sample 23 (39%) of the 59 residential care facilities across seven districts of Timor-Leste. The final sample included 11 orphanages, 7 boarding houses, and 5 shelters (see Table 1). The sample of residential care facilities was based, in part, on differences at the district level in terms of the demographics and the number of residential care facilities for children.

Table 1. Population and sample of residential care facilities by district and type of facility

	Orphanages		Boarding Houses		Shelters		*All Facilities*	
District	Total	Sample	Total	Sample	Total	Sample	*Total*	*Sample*
Dili	5	3	6	3	4	2	*15*	*8*
Oecussi	2	1	1	1	1	1	*4*	*3*
Viqueque	2	1	2	0	0	0	*4*	*1*
Baucau	5	3	5	1	1	1	*11*	*5*
Manufahi	2	2	6	0	0	0	*8*	*2*
Cova Lima	0	0	1	1	1	1	*2*	*2*
Liquicia	1	1	1	1	0	0	*2*	*2*
Bobonaro	1	0	3	0	0	0	*4*	*0*
Monatutu	0	0	1	0	0	0	*1*	*0*
Lautem	1	0	3	0	1	0	*5*	*0*
Ermera	2	0	1	0	0	0	*3*	*0*
Aileu	0	0	0	0	0	0	*0*	*0*
Ainaro	0	0	0	0	0	0	*0*	*0*
Total	*21*	*11*	*30*	*7*	*8*	*5*	*59*	*23*

It is important to understand that random sampling of residential care facilities for children was not possible in this mapping given the fact that there is significant variation in terms of the number of orphanages, boarding houses, and shelters in each of the districts. Also, some of the residential care facilities are large and some are small, and some are operated by the church and others are private or run by NGOs. Also, the logistics of gaining access into orphanages, boarding houses, and shelters in each district on the dates scheduled to visit influence which facilities we visit, and how many were included in the final sample of 23 residential care facilities.

Pilot test

In an effort to test the methodology and data collection instruments, a pilot was conducted in four residential care facilities for children in Dili. The pilot provided the international consultant the opportunity to train the moderators in the field. Following the pilot test some minor revisions were made to the data collection instruments.

Data collection methods and instruments

To accomplish the goals of this mapping, several different data collection methods and instruments were developed. These included:

- Interviews with residential care facility directors
- Surveys of children/youth between 8 and 17 years in residential care facilities
- Surveys of staff in residential care facilities
- Observation checklists for residential care facilities

Such a multi-method approach to data collection for this mapping enabled us to collect a wide range of

summary data and information about residential care facilities in Timor-Leste, and to examine differences between types of residential care facilities and across districts in some cases. No data will be analyzed by residential care facility, nor will residential facilities sampled be identified in the final analysis or final report. Each of the data collection methods and instruments are explained below.

Data collection was undertaken in each of the 23 residential care facilities in the seven districts by the international consultant, with the assistance of a translator, and two local moderators, including one UNICEF Program Officer and one representative from MSS.

Interviews with directors of residential care facilities

At each of the 23 pre-selected residential care facilities, structured interviews were conducted with the residential care facility director and/or assistant director, or staff member in charge at the time of the visit. The structured interview with residential care facility directors consists of a series of open- and close-ended questions that have been developed to collect information about:

- Residential care facility background and type of services provided
- Demographics of children in the residential care facility, including number of children, their ages, and sex
- Reasons the children enter the residential care facility
- Length of time children stay at the facility
- Staffing in the residential care facility, including number of staff, working arrangements, staff turnover and recruitment, staff training, staffing problems
- Record keeping on children in the residential care facility
- Case management
- Children's contact with their families
- Access to education
- Access to medical/health care
- Coordination with other organizations/agencies for child protection and support services
- Life for children after the residential care facility
- Child protection and care trainings
- Police and procedures for child protection and care
- Means/sources of funding for the facility
- Director's demographic information

Interviews with the directors were conducted by the international consultant. Interview notes were taken throughout the interviews; then interview notes were brought back to Dili where the international consultant input the data into SPSS and Word for data analysis.

Survey of children in residential care facilities

At each of the 23 pre-selected residential care facilities, children between 8 and 17 years of age were surveyed. Local moderators administered the surveys to children.

The children and youth survey was designed to allow children to self-report information related to their experiences living in the residential care facilities. In particular the survey measured:

- Demographics, including gender and age
- Age entered the residential care facility
- Knowledge of and reasons for living in the residential care facility
- Family living arrangements prior to entering the residential care facility
- Contact with parents or other adult family members
- Access to school, grade level, and school attendance
- Hygiene practices
- Nutrition, including meals and types of food provided, and lack of food
- Clothing
- Access to medical care
- Accommodations, including numbers of children per room, per bed, and mosquito netting
- Rating of the conditions in the residential care facility
- Sense of safety in the residential care facility
- Social support from staff
- Attitudes toward corporal punishment
- Running away from the residential care facilities

The goal was to survey all children between 8 and 17 years of age residing in each of the residential care facilities, or at least those that were present at the time of our visit. The moderators began by informing the children of the purpose of the survey, that their anonymity and confidentiality are ensured, and how to complete the survey. Children were informed that they can select not to complete the survey if they do not want or to skip questions that they did not feel comfortable answering; however, effort was made to assist all children in completing the survey in full.

The children and youth survey was administered in a face-to-face setting in each of the residential care facilities; however, this was not an interview and children read through the survey on their own and completed each of the questions on their own. It is important to note that the moderators were responsible for monitoring children's progress in completing the survey and providing clarification on

questions and assistance with understanding questions throughout the survey process, as many children's reading and comprehension abilities vary significantly. It is also important to note that children were not paid or provided any incentives to complete the survey.

In each residential care facility, children were instructed not to write their names anywhere on the survey and after children completed the survey, the surveys were collected and placed in a sealed envelope. The sealed envelopes were labeled with only a region code, facility type code, and facility number to ensure children's anonymity and confidentiality, as well as that of the residential care facility. No residential care facility directors or staff was allowed to view the completed surveys. All completed and partially completed surveys were brought back to Dili where they were checked for completeness, and completed surveys were provided with a survey number, region code, a facility type code, and facility number. All completed surveys were input into SPSS and the survey data was analyzed by the international consultant.

Survey of staff in residential care facilities

In each of the residential care facilities effort was also made to survey staff that were working on the day of our visit. The staff survey was designed to allow staff to self-report their experiences working in the residential care facility, including their understanding of children's needs, case management practices, and child protection. In particular, the survey measured:

- Demographics, including gender, age, level of education, nationality, languages, marital and family status
- Years working in the residential care facilities
- Living arranges on the premises
- Number of days and hours working per week
- Number of children responsible for and consistency of children responsible for
- Type of services and care provided to children at the residential care facility
- Reasons children enter the residential care facilities
- Individualized case management
- Coordination with other organization/agencies for child protection and support services
- Children's contact with their families
- Access to education
- Rate conditions of the facility
- Challenges faced by staff members in the facility
- Attitudes toward and patterns of discipline/punishment used by staff
- Training received on child protection
- Facility guidelines regulating child protection and standards of care for children
- Facility guidelines regulating staff conduct and discipline of staff
- Ideas for improving care of children in the facility
- Ideas for government support for children in need

Local moderators administered the surveys to staff. The moderators began by informing the staff of the purpose of the survey, that their anonymity and confidentiality are ensured, and how to complete the survey. Staff were informed that they can select not to complete the survey if they do not want or to skip questions that they do not feel comfortable answering; however, effort was made to assist all staff in completing the survey in full.

The staff survey was administered in a face-to-face setting in each of the residential care facilities; however, this is not an interview and staff read the questions on their own. It is important to note that the moderators will be responsible for monitoring staff's progress in completing the survey and providing clarification on questions and assistance with understanding questions throughout the survey process, as many staff had different reading and comprehension abilities. It is also important to note that staff were not paid or provided any incentives to complete the survey.

In each residential care facility, staff were instructed not to write their names anywhere on the survey and after staff completed the survey, the surveys were collected and placed in a sealed envelope. The sealed envelopes were labeled with only a facility type code and facility number to ensure staff's anonymity and confidentiality, as well as that of the residential care facility. No residential care facility directors or staff were able to view the completed surveys. All completed or partially completed surveys were brought back to Dili where they were checked for completeness, and completed surveys were provided with a survey number, a facility type code, and facility number. All completed surveys were input into SPSS and analyzed by the International consultant.

Observation checklist for residential care facilities

At each residential care facility, an observation checklist was used to gather specific information about the living conditions and state of children in each of the residential care facilities. The observation checklist was useful in each of the residential care facilities as it captured more detailed qualitative data, including that related to the minimum standards for child care centers and boarding houses outlined in the *MSS Policy, Procedures and Standards for Child Care Centers and Boarding Houses* (2008) based upon observations that were not necessarily captured in the

surveys, focus groups, or interviews (see Appendix C). The goal was that the International consultant would have a tour of the residential care facility during which time she would complete the observation checklist, including:

- Observations of the children
- Medical facility and/or first aid kits, including quarantine room for sick children where they exist
- School and classrooms if on the premises
- Books and educational materials for children
- Sleeping quarters, including number of children per room/per bed and mosquito netting
- Toilets and showers
- Children's clothing and shoes
- Kitchen and food stock
- Communal, play, and leisure areas
- Garbage disposal location
- Space and environment for infants and toddlers
- Isolation rooms for difficult children

Observational notes were taken throughout the tour of the residential care facility and observation notes were brought back to Dili and analyzed along with the survey and interview data by the International consultant.

Chapter 3: Children's Experiences in Residential Care Facilities

This section of the report begins with a description of the sample of residential care facilities for children and the demographics of children surveyed in those residential care facilities. Then, it reveals children's experiences in these residential care facilities. Comparisons are made among the three different types of residential care facilities for children – orphanages, boarding houses, and shelters. This section also reveals the different experiences of boys and girls in residential care facilities.

Children's demographics

Surveys were distributed to a total of 549 children/youth living in orphanages, boarding houses, and shelters in seven districts of Timor-Leste. Table 3.1 reveals that the sample included children/youth between 7 and 27 years of age. While the majority of children living in residential care facilities were between 7 and 17 years of age; nearly 20.1% were 18 years or older (and up to 27 years of age). Further analysis revealed that all youth 18 years and older had entered into the residential care facilities when they were 18 years or older; not as children. Therefore, all youth 18 years and older are removed from the final sample. Once these youth were removed from the sample, the final sample size was 439 children between 7 and 17 years of age; all analysis that follows is based upon the final sample of 439 children between 7 and 17 years of age.

Table 3.1. Sample age range

	All children/youth N=549	
Age	N	%
7-10 years	37	6.7
11-14 years	201	36.6
15-17 years	201	36.6
18-20 years	98	17.9
21+ years	12	2.2

Table 3.2 reveals the demographic characteristics of the final sample of 439 children between 7 and 17 years of age from the 23 different residential care facilities for children that were surveyed in the seven districts of Timor-Leste. In terms of age, the majority of children were between 11 to 14 years (45.8%) and 15 to 17 years (45.8%), with an average age of 14 years.

In terms of districts, 95 children were surveyed in eight residential care facilities in Dili, 25 children were surveyed in two facilities in Liquicia, 193 children were surveyed in five facilities in Baucau, 30 children in one facility in Viqueque, 52 children in three facilities in Oecussi, 11 children in two facilities in Cova Lima, and 33 children in two facilities in Manufahi (See Chapter 2 for an explanation of the sample design).

Among the 439 children surveyed, 59.7% were in orphanages, 33.0% in boarding houses, and 7.3% in shelters. In terms of sex, the majority of children in residential care facilities were girls (88.4%); only 11.6% were boys. Figure 3.1 further reveals that females were found in the majority of residential care facilities across each of the districts, except Viqueque where there was an equal representation of girls (53.3%) and boys (46.7%) in the one residential care facility that we visited in that district. However, a sampling of the other boarding houses and orphanages in that district would have likely resulted in an overrepresentation of girls in residential care facilities in Viqueque.

Table 3.2. Children demographics

	All children N=439	
District	n	%
Dili	95	21.6
Liquicia	25	5.7
Baucau	193	44.0
Viqueque	30	6.8
Oecussi	52	11.8
Cova Lima	11	2.5
Manufahi	33	7.5
Facility Type		
Orphanages	262	59.7
Boarding houses	145	33.0
Shelters	32	7.3
Sex		
Female	388	88.4
Male	51	11.6
Age		
7-10 years	37	8.4
11-14 years	201	45.8
15-17 years	201	45.8

Figure 3.2 further reveals that the majority of children in orphanages, boarding houses, and shelters were girls. Boys, however, were most likely to be in orphanages (18.7%), compared to boarding houses (1.4%) or shelters (0.0%). The lack of males in residential care facilities is a reflection of the fact that most orphanage and boarding house that exist are faith-based and managed by nuns who reported they focus their attention specifically on girls, and either does no admit boys or are reluctant to admit boys into their residential care facilities. It is also important to note that the shelters that we sampled were

established specifically to support female victims of violence. This finding reveals a real lack of child residential care facilities for vulnerable boys, as well as girls are more likely to be separated from their families and to be admitted into residential care facilities.

Figure 3.1. Proportion of girls and boys in residential care facilities by district

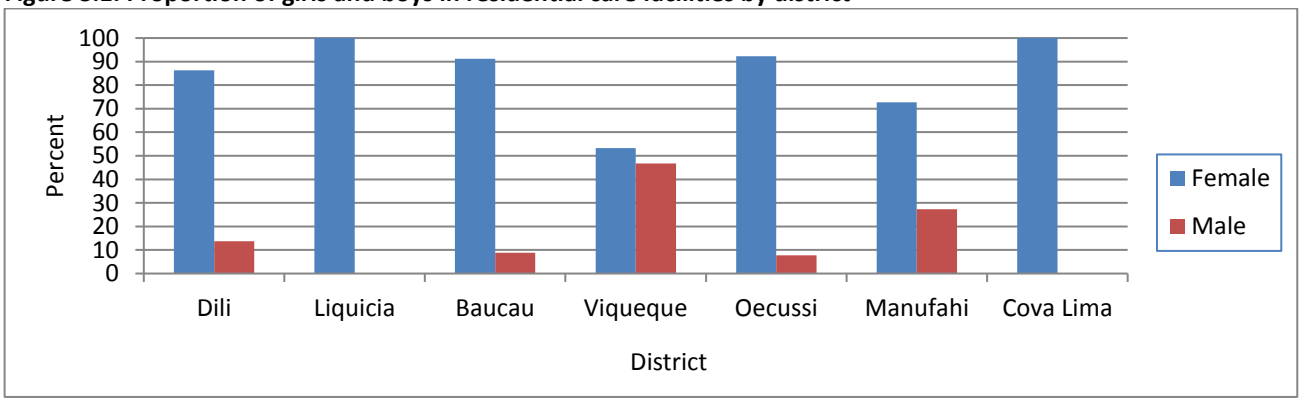
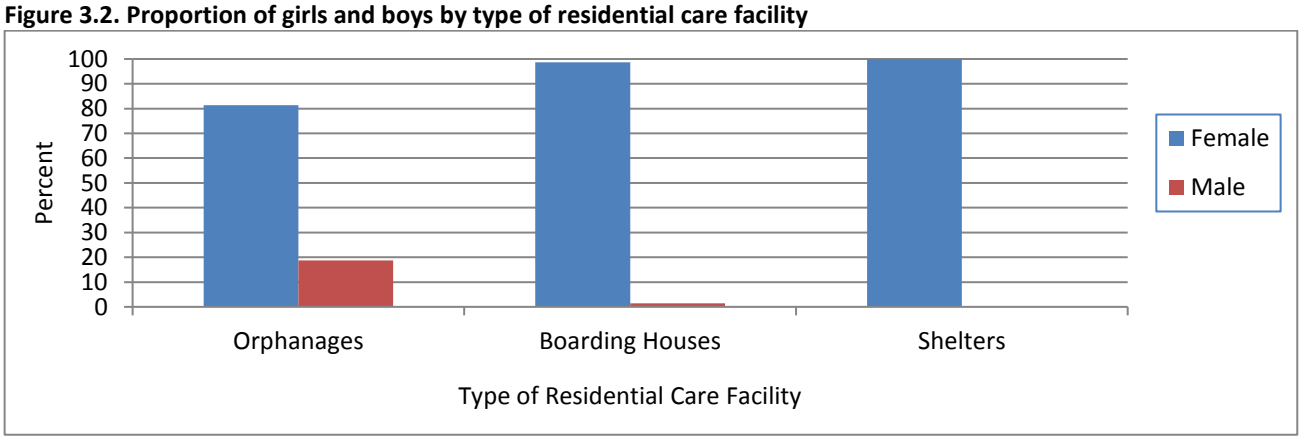


Figure 3.2. Proportion of girls and boys by type of residential care facility



Children's admittance into residential care facilities

Effort was made to understand at what age children enter into residential care facilities and why they are residing in facilities. Table 3.3 reveals that children were most likely to enter into residential care facilities between 6 and 17 years of age, including 29.2% between 6 and 10 years of age, 30.1% between 11 and 13 years of age, and 29.4% between 14 and 17 years of age. A small minority of children reported entering into residential care facilities between 1 to 4 years of age (8.9%).

Figure 3.3 further reveals that children were most likely to enter into orphanages at a younger age, than children that entered into boarding houses and shelters. Children were most likely to enter into boarding houses between 14 and 17 years of age (56.9%), and children in shelters were most likely to enter between 11 and 13 years of age (56.3%) and 14 to 17 years (37.5%).

Table 3.3. Children's admittance into residential care facilities

	All children N=439	
Age of admittance	n	%
1-5 years	39	8.9
6-10 years	128	29.2
11-13 years	132	30.1
14-17 years	129	29.4
Number of years in the facility		
< 1 year	60	13.7
1-3 years	210	47.8
4-6 years	89	20.3
7-9 years	50	11.4
10-12 years	15	3.4
13-17 years	4	.9

Figure 3.3. Age of admittance by type of residential care facility

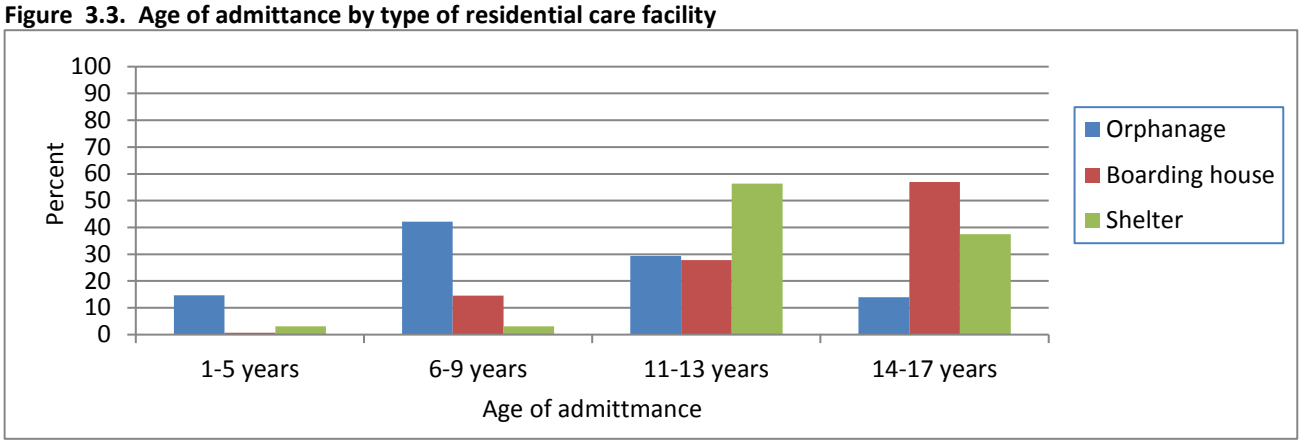


Figure 3.4 reveals few significant differences between girls and boys in terms of the age at which they were admitted into a residential care facility, except boys (16.9%) were slightly more likely to be admitted into a residential care facilities between 1 to 5 years of age (21.3%) and 11 to 13 years (40.4%) compared to girls (7.6% and 21.3% respectively); whereas, girls (32.30%) were significantly more likely to be admitted to residential care facilities between 14 to 17 years of age compared to boys (12.8%). This is most likely because girls often enter into boarding houses between 14 and 17 years of age.

Figure 3.4. Age of admittance by sex

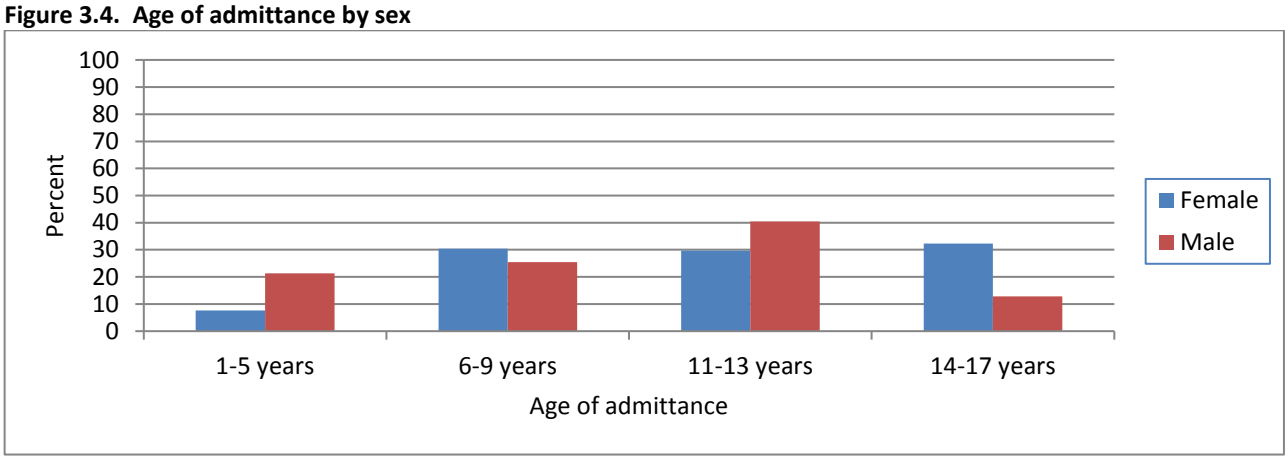
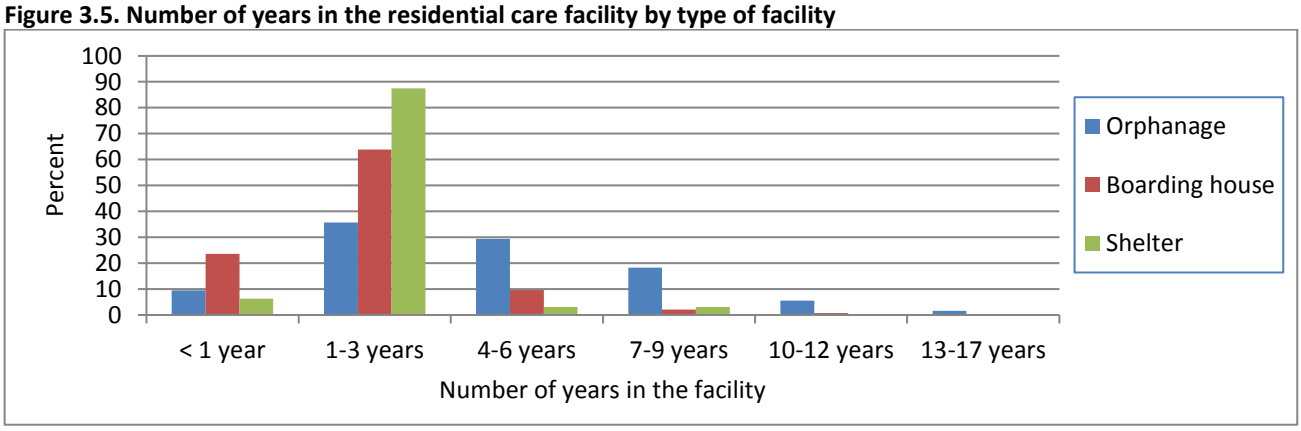


Table 3.3 also reveals that the majority of children reported living in a residential care facility for 1 to 3 years (47.8%); however, 20.3% reported living in a residential care facility for 4 to 6 years and 11.4% lived in a facility for 7 to 9 years. In addition, 13.7% of children reported they had lived in the facility for less than one year. There were children that reported living in residential care facilities for as many as 10 to 12 years (3.4%) and 13 to 17 years (0.9%), but they were much fewer in numbers. Figure 3.5 further reveals that children in boarding houses and shelters were most likely to have been living in the boarding house for only 1 to 3 years at the time of the interview; whereas, children in orphanages had been living in the orphanages for many more years.

Figure 3.5. Number of years in the residential care facility by type of facility



Children were asked if they knew why there are living in the residential care facilities and the various reasons for their admittance. Table 3.4 reveals that among all children surveyed 86.3% reported they knew or believed they knew why they were living in the residential care facilities, and only 11.2% did not know why they were living in the facility. It is important to note, however, that children in orphanages (15.3%) were more likely to maintain they did not know why they were living in the facility, compared to children in shelters (9.4%) and boarding houses (4.1%). It is important to note that there were no sex differences; boys (87.8%) and girls (88.7%) were equally likely to understand why they were living in a residential care facility.

Table 3.4 also reveals some of the reasons that children were admitted into residential care facilities. Among all children, as many as 33.0% reported they were living in a residential care facility because there was no opportunity for them to study in their home town, 31.0% reported they were there because they lost one or both of their parents, 21.2% of children were there because their family has problems and/or domestic violence, and 18.9% were there because their family was poor and could not care for them. Surprisingly, only 8.9% of all children reported they were living in the residential care facility because they experienced child abuse and/or neglect and 0.9% were there because their family was trying to marry that at a young age.

Table 3.4 Reasons for admittance into residential care facilities

	All children N=439		Orphanages N=262		Boarding houses N=145		Shelters N=32	
	n	%	n	%	n	%	n	%
Do you know why you are living in this residential care facility?								
Yes	379	86.3	216	82.4	137	94.5	26	81.3
No	49	11.2	40	15.3	6	4.1	3	9.4
Admittance reasons								
Lost one or both parents	136	31.0	117	44.7	11	7.6	8	25.0
Family is poor and cannot care for you	83	18.9	74	28.2	8	5.5	1	3.1
Experienced child abuse and/or neglect	39	8.9	17	6.5	4	2.8	5	15.6
Family has domestic violence problems	93	21.2	72	27.5	14	9.7	11	34.4
Family trying to marry the girl at an early age	4	.9	2	.8	2	1.4	0	0.0
Parents said that you were bad/naughty	17	3.9	14	5.3	1	.7	2	6.3
No opportunity to study in home town	145	33.0	82	31.3	56	38.6	7	21.9
Other	94	21.4	15	5.7	78	53.8	1	3.1

There were some significant differences between types of facilities and the reasons children were reportedly living in the residential care facilities. Table 3.4 reveals that children in orphanages (44.7%) were significantly more likely to report being there because they lost one or both of their parents, compared to children in shelters (25.0%) and boarding houses (7.6%). Still, however, as many as 1 out of 4 children in shelters reported they were living there because they lost one or both of their parents. This finding is surprising in light of the fact that most shelters for children in Timor-Leste exist to shelter and protect children that are victims of abuse, neglect, exploitation, and violence.

Table 3.4 also reveals that as many as 2.12% of children reported living in residential care facilities because their families have conflict and/or domestic violence. Children in shelters (34.4%) and orphanages (27.5%) were significantly more likely to report they were in the facilities because their families have conflicts and/or domestic violence, compared to children in boarding houses (9.7%). It is important to note that there is not much of a difference between the percentage of children in shelters and orphanages that reported being there for reasons of family violence. Oftentimes children that live in families with domestic violence can become the direct victims of the violence and/or indirect victims of violence that occurs between other family members in the home. Table 3.4 also reveals that 15.6% of children in shelters, 6.5% in orphanages, and 2.8% in boarding houses reported they were living there because they experienced child abuse and/or neglect. Boys (15.7%) were significantly more likely to report living in residential care facilities (particularly orphanages) because of child abuse and/or neglect, compared to girls (4.7%).

Children in orphanages (28.2%) were also significantly more likely to report being there because their family is poor and cannot care for them, compared to children in boarding houses (5.5%) and shelters (3.1%).

Surprisingly, 6.3% of children in shelters and 5.3% of children in orphanages reported they were there

because their parents said they were bad or naughty, compared to 0.7% of children in boarding houses. Boys (20.8%) were significantly more likely than girls (2.1%) to report that they were living in a residential care facility because they were bad or naughty.

Finally, Table 3.4 reveals nearly 21.4% of children reported they were living in residential care facilities for other reasons, and the majority of those children were in boarding houses (53.8%). They largely reported living in the boarding houses because *"I wanted to study and learn something from the nuns"* and because *"the nuns teach us [girls] to be independent and stand on our own two feet in the future, and help support our family one day."* Similarly, another girl explained, "*I want to be an independent girl and to get a job so that I can look after my family and take care of my younger siblings' school fees so that I can support my parents."*

Analysis also revealed some significant differences in reasons for admittance into residential care facilities based upon the age range of children. Table 3.5 reveals that children between 7 and 10 years of age (35.4%) and 11 and 14 years of age (39.8%) were more likely than children between 15 and 17 years (21.4%) to report they were in the residential care facilities because they lost one or both of their parents. In addition, children between 7 and 10 years of age were significantly more likely to report they were in the residential care facilities because they experienced child abuse and/or neglect (24.3%) and because their family is poor and cannot care for them (29.7%) compared to children between 11 and 14 years (6.0% and 18.4% respectively) and 15 and 17 years (2.5% and 17.4% respectively).

Finally, Table 3.5 reveals children between 15 and 17 years of age (38.8%) and 7 to 10 years (35.1%) were more likely to report they were living in the residential care facility, compared to children between 11 and 14 years (26.9%).

Table 3.5. Reasons for admittance into residential care facilities by age range

	7-10 years N=37		11-14 years N=201		15-17 years N=201	
	n	%	n	%	n	%
Admittance reasons						
Lost one or both parents	13	35.1	80	39.8	43	21.4
Family is poor and cannot care for you	11	29.7	37	18.4	35	17.4
Experienced child abuse and/or neglect	9	24.3	12	6.0	5	2.5
Family has domestic violence problems	8	21.6	54	26.9	44	21.9
Family trying to marry the girl at an early age	1	2.7	2	1.0	1	.5
Parents said that you were bad/naughty	3	8.1	8	4.0	6	3.0
No opportunity to study in home town	13	35.1	54	26.9	78	38.8
Other	6	16.2	39	19.4	49	24.4

Family living arrangements

Table 3.6 reveals that 51.9% of children were living with their parents or family members prior to entering the residential care facilities. In fact, 70.3% of children in boarding houses, 46.9% of children in shelters, and 42.4% of children in orphanages were living with both their mother and father prior to entering the residential care facility.

In addition, 13.9% of all children reported living with their mother only, 6.4% lived with their father only, and 10.9% lived with neither their mother nor father, but other relatives. Children in orphanages (17.6%) and shelters (15.6%) were more likely to report living with their mother only prior to entering the facility, compared to children in boarding houses (6.9%). Moreover, girls (14.8%) were significantly more likely to report living with their mother only prior to entering a residential care facility, than boys (8.7%). Children in orphanages (9.2%) were also more likely to report living with their father only prior to entering the facility, compared to children in boarding houses (2.8%) and shelters (0.0%). Whereas, children in shelters (25.0%) were significantly more likely to report they lived with neither their mother nor father, but other relatives, compared to children in orphanages (12.2%) and boarding houses (5.5%).

Finally, Table 3.6 reveals that 14.1% of children also reported living in another residential care facility (e.g., orphanage, boarding house, or shelter) prior to their placement in the residential care facility where we surveyed them. Boys (23.9%) were significantly more likely than girls (13.3%) to report living in another residential care facility prior to their placement in the residential care facility where we surveyed them.

Table 3.6. Family living arrangements prior to entering the residential care facility								
	All children N=439		Orphanages N=262		Boarding houses N=145		Shelters N=32	
	n	%	n	%	n	%	n	%
Family living arrangement prior to entering the residential care facility								
Both father and mother	228	51.9	111	42.4	102	70.3	15	46.9
Mother only	61	13.9	46	17.6	10	6.9	5	15.6
Father only	28	6.4	24	9.2	4	2.8	0	0.0
Neither mother or father, but other Relatives	48	10.9	32	12.2	8	5.5	8	25.0
Lived alone	3	.7	2	.8	1	.7	0	0.0
Lived in another facility	62	14.1	39	14.9	20	13.8	3	9.4

Contact with parents and family members

Children were asked about their contact with their parents and family members while living in the residential care facilities. Table 3.7 reveals that as many as 72.2% of all children surveyed reported they were able to maintain contact with their parents and family members. Children in boarding houses (88.3%) were slightly more likely to report having contact with their parents and family members while residing in the residential care facilities, compared to children in orphanages (63.4%) and shelters (71.9%).

When asked about the frequency of contact with their parents and family members, 65.1% of all children surveyed reported they "sometimes" have contact with their parents and family members, and 26.0% said they "often" have contact with their parents and family members. Very few children (8.4%) reported they "never" have contact with their parents and family members; however, children in orphanages (11.8%) were significantly more likely to report "never" having contact with their parents and family members, compared to children in boarding houses (3.4%) and shelters (3.1%).

Surprisingly, children in orphanages (27.1%) and boarding houses (26.9%) were most likely to report "often" having contact with their parents and family members, compared to children in shelters (12.5%). In comparison, children in shelters (81.3%) were more likely to report they "sometimes" have contact with their parents and family members, compared to children in orphanages (60.7%) and boarding houses (69.7%). (Chapter 4 provides more perspective on children's contact with family from the perspectives of directors and staff working in residential care facilities).

There were no sex differences in terms of contact with parents and family members or frequency of contact.

Table 3.7. Contact with parents and/or family while in the residential care facility								
	All children N=439		Orphanages N=262		Boarding houses N=145		Shelters N=32	
	n	%	n	%	n	%	n	%
Contact with parents and/or family members	317	72.2	166	63.4	128	88.3	23	71.9
Frequency of contact with parents and/or family members								
Never	37	8.4	31	11.8	5	3.4	1	3.1
Sometimes	286	65.1	159	60.7	101	69.7	26	81.3
Often	114	26.0	71	27.1	39	26.9	4	12.5

School attendance

Table 3.8 reveals that the majority of children in residential care facilities reported attending school (98.6%); this was the case in orphanages (98.5%), boarding houses (99.3%), and shelters (96.9%). Children were also asked how often they missed school in the past year and a small proportion of children reported missing school. Children in boarding houses were least likely to miss school in the past year. Whereas, children in orphanages (29.83%) were most likely to "sometimes" miss school, and children in shelters (15.6%) were most likely to "often" miss school in the past year.

There were no significant sex differences in school attendance or the frequency of missed school days in the past year.

Children were asked about their hopes and plans for the future. Survey data revealed that children identified a wide range of jobs or careers that they were interested in pursuing in the future, including university studies and study abroad. However, the most common response of girls was to become a nun (24.5%); as many as 1 out of 4 girls in residential care facilities reported they want to be a nun in the future. A significant proportion of girls also reported wanting to be a medical doctor (19.3%) and/or teacher (15.3%).

In comparison, boys were much more likely to want to join the military or army (19.0%) or to become a police officer (14.3%). Some boys reported they want to be president (4.8%), teacher (3.2%), artist (3.2%), and/or medical doctor (3.2%),

Table 3.8. School attendance while in the residential care facility

	All children N=493		Orphanages N=262		Boarding houses N=145		Shelters N=32	
	n	%	n	%	n	%	n	%
School attendance	433	98.6	258	98.5	144	99.3	31	96.9
Frequency of missed school days in the past year								
Never	301	68.6	165	63.0	112	77.2	24	75.0
Sometimes	107	24.4	78	29.8	27	18.6	2	6.3
Often	25	5.7	14	5.3	6	4.1	5	15.6

Personal hygiene

In terms of personal hygiene, Table 3.9 reveals that the majority of children bathe daily, often two to three times a day. Children in boarding houses and shelters were much more likely to bathe daily or two to three times a day, compared to children in orphanages. Children in orphanages (33.2%) were much more likely to bathe only three times a week compared to children in boarding houses (8.3%) and shelters (3.1%). Observations of children in orphanages revealed that they were more likely to appear unclean and be without shoes.

There were some sex differences in terms of personal hygiene as girls were more likely to bathe daily or two to three times a day compared to boys who were more likely to report bathing only three times a week.

Table 3.9. Children's personal hygiene in residential care facilities

	All children N=493		Orphanages N=262		Boarding houses N=145		Shelters N=32	
	n	%	n	%	n	%	n	%
Frequency of bathing								
2-3 times a day	200	45.6	99	37.8	76	52.4	25	78.1
1 time a day	77	17.5	31	11.8	41	28.3	5	15.6
3 times a week	100	22.8	87	33.2	12	8.3	1	3.1
2 times a week	25	5.7	16	6.1	9	6.2	0	0.0
1 time a week	17	3.9	15	5.7	2	1.4	0	0.0
Not every week	12	2.7	10	3.8	2	1.4	0	0.0
Frequency of wearing dirty or torn clothes								
Never	349	79.5	198	75.6	119	82.1	32	100.0
Sometimes	78	17.8	53	20.2	25	17.2	0	0.0
Often	10	2.3	9	3.4	1	.7	0	0.0

Children were also asked how often they have to wear clothes that are dirty or torn. Table 3.9 reveals that 79.4% of all children surveyed reported they "never" wear clothes that are dirty or torn; however, 17.8% of children reported they "sometimes" wear dirty or torn clothes. Only 2.3% of children reported they "often" wear dirty or torn clothes. Children in orphanages and boarding houses were more likely to report wearing dirty or torn clothes, compared to children in shelters. There were no significant sex differences in terms of wearing dirty or torn clothes.

Nutrition

Table 3.10 reveals that the majority of children surveyed reported receiving breakfast (94.1%), lunch (94.3%), and dinner (94.5%) in the residential care facilities. Some children reported they did not receive breakfast, lunch, or dinner every day. Several children at one facility did report, *"We never have breakfast."* There were no sex differences in receiving breakfast, lunch, and dinner every day.

In most cases, children reported that they were served the same foods every day (58.5%), a diet of mainly rice and/or rice flour. Some children also reported receiving small portions of vegetables at lunch and/or dinner and one to two small pieces of meat/fish/chicken on a weekly basis, but in most facilities children were not provided with meat/fish/chicken on a regular basis; sometimes it was only once a week or a few times a month. Children were rarely provided with fruits, except maybe once a week or a few times a month.

Table 3.10. Nutrition provided to children in residential care facilities

	All children N=493		Orphanages N=262		Boarding houses N=145		Shelters N=32	
	n	%	n	%	n	%	N	%
Provided breakfast everyday	413	94.1	245	93.5	136	93.8	32	100.0
Rice	390	88.8	227	86.6	136	93.8	27	84.4
Boiled potato	96	21.9	64	24.4	26	17.9	6	18.8
Casava	126	28.7	86	32.8	31	21.4	9	28.1
Fruit/Banana	151	34.4	95	36.3	44	30.3	12	37.5
Provided lunch everyday	414	94.3	246	93.9	138	95.2	30	93.8
Rice	417	95.0	255	97.3	136	93.8	26	81.3
Beans	316	72.0	187	71.4	107	73.8	22	68.8
Vegetables	342	77.9	210	80.2	109	75.2	23	71.9
Meat/fish/chicken	315	71.8	197	75.2	89	61.4	29	90.6
Fruit	248	56.5	149	56.9	77	53.1	22	68.8
Provided dinner everyday	415	94.5	244	93.1	141	97.2	30	93.8
Rice	389	88.6	242	92.4	120	82.8	27	84.4
Beans	213	48.5	133	50.8	60	41.4	20	62.5
Vegetables	327	74.5	201	76.7	101	69.7	25	78.1
Meat/fish/chicken	237	54.0	159	60.7	51	35.2	27	84.4
Fruit	165	37.6	104	39.7	41	28.3	20	62.5
Served the same food everyday	254	57.6	158	60.3	82	56.6	13	40.6
Frequency of not given enough food and left hungry								
Never	335	76.3	193	73.7	111	76.6	31	96.9
Sometimes	76	17.3	44	16.8	31	21.4	1	3.1
Often	22	5.0	20	7.6	2	1.4	0	0.0

Some children reported they had to bring fruits and other food items from their home sometimes because they were only provided with rice or sometimes the facility would run out of food for the children. As children in some facilities explained, "*Sometimes we are running out of food for dinner."*

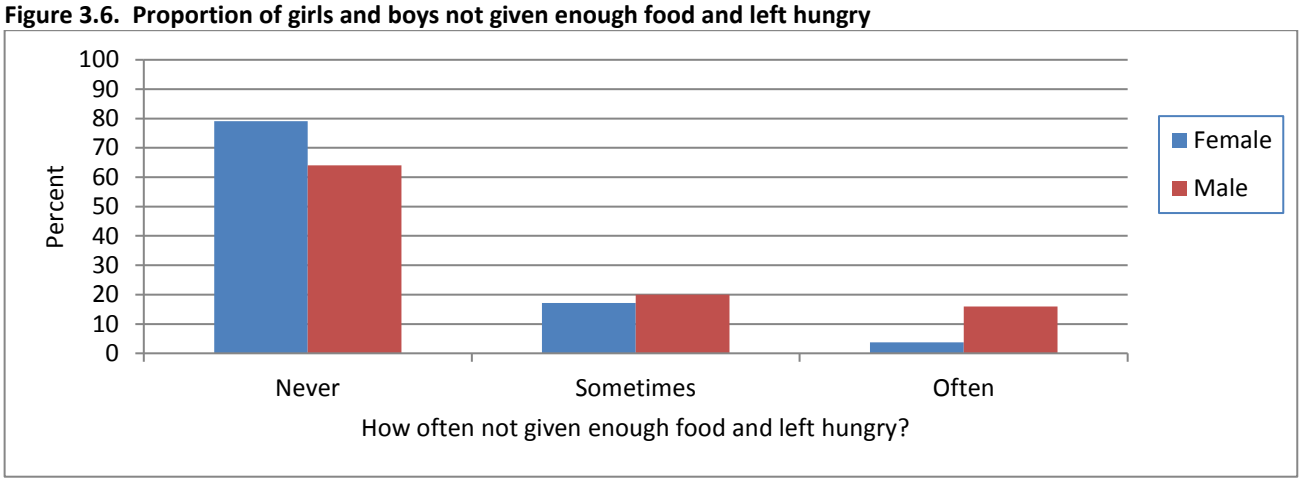
Observations of lunch in some facilities revealed that children received a fairly large serving of rice with just a small serving of vegetables, and in some cases a small piece of egg. Children are often not served dinner until 19:00 or 20:00, and it is often just a serving of rice or rice flour, and any vegetables that may be left over from lunch.

Table 3.10 reveals that while the majority of children reported they got enough food and were not left hungry (76.3%); as many as 17.3% of children reported they were "sometimes" left hungry and 5.0% were "often" left hungry. Children in boarding houses (21.4%) and orphanages (16.8%) were more likely to report they "sometimes" do not get enough food and are left hungry, compared to children in shelters (3.1%). Children in orphanage (7.6%) were most likely to report they are "often" not given enough food and left hungry, compared to children in boarding houses (1.4%) and shelters (0.0%).

In terms of sex differences, Figure 3.6 reveals that boys were more likely to report they are "sometimes" (20.0%) and "often" (16.0%) not given enough food and left hungry, compared to girls (17.2% and 3.7% respectively).

These findings reveal that children are not always provided enough food, and they are often not provided with the proposed recommended daily nutrients for healthy children. This includes a daily overall calorie intake plus appropriate proportion of fat in the diet, milk/dairy, lean meat/beans, fruits, vegetables, and grains. The recommended daily nutrients will vary based upon age and gender of the child, as well as their level of activity.

Figure 3.6. Proportion of girls and boys not given enough food and left hungry



Medical care

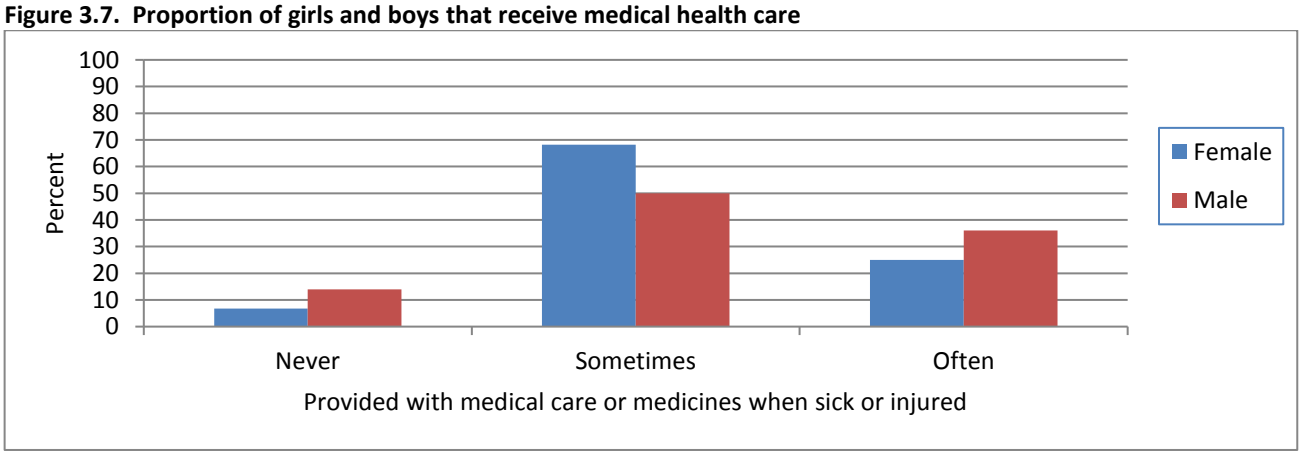
Table 3.11 reveals that the majority of children in residential care facilities were provided with medical care when sick or injured; however, children in orphanages (9.9%) were slightly more likely to report they did not receive medical care or medicines when sick or injured, compared to boarding houses (4.1%) and shelters (3.1%).

Table 3.11. Medical care of children in residential care facilities

	All children N=493		Orphanages N=262		Boarding houses N=145		Shelters N=32	
	n	%	n	%	n	%	n	%
Frequency of provided with medical care or medicines when sick or injured								
Never	33	7.5	26	9.9	6	4.1	1	3.1
Sometimes	287	65.4	165	63.0	104	71.7	18	56.3
Often	114	26.0	70	26.7	32	22.1	12	37.5

Figure 3.7 reveals boys (36.0%) more likely than girls (25.0%) were to report "often" receiving medical care or medicines when sick or injured. In comparison, girls (68.2%) were significantly more likely to report they "sometimes" receive medical care or medicines when sick or injured, compared to boys (50.0%).

Figure 3.7. Proportion of girls and boys that receive medical health care



Accommodations

Table 3.12 reveals that the majority of children in residential care facilities (90.9%) share a room with other children, and some children even share a bed with other children (19.1%). Children in orphanages (29.0%) were significantly more likely to share a bed with other children than children in boarding houses (2.8%) or shelters (12.5%). Children shared a room with as many as 1 to 120 other children, and girls tended to share a room with many more children than did boys. This is largely because boys were fewer in number in many residential care facilities; thus, they tended to share a room with fewer children (often only 1 to 20 other children).

In some residential care facilities rooms were overcrowded and bunk beds were stacked together up to 10 deep. Some single and bunk beds were not sturdy and unsafe. As few girls reported, *"We have our own bed, but it is still not safe."*

In some facilities children had to share a bed, as there were not enough beds for each of the children in the facility. In one facility, boys and girls even shared one room with girls sleeping on the upper bunk beds and boys on the lower bunk beds. In another facility, boys and girls had adjoining rooms and older supervisors had to sleep in the rooms with the children to make sure they did not try to cross over in the night.

Table 3.12 reveals that while a significant proportion of children reported having mosquito netting (60.1%); nearly 39.9% of children did not have mosquito netting over their beds. The lack of mosquito netting in many facilities leaves children unnecessarily exposed to contracting dengue fever and malaria.

Some facilities had a space for children to keep their things private; whereas, in other facilities children had nowhere to keep their private things. They often had to stack them on their beds.

There was also significant variation between facilities in terms of number and quality of toilets and private shower/bathing areas for children. Some facilities had at least one toilet and private showering/bathing area per 10 children (MSS minimum standard); however, other facilities did not have enough toilets and/or private showering/bathing areas for the number of children in the facilities. For instance, some facilities had only one toilet per 15 to 20 children and one facility actually had only one toilet per 40 children; the same for showering/bathing areas. Two facilities did not even have private showering/bathing areas, and both of these facilities housed both boys and girls.

Many facilities also reported they did not have running water. In some facilities, the odor coming from the toilets was so bad that it permeated into other areas of the facility. As one girl reported,

> *"This place is good for us to learn, but it still does not make us happy because it is very narrow; no water and the bathrooms are not enough for us."*

Only one or two facilities had received international donor monies to construct quality toilets and private showering/bathing areas for the children. While, the majority of facilities had much more basic accommodations and several facilities had unsanitary conditions.

Table 3.12. Children's accommodations in residential care facilities

	All children N=493		Orphanages N=262		Boarding houses N=145		Shelters N=32	
	n	%	N	%	n	%	n	%
Share a room with other children	399	90.9	233	88.9	139	95.9	27	84.4
Share a bed with another child	84	19.1	76	29.0	4	2.8	4	12.5
Bed has mosquito netting	264	60.1	159	60.7	83	57.2	22	68.8

Violence against children in residential care facilities

Effort was also made to measure the prevalence of violence against children in residential care facilities; therefore, children were asked a series of questions about their fear of other children and staff in the facility, witnessing and experiencing violence from other children in the facility, and staff use of corporal punishment to discipline children. Table 3.13 reveals that as many as 22.3% of all children surveyed reported they feared other children in the facility. Children in orphanages (27.5%, or 1 out of 4) were much more likely to fear other children in the facility, compared to children in boarding houses (15.2%) and shelters (12.5%).

Table 3.13 also reveals that as many as 45.8% or nearly 1 out of 2 children surveyed reported witnessing a child physically hurt or injured by another child in the facility. Children in orphanages (64.1%, or 2 out of 3) were much more likely to witness a child physically hurt or injured by another child in the facility, compared to children in boarding houses (17.2%) and shelters (25.0%). Nevertheless, it is important to note that 1 out of 4 children in shelters witnessed a child physically hurt or injured by another child in the shelter.

It was revealed in some institutions staff use the older children to supervise and discipline the younger children. Also, in one orphanage we found that staff (nuns) used public shamming, that is using other children to physically discipline children. For instance, one child did not practice good hygiene so one of the staff members directed the other children to rip his clothes off and dump water on him which traumatized the child; he was found hiding under a bed in tears. In another case, one of the staff members directed the children to stone a child for doing something wrong. The child was found running down the street in tears.

In both of these cases, the violence was directed against children that came from a background of family violence and child abuse, and neglect.

Finally, Table 3.13 reveals that as many as 11.2% of all children surveyed reported they were personally hurt or injured by another child in the facility. Again, children in orphanages (14.5%) were more likely to report being personally hurt or injured by another child in the facility, compared to children in boarding houses (6.9%) and shelters (3.1%).

Table 3.13. Violence among children in residential care facilities

	All children N=493		Orphanages N=262		Boarding houses N=145		Shelters N=32	
	n	%	n	%	n	%	n	%
Fear children in the facility	98	22.3	72	27.5	22	15.2	4	12.5
Witnessed a child physically hurt/injure another child in the facility	201	45.8	168	64.1	25	17.2	8	25.0
Child physically hurt/injured by another child in the facility	49	11.2	38	14.5	10	6.9	1	3.1

Table 3.14 reveals that 51.3% of all children surveyed reported they fear staff in the facility. Children's fear of staff was high in orphanages (55.0%), shelters (50.0%), and boarding houses (44.8%). The majority of children (54.9%) also reported that staff hit/beat them when they do something wrong. Children in orphanages (71.4%, or 3 out of 4) and shelters (50.0%, or 1 out of 2) were significantly more likely to report that staff hit/beat them when they do something wrong, than children in boarding houses (37.2%). Nevertheless, as many as 1 out of 3 children in boarding shelters reported that staff hit/beat them when they do something wrong.

Table 3.14. Staff use of violence against children in residential care facilities

	All children N=493		Orphanages N=262		Boarding houses N=213		Shelters N=32	
	n	%	n	%	n	%	n	%
Fear staff in the facility	225	51.3	144	55.0	65	44.8	16	50.0
Staff hit/beat children when they do something wrong	241	54.9	187	71.4	54	37.2	16	50.0

Children were asked to reveal other forms of discipline used by staff against children in residential care facilities. Table 3.15 reveals that children identified various forms of physical violence, psychological abuse, and labor that staff used to discipline children. They also used several forms of positive discipline. Physical violence included moderate physical violence to more severe forms of physical violence, including: forcing children to sit on their knees, often for several hours or more and sometimes on an uneven surface which can increase the pain (11.2%); pulling children's ears (5.5%); not allowing a child to sleep during the day (0.9%); forcing a child to sleep outside at night (0.2%); putting hot oil/ointment on a child (0.2%); hitting children with a hard object (0.5%); and kicking children (0.2%). All of these forms of physical violence were more common in orphanages, compared to boarding houses and shelters. The quotes below reveal a few of the reports that children made about various forms of physical punishment that staff used to discipline and punish children in the facilities, sometimes along with labor discipline.

"If we don't go to church the biggest punishment is to sit on our knees."

"When we do something wrong in this place the punishment is beat us up and sit on our knees."

"The punishment is to sit on your knees, pull your ear, and cleaning."

"When staff are angry they will give us punishments, such as sitting on our knees and digging holes."

"When we wake up late and do not clean the house then the sisters will punish us by making us sit on our knees and collecting water."

"Sometimes they pull our ears."

Children also reported that staff use various forms of psychological abuse to discipline children, including: minimizing children's contact or time with family, including reducing the number of days that a child is able to return home or visit with their family and not

allowing children to talk on the phone with the parents or family (7.3%); verbally reprimanding or verbally abusing children (7.3%); forcing children to pray (5.9%); and threatening to send children home and actually returning children home, often to an environment where they were abused and neglected (0.7%). Some of these forms of psychological abuse (threatening to send children home and minimizing children's contact with family) were more common in boarding houses, while other forms of psychological abuse (verbally reprimand/abuse children and forcing children to pray) were more common in orphanages. The quotes below reveal two of the reports that children made about various forms of psychological abuse that staff use to discipline and punish children in the facilities.

"When I did something wrong sometimes the nuns reprimand us morally and sometimes not allow us to use the phone on Sunday [to call our family]."

"When we are here sometimes we make noise in this place and the nuns will verbally reprimand us."

Another form of psychological abuse that staff use on children is avoidance or ignoring children. As one child explained, *"When the sisters get angry sometimes they are not talking to us and not playing with us, passing by with the unhappy face and don't like us."*

Table 3.15. Other forms of discipline used by staff against children in residential care facilities

	All children N=439		Orphanages N=262		Boarding houses N=213		Shelters N=32	
	n	%	n	%	n	%	n	%
Physical violence								
Forcing children to sit on their knees	49	11.2	42	16.0	7	4.8	0	0.0
Pulling children's ears	24	5.5	22	8.4	2	1.4	0	0.0
Not allowing children to sleep in the day	4	.9	4	1.5	0	0.0	0	0.0
Forcing children to sleep outside at night	1	.2	1	.4	0	0.0	0	0.0
Put hot oil/ointment on children	1	.2	1	.4	0	0.0	0	0.0
Hitting children with a hard object	2	.5	2	.8	0	0.0	0	0.0
Kicking children	1	.2	1	.4	0	0.0	0	0.0
Psychological abuse								
Threaten to send children home	3	.7	0	0.0	3	2.1	0	0.0
Minimize children's contact with family	32	7.3	0	0.0	32	22.1	0	0.0
Verbally reprimand/abuse children	32	7.3	32	12.2	0	0.0	0	0.0
Force children to pray	22	5.9	20	7.6	0	0.0	2	6.3
Labor discipline								
Collect water or wood	16	3.6	12	4.6	3	2.1	1	3.1
Clean the facility and/or cut the grass	133	30.3	81	30.9	37	25.5	15	46.9
Dig holes	4	.9	2	.8	2	1.4	0	0.0
Water/tend to the garden	32	7.3	26	9.9	1	.7	5	15.6
Positive discipline								
Give moral advice/advice not to repeat	68	15.5	21	8.0	41	28.3	6	18.8
Not allowed to watch TV	20	4.6	1	.4	17	11.7	2	6.3
Staff complain to the director	2	.5	1	.4	0	0.0	1	3.1
Not allowed to go to the beach and swim	6	1.4	0	0.0	6	4.1	0	0.0

Table 3.15 also reveals that staff often use labor to discipline children, including: forcing children to clean the facility and/or cut the grass (30.3%); forcing children to water and/or tend to the garden (7.3%); forcing children to collect water or wood (3.6%); and forcing children to dig holes (0.9%). Labor discipline is not necessarily abusive, however, it depends upon the degree to which the work is strenuous and the conditions under which the work is performed (e.g., heat and sun), as well as for how many hours children are required to perform such labor. Labor discipline also needs to be assessed based upon the child's age and the child's abilities to perform the work. In the quotes below four children reported on the different forms of labor discipline that staff use to discipline and punish children in the facilities.

"When we do something wrong, something that makes the sister unhappy with us, they will get angry and ask us to clean the park, collecting pig poop and put the poop in the park."

"When staff get angry the punishment that they give us is clean the corn, grow the flowers, and prepare the garden."

"When staff get angry the punishment they give is clean the garden, cut the grass, and wash the kitchen appliances, cooking, fill up the water tank, and clean the floor."

"When the nuns get angry the work that they give to us is cut the grass, water the garden and flowers, and fill up the water tank."

Finally, Table 3.15 reveals staff also use positive forms of discipline on children, including: giving moral advice and/or advising children not to make the mistake again (15.5%); not allowing children to watch TV (4.6%); staff complain to the director (0.5%); and not allowing children to go to the beach and swim (1.4%; a particularly common form of discipline used in Oecussi). In the two quotes below children reported that staff in their facilities tend to give more advice, but do not beat the children.

"In our facility there is no violence, but if we do something wrong and the sisters find out they will give us some moral advice that we don't do it again, because it is no good."

"The nuns never beat us but sometimes they are angry and just give some moral advice."

The majority of children in orphanages, boarding houses, and shelters reported that staff often use more than one method of punishment, including a combination of physical violence, psychological abuse, labor discipline, and positive discipline. In the quotes below, children report on the multiple forms of discipline that staff use on children.

"The punishment is such as clean the corn, fill up the water in the tank, cut the grass, not watch TV, and some counseling."

"When the staff get angry sometimes they ask us to cut the grass and we are not allowed to watch TV during the weekend. They even give us a warning for three times and then send us home."

"The punishment they give is to collect rubbish, clean the drains, not watching TV during the weekend, do homework, and some advice not to do it again."

"The punishment that staff gives us is to cut the grass, burn the rubbish, clean the floor, collect water, water the flowers, and clean the garden."

"The punishment they gave such as pull our ears, verbal abuse, watering the flowers, collecting the pig shit/poop, and no sleeping during the day time, and cut the grass."

"They gave us just for some time, the just reprimand us verbally so that we don't do it again. The punishment is also cut the grass, clean the mirrors/windows, and not go out. When we have done all the punishments then they will tell us not to do it again."

"Not watching TV on Friday; if it is a serious fault they deduct/minimize the holiday."

There were significant differences between girls and boys in terms of their experiences with violence in the facilities. Figure 3.8 reveals significant differences between boys and girls in terms of their sense of safety and experiences of violence among children and by staff within the residential care facilities. In particular, boys (28.0%, or 1 out of 4) were significantly more likely to report they do not feel safe in the residential care facilities, compared to girls (12.3%). Boys (42.0%) were also significantly more likely to report they are afraid of other children in the residential care facilities, than girls (19.9%). Although a significant proportion of boys and girls reported witnessing a child physical hurt or injured by another child in the facilities, boys (62.7%) were significantly more likely to witness a child physically hurt or injured by another child, compared to girls (43.9%). Surprisingly, girls (11.1%) and boys (12.0%) were equally likely to report they were physically hurt or injured by other children in the facilities.

Figure 3.8 also reveals that while a significant proportion of boys and girls were afraid of staff in the facility and reported that staff hit/beat them when they did something wrong, boys (68.8%, or 2 out of 3) were significantly more likely than girls (49.9%, or 1 out of 2) to report that they are afraid of staff in the facilities. Finally, boys (81.3%) were significantly more likely to report that staff hit/beat them when they do something wrong, than were girls (65.9%).

Figure 3.8. Proportion of girls and boys that experience violence in the residential care facilities

Figure 3.9 reveals that there are some significant differences based upon age group in terms of children's experiences with violence in residential care facilities. Children between 7 and 10 years of age (47.2%, or 1 out of 2) were most likely to report they are afraid of other children in the facilities, compared to children between 11 and 14 years (27.5%, or 1 out of 4) and 15 and 17 years (13.0%). Children between 7 and 10 years (59.5%) and 11 and 14 years (55.2%) were much more likely to report they had witnessed a child physically hurt/injured by another child, compared to children between 15 and 17 years (34.3%). Children between 7 and 10 years (16.2%) and 11 and 14 years (15.2%) were also more likely to report they were physically hurt/injured by another child in the facility, compared to children between 15 and 17 years (6.5%).

Figure 3.9 also reveals that children between 7 and 10 years of age were more likely to report they are afraid of staff (63.9%) and that staff hit/beat children in the facilities (74.3%), compared to children 11 to 14 years (55.1% and 68.0% respectively) and 15 to 17 years (46.8% and 66.3% respectively).

Figure 3.9. Proportion of children by age group that experience violence in residential care facilities

Psycho-social support from staff

In light of the findings presented in Tables 3.13, 3.14, and 3.15, and Figure 3.8 on children's experiences with violence in residential care facilities, it is not surprising that Table 3.16 reveals that as many as 33.5% of children reported that staff "never" talk to them about their problems or "never" help them solve their problems. Children in boarding houses (41.4%) and orphanages (30.9%) were most likely to report that staff "never" talk to them about their problems or "never" help them solve their problems, compared to children in shelters (18.8%). The majority of children (56.3%) in shelters reported that staff only "sometimes" talk to them about their problems and/or "sometimes" help them solve their problems.

Table 3.16. Psycho-social support from staff								
	All children N=493		Orphanages N=262		Boarding houses N=145		Shelters N=32	
	n	%	n	%	n	%	n	%
How often does staff talk to you about your problems or help you solve your problems?								
Never	147	33.5	81	30.9	60	41.4	6	18.8
Sometimes	235	53.5	141	53.8	76	52.4	18	56.3
Often	46	10.5	37	14.1	4	2.8	5	15.6

Running away from residential care facilities

Table 3.17 reveals that 7.5% of all children surveyed reported having runaway at least one time from the facility. Children in orphanages (9.9%) and shelters (6.3%) were slightly more likely to run away from the residential care facilities, compared to children in boarding houses. As one child explained, *"Sometimes we run away because of food or water."* While the majority of children that ran away reported running away only one time there were children that ran away from their facility many times. Boys (14.6%) were twice as likely as girls (6.7%) to run away from the facilities.

Table 3.17. Running away from the residential care facilities								
	All Children N=493		Orphanages N=262		Boarding houses N=145		Shelters N=32	
	n	%	n	%	n	%	n	%
Ran away from the facility	33	7.5	26	9.9	5	3.4	2	6.3
Number of times ran away								
1 time	15	3.4	14	5.3	0	0.0	1	3.1
2 times	5	1.1	3	1.1	2	1.4	0	0.0
5 times	3	.7	2	.8	1	.7	0	0.0
11 times or more	1	.2	0	0.0	1	.7	0	0.0

Table 3.18 reveals that children that ran away from the residential care facilities (48.4%) were nearly twice as likely to report they lost one or both of their parents, compared to children that did not run away from the facilities (25.6%). Also, children that ran away from residential care facilities (9.1%) were nearly three times more likely to report their parents sent them to the facility because they were bad or naughty, compared to non-runaways (3.0%).

Table 3.18 also reveals that children that ran away from residential care facilities are significantly more likely to experience violence in the facilities. In particular, children that ran away (7.27%) were twice as likely to witness a child physically hurt or injured by another in the facility, compared to non-runaway (38.0%). Also, children that ran away (27.3%) were three times more likely to report they were physically hurt or injured by other children in the facility, compared to non-runaway (8.7%). Also, children that ran away (75.8%) were significantly more likely to report that staff hit/beat children when they do something wrong, compared to non-runaway (50.0%).

Table 3.18. Differences between runaways and non-runaways in residential care facilities				
	Non-runaways N=460		Runaways N=33	
	n	%	n	%
Admittance reasons				
Lost one or both of your parents	118	25.6	16	48.4
Parents said you were bad/naughty	14	3.0	3	9.1
Violence against children				
Witnessed a child physically hurt/injured by another child in the facility	175	38.0	24	72.7
Physically hurt or injured by another child in the facility	40	8.7	9	27.3
Staff hit/beat children when they do something wrong	230	50.0	25	75.8

Challenges completing the survey

One of the final questions asked of children was whether it was difficult for them to be completely honest about what happens in the residential care facilities. Table 3.19 reveals that as many as 21.4% of children in residential care facilities reported they had a difficult time being completely honest about what happens in the facilities. Children in orphanages (27.5%) and shelters (18.8%) were significantly more likely to report they had a difficult time being completely honest about what happens in the facilities, compared to children in boarding houses (11.0%). This finding is likely a reflection of the finding in Tables 3.13 and 3.14 that children in orphanages and shelters were slightly more likely to be fearful of staff and other children in the facilities.

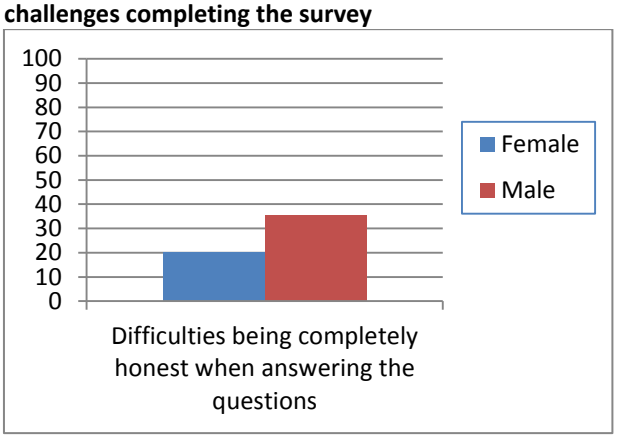
These findings can be interpreted to mean that nearly 27.5% of children in orphanages, 18.8% of children in shelters, and 11.0% of children in boarding houses may have underreported their reasons for entering into residential care facilities and their experiences in the facilities, including experiences with violence in the facility and running away from the facility.

Table 3.19. Challenges completing the survey

	All children N=439		Orphanages N=262		Boarding houses N=145		Shelters N=32	
	n	%	n	%	n	%	n	%
Difficulties being completely honest when answering the question	94	21.4	72	27.5	16	11.0	6	18.8

Finally, Figure 3.9 reveals that boys (35.4%) were significantly more likely than girls (20.1%) to report they had a difficult time being completely honest when answering the questions. This finding is likely a reflection of the findings in Figure 3.8 that boys were significantly more likely than girls to feel unsafe in the residential care facilities and to witness and experience violence in facilities, including violence among children and violence by staff against children.

Figure 3.9. Proportion of girls and boys that had challenges completing the survey



Chapter 4: Management and Staffing of Residential Care Facilities

This section of the report begins with a description of the sample of directors and staff working in residential care facilities and their knowledge of the management and operation of residential care facilities, and their experiences working in these residential care facilities. Comparisons are made between directors and staff and among the three different types of residential care facilities for children – orphanages, boarding houses, and shelters.

Director interviews

Effort was made to interview directors of residential care facilities; however, in some facilities we were unable to interview facility directors because they were not there on the day of our visit. In such cases, we interviewed the staff member that was left in charge of the facility and the children. Information and data obtained from interviews with directors (or acting directors) will be integrated into the findings presented throughout this chapter. This data will be presented separate from the data obtained from the survey of staff.

Table 4.1 reveals that we interviewed 23 directors (or acting directors) across the seven districts; one in each residential care facility we visited. It also shows that 11 directors were interviewed in 11 orphanages, 7 directors in 7 boarding houses, and 5 directors in five shelters. The majority of directors or acting directors were female (91.3%) and Timorese (82.6%).

Table 4.1. Directors' demographics

	Directors N=23	
	n	%
District		
Dili	8	34.8
Liquicia	2	8.7
Baucau	5	21.7
Viqueque	1	4.3
Oecussi	3	13.0
Manufahi	2	8.7
Cova Lima	2	8.7
Facility Type		
Orphanages	11	47.8
Boarding houses	7	30.4
Shelters	5	21.7
Sex		
Female	21	91.3
Male	2	8.7
Nationality		
Timorese	19	82.6
Non-Timorese	4	16.4

Staff demographics

Surveys were distributed to a total of 57 staff working in orphanages, boarding houses, and shelters in seven districts of Timor-Leste. Table 4.2 reveals that 15 staff were surveyed in eight residential care facilities in Dili, three staff were surveyed in two facilities in Liquicia, 11 staff in five facilities in Baucau, one staff person was surveyed in one facility in Viqueque, 14 staff in three facilities in Oecussi, 12 staff in two facilities in Cova Lima, and one staff person in two facilities in Manufahi (See Chapter 2 for an explanation of the sample design).

Table 4.2. Staff demographics

	Staff N=57	
District	n	%
Dili	15	26.3
Liquicia	3	5.3
Baucau	11	19.3
Viqueque	1	1.8
Oecussi	14	24.6
Cova Lima	12	21.1
Manufahi	1	1.8
Facility Type		
Orphanages	20	35.1
Boarding houses	16	28.1
Shelters	21	36.8
Sex		
Female	44	77.2
Male	13	22.8
Age		
≤ 19 years	6	10.5
20-29 years	33	57.9
30-39 years	9	15.8
40-49 years	4	7.0
Level of education		
No education/unfinished primary education	1	1.8
Primary education	2	3.5
Junior education	2	3.5
Secondary/high education	23	40.4
Vocational education	5	8.8
Tertiary/university education	19	33.3
Marital status		
Single, never married	38	66.7
Married, living with spouse	13	22.8
Married, not living with spouse	2	3.5
Divorced	3	5.3
Nationality		
Timorese	55	96.5
Non-Timorese	2	3.5

The low numbers of staff surveyed is due in part to the fact that many residential care facilities, particularly those that are faith-based, employ very few staff. In many facilities there were only one or two sisters working at the time of our visit. Moreover, in some facilities there was no staff available to be surveyed on the day of our visit.

Table 4.2 reveals that among the 57 staff surveyed, 35.1% were in orphanages, 28.1% in boarding houses, and 36.8% in shelters. In terms of sex, the majority of staff in residential care facilities were female (77.2%); only 22.8% were male. Figure 4.1 further reveals that females were found in the majority of residential care facilities across each of the districts, except in Oecussi where there was a fairly equal representation of female (57.1%) and male (42.9%) staff. This is because the shelter in Oecussi employed a significant number of male staff. In fact, Figure 4.2 reveals that orphanages and boarding houses were staffed predominately by females; whereas, shelters were much more likely to have a fairly equal representation of female (57.1%) and male (42.9%) staff, despite their focus on issues of violence against women and girls only.

Staff ranged in age from 14 to 48 years, and the majority of staff were between 20 and 29 years of age (57.9%). The average age of staff was 27 years.

In terms of educational background, Table 4.2 reveals that the majority of staff had a secondary/high education (40.4%), and as many as 33.3% of staff had a tertiary/university education. There were no significant differences between the different types of residential care facilities in staff educational backgrounds.

Finally, Table 4.2 also reveals that the majority of staff were single, never married (66.7%); this is because many of the staff were nuns. Also, the majority of staff were Timorese (96.5%).

Figure 4.1. Proportion of female and male staff in residential care facilities by district

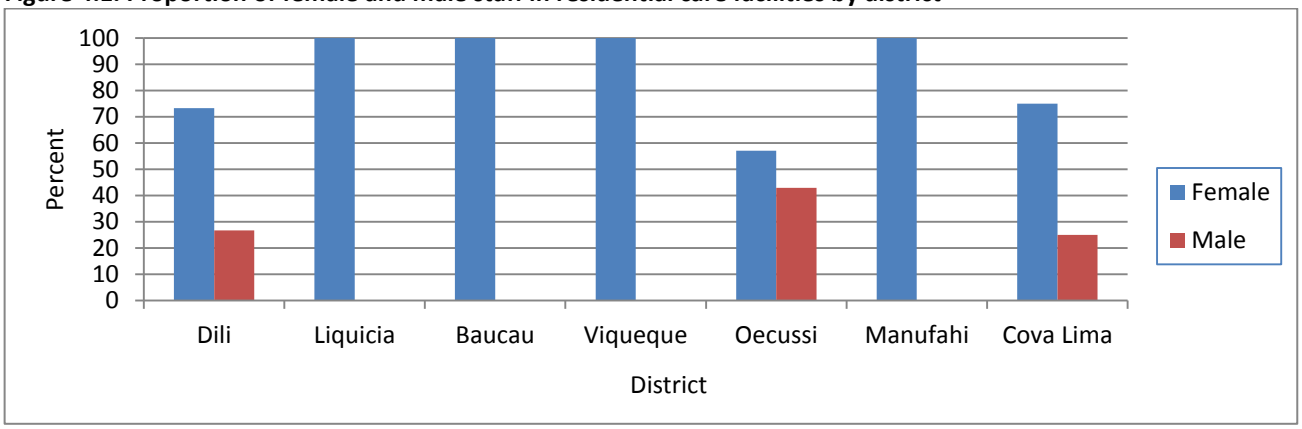
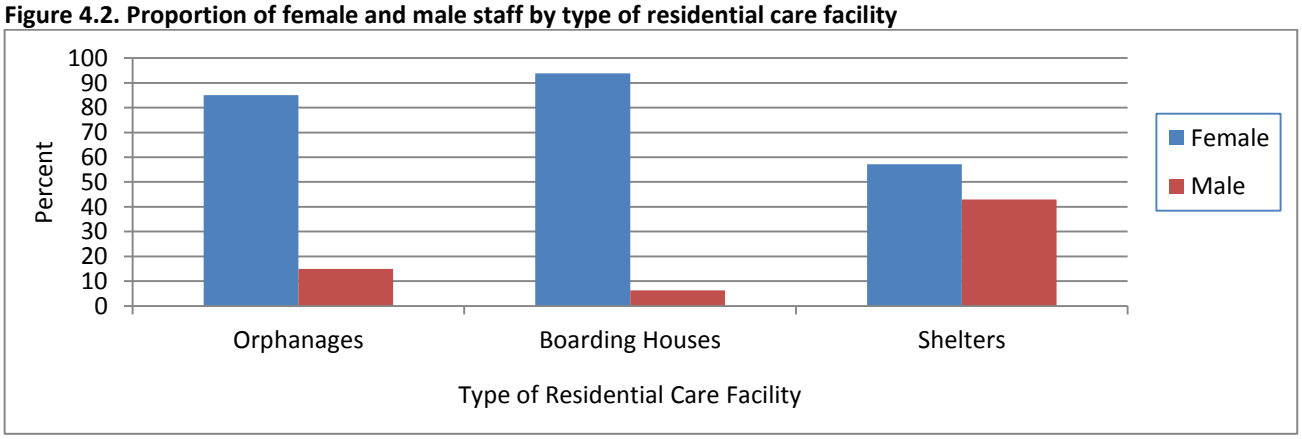


Figure 4.2. Proportion of female and male staff by type of residential care facility



Staff in orphanages (75.0%) and boarding houses (93.8%) were significantly more likely to be single, never married, compared to staff in shelters (38.1%). This is because nuns are most likely to be the staff in orphanages and boarding houses, versus in shelters. Only 22.8% of staff reported they are married and living with their spouse, and most of those staff were working in shelters (52.4%).

Table 4.3 also reveals that only 29.8% of staff reported having children and most of the staff with children were working in shelters (52.4%).

Table 4.3. Staff's martial and family status								
	All staff N=57		Orphanages N=20		Boarding houses N=16		Shelters N=21	
	n	%	n	%	n	%	n	%
Marital status								
Single, never married	38	66.7	15	75.0	15	93.8	8	38.1
Married, living with spouse	13	22.8	1	5.0	1	6.3	11	52.4
Married, not living with spouse	2	3.5	2	10.0	0	0.0	0	0.0
Divorced	3	5.3	1	5.0	0	0.0	2	9.5
Have children	17	29.8	5	25.0	1	6.3	11	52.4

Staff living and working arrangements

Interviews with directors revealed that 78.3% reported living on the premises of the facility. Directors of orphanages (90.9%) and boarding houses (100.0%) were significantly more likely to live on the premises of the facility, compared to shelters directors (25.0%).

In comparison, surveys of staff revealed that 66.7% of all staff surveyed reported they live on the premises of the residential care facilities (Table 4.4). Staff working in orphanages (85.0%) and boarding houses (75.0%) were significantly more likely to live on the premises of the facility, compared to shelter staff (42.9%). This is because staff in orphanages and boarding houses were more likely to be nuns.

The majority of staff also reported they typically work 7 days a week and 20 to 24 hours a day. This is especially true of staff working in orphanages and boarding houses. Shelter staff were more likely to work 1-5 days per week (47.6%) and 8 hours or less a day (65.0%). Staff that work 24 hours a day, 7 days a week and live on the premises of the residential care facilities (and typically are single, never married) are unable to get a break from the children and their work responsibilities in the facility which, based upon experience, can cause increased stress and strain, as well as increase their propensities for using violence against children.

Table 4.4 also reveals that the majority of staff (70.2%) reported they always supervise the same children, and this is especially true in boarding houses (81.3%) and orphanages (75.0%). This finding is grounded in the fact that in many residential care facilities there are a limited number of staff working at any one time; only a minority of staff, mainly in shelters (38.1%) reported they supervise different children week-to-week; this is because some shelters provide short-term shelter and protection to girls that experiences violence, abuse, and/or neglect. In many facilities staff can be responsible for managing up to 30 children.

Table 4.4. Staff's living and working arrangements in the residential care facility								
	All staff N=57		Orphanages N=20		Boarding houses N=16		Shelters N=21	
	n	%	n	%	N	%	n	%
Live on the premises	38	66.7	17	85.0	12	75.0	9	42.9
No. of days working per week								
1-5 days per week	17	29.8	4	20.0	3	18.8	10	47.6
6 days per week	5	8.8	0	0.0	0	0.0	5	23.8
7 days per week	33	57.9	15	75.0	12	75.0	6	28.6
No. of hours work per day								
≤ 8 hours	21	36.8	5	25.0	3	18.8	13	61.9
9-12 hours	1	1.8	1	5.0	0	0.0	0	0.0
13-19 hours	2	3.5	1	5.0	0	0.0	1	4.8
20-24 hours	29	50.9	11	55.0	12	75.0	6	28.6
Supervision of children								
Always supervise the same children	40	70.2	15	75.0	13	81.3	12	57.1
Supervise different children week-to-week	11	19.3	3	15.0	0	0.0	8	38.1

Number of staff working in residential care facilities

Interviews with directors revealed a very low staff to child ratio. In some facilities the ratio is 1 staff person for every 15 to 30 children. In fact, the number of staff working in residential care facilities varied significantly from only 1 to 14 staff per residential care facility. The average number of staff per facility is six. It is important to point out that the mapping revealed that in most facilities only one to three staff (nuns)

were actually at the facility on the day of our visit and the other staff (nuns) were away on holiday or in another district; so the actual number of staff working at the facility on a daily basis was significantly lower than the total number of staff that were working at the facility.

In many facilities, particularly faith-based facilities, there is a high turnover of staff (nuns). The frequency of turnover can be every one, two or three years in many cases. As several facility directors explained,

> *"Nuns change every one to two years. Once they are asked to go, they will go. The superiors make the decisions and tell the nuns when they are going, and who will be coming. Once a new nun comes in we hand everything over to her and tell her what to do." (Boarding house)*

> *"It depends solely on the superior at the church. The director has been at the orphanage for 10 months. Another sister arrived one year ago and has already been reassigned to another post." (Orphanage)*

> *"Every five years on a regular basis there are changes. We go through an evaluation every year and every five years they change the staff. I have been here for three years and am responsible for Timor . . . The superiors make the decision about when we leave." (Orphanage)*

> *"Sometimes the staff change every six months, one year, two years or four years. It depends upon provincial sisters." (Orphanage)*

Another orphanage director revealed that she/he lacks funding and has to rely solely on volunteers to staff her/his orphanage; as a result, she/he has high turnover in his staff every year.

> *"Our staff work here voluntarily; they receive no salary. So, every year they come here and volunteer, then after one year they leave to find work . . . Because we don't have money to pay staff, we always face problems with finding new staff."*

Such frequent turns of staff that occurs in many residential care facilities for children can create significant instability and stress for children living in the residential care facilities, especially for vulnerable children that come from backgrounds wrought with loss of one or both parents, child abuse and/or neglect, family violence and instability.

In one orphanage, the facility director revealed that she has no staff and relies solely upon her own children to help her run the orphanage and care for the children. As she explained, *"I really don't have any staff. It is just me in charge of 34 children and my children help me. My family is my staff and help out with everything."* Further observations at this orphanage revealed that the director also has two or three unpaid staff that live in the orphanage and do all the cooking, cleaning, and help to supervise the children. Further questioning revealed that the two or three unpaid staff were actually children that had grown up in the orphanage, but not assisted with reintegration into society and now work for the director with no wages, just room and food. This practice is particularly problematic and exploitative of the children in the facility.

Services and care provided to children in facilities

Interviews with directors revealed that all directors reported they provide children with housing/shelter and food, 91.3% reported they provide children with education/schooling and medical care, and 87.0% provide children with clothes. In addition, 82.6% of directors reported providing children with protection from abuses within the family, and 73.9% provide girls protection from early marriage. Also, 91.3% of directors reported providing children with religious services/guidance and psycho-social support.

In comparison, Table 4.5 reveals that staff's understanding of service provision in their residential care facilities differs a bit from directors' reports of service provision. In particular, it was expected that all staff would report their facility provides children with housing/shelter; however, only 80.7% of staff reported their facility provides housing/shelter to children. Surprisingly, staff in boarding houses (56.3%) were least likely to report their facilities provide children with housing/shelter, compared to staff in orphanages (80.0%) and shelters (100.0%). This finding is likely a reflection of the way that "housing/shelter" was translated into Tetum (i.e., "uma/uma mahon"), implying more specifically shelter from violence, abuse, and neglect.

In terms of protection from abuses, 59.6% of all staff reported their facilities provide children with protection from abuses within the family, and 54.4% reported providing girls with protection from early marriage. Staff in shelters were significantly more likely to report providing children with protection from abuses within the family (95.2%) and protection of girls from early marriage (95.2%), compared to staff in orphanages (40.0% and 20.0% respectively) and boarding houses (37.5% and 43.8% respectively). It is important to note, however, that still a significant proportion of staff in orphanages and boarding houses

did report their facilities provide children with protections from abuses within the family and early marriage.

Table 4.5 also reveals that the majority of all staff surveyed reported their facilities provide children with food (87.7%) and provide clothing (68.4%). Staff in shelters (95.2%) and orphanages (65.0%) were more likely to report their facilities provide children with clothing, compared to staff in boarding houses (37.5%). The majority of staff also reported their facilities provide children with education/schooling (82.5%) and religious services/guidance (70.2%).

Finally, Table 4.5 reveals that only 61.4% of all staff reported their facilities provide children with psycho-social support. In fact, shelter staff (81.0%) were significantly more likely to report their facilities provide children with psycho-social support, compared to staff in orphanages (50.0%) and boarding houses (50.0%). This finding helps us understand the findings in Table 3.16 in Chapter 3 that as many as 33.5% of children reported that staff "never" talk to them about their problems or help them solve their problems. In addition, Table 3.16 revealed that children in boarding houses (41.4%) and orphanages (30.9%) were most likely to report that staff "never" talk to them about their problems and/or help them solve their problems, compared to children in shelters (18.8%).

Table 4.5. Staff perceptions of services and care provided to children at the residential care facilities

	All staff N=57		Orphanages N=20		Boarding houses N=16		Shelters N=21	
	n	%	n	%	N	%	n	%
Housing/shelter	46	80.7	16	80.0	9	56.3	21	100.0
Food	50	87.7	15	75.0	15	93.8	20	95.2
Clothing	39	68.4	13	65.0	6	37.5	20	95.2
Protection from abuses within the family	34	59.6	8	40.0	6	37.5	20	95.2
Protection of girls from early marriage	31	54.4	4	20.0	7	43.8	20	95.2
Education/schooling	47	82.5	16	80.0	13	81.3	18	85.7
Religious services/guidance	40	70.2	14	70.0	13	81.3	13	61.9
Medical care	34	59.6	11	55.0	8	50.0	15	71.4
Psycho-social support	35	61.4	10	50.0	8	50.0	17	81.0

Number of children in residential care facilities

Directors were asked how many children they currently have in their facilities. The numbers ranged from no children to as many as 130 children; orphanages and boarding houses typically had many more children than shelters.

Children in residential care facilities range in age from 1 to 17 years of age, and some residential care facilities have youth between 18 and 24 years of age. Orphanages and shelters were most likely to have children less than 7 years of age, compared to boarding houses; and older youth (18 to 24 years of age) tended to be in orphanages and boarding houses. It is important to point out that there were few children less than 7 years of age in residential care facilities, and even fewer below three years of age.

In terms of sex, as many as 54.5% of directors reported their facilities did not have boys in them at the time of our visit; and in many cases these facilities were for "girls only" and did not admit boys. As one orphanage director explained,

> *"Last year we had boys, but now we have no boys. The highest nun does not like to receive boys. If we have a family that really needs help maybe we will accept, and if we they are in a secondary school they will advise the family to take the boy somewhere else. They will refer the children to another orphanage . . . We don't take boys because they are more difficult, so we send them somewhere else."*

One orphanage actually removed most of the boys from their facility and relocated them to an area more than 20 km from the orphanage. At the time of our visit, the boys were living in a church and having to build their own living accommodations behind the church, had no real kitchen facilities, and only received rations of food every several days from the nuns that run the orphanage in Dili.

Among those facilities that do admit boys, they reported having only 1 to 27 boys depending upon the facility (no facility had more than 27 boys). In comparison, the number of girls in facilities ranged from as few as 4 girls in two facilities to as many as 130 girls in another facility.

In all, directors from the 23 residential care facilities for children in 7 districts reported having a total of

882 children/youth as of June 2012, including at least 135 boys and 836 girls.

Children's length of stay in residential care facilities

Interviews with directors revealed that children will stay in residential care facilities, depending upon the type of facility, from several hours, weeks, months, to years. In most facilities, however, children often stay long-term, until they have completed their high school education, or in the case of girls, they may remain in the facility until they decide to marry. In addition, some boarding house directors reported that some children will stay in their facilities until they finish their university studies or until they are 20 to 25 years of age. As several facility directors explained,

> *"We start this from when they are small. Some stay 4 to 5 years and they will continue and complete senior high school or go to the university. Some get married. Those that want to continue to study in the university should stay here; if they got out of here we cut their support." (Boarding house)*

> *"For children with parents we just look after their children until they finish high school and then return them to their parents; but for those without parents, single-parents, or poor people we support the children until they get a job." (Shelter)*

Many residential care facility directors explained that when children leave their residential care facilities, many will simply return back to their families. It is important to note that very few facility directors reported they actually assess the family situation prior to returning children back to their family and home setting, even if the original reason for the child being admitted into a facility was because of family violence and/or child abuse and neglect. As one shelter director explained,

> *"When the children leave this shelter we will take them to the parents and ask the parents what they will do with the children, if they will support the child to study."*

Districts from which children come

Interviews with directors in 23 residential care facilities in 7 districts in Timor-Leste revealed that children come from not only the district in which the residential care facilities are located, but also from other districts throughout Timor-Leste. Table 4.6 shows the proportion of directors that reported receiving children from each of the 13 districts in Timor-Leste. Clearly, the majority of directors reported receiving children from Dili (52.2%) and Baucau (47.8%); however, a significant proportion of facility directors also reported receiving children from Viqueque (30.4%), Ermera (30.4%), Oecussi (30.4%), Aileu (26.1%), Bobonaro (26.1%), and Aileu (26.1%). This data reveals that many children are relocated from their home town district to a residential care facility in another district, in many cases hours away from their parents and extended family.

Removal of children from their families

Interview data revealed that in most cases there is no holistic assessment of a child's need for separation from his/her parents and family, a child's eligibility for residential care, and placement in the most appropriate residential care facility based upon the child's needs. Rather, children are removed from their immediate and extended families without any assessment by a child protection officer (CPO) as to the children's living arrangements and family environment, or whether the child is at immediate risk of abuse, neglect, exploitation, and/or violence.. Instead, through a process of outreach, many residential care facilities identify poor and vulnerable families and children and convince these poor and vulnerable families to allow them to take one or more of their children to live in a residential care facility where they will be cared for and educated. Among faith-based residential care facilities, the outreach typically occurs through the churches.

Table 4.6. Districts from which children come from to live in residential care facilities in 7 districts

	Directors N=23	
	n	%
Dili	12	52.2
Liquicia	3	13.0
Baucau	11	47.8
Viqueque	7	30.4
Manufahi	3	13.0
Cova Lima	3	13.0
Bobonaro	6	26.1
Monatutu	4	17.4
Lautem	6	26.1
Ermera	7	30.4
Aileu	6	26.1
Ainaro	3	13.0
Oecussi	7	30.4

> *"Some children come by themselves, probably they got information that this is a good place to get good protection; but sometimes we go visit the people in remote areas and we find some children like that and they just come with us. Some of them live with their mother or father, but because they have no opportunity to study*

there, they decide to come here to study in the school" (Orphanage)

"I go by myself to find and identify children that really need help. I started with 13 kids in 2000. Back in 2000, I went to small areas and found children or children's parents that died. Then, I collected all these kids and put them in one place, and then submitted a proposal to the WHO and they responded to the proposal and gave me 40 sacks of rice and some clothing came from a friend in Australia. . . In the process of selecting children, I go and look for children that look physically malnourished and dirty, and then I convince the family that I will look after them and care for them. When I identify children, the family often has many kids there and cannot feed all of them and I ask to care of one of them . . . and if the father or mother is dead and the family cannot work to feed the child . . . The parents will not refuse because maybe they have more than two to four kids." (Orphanage)

Anecdotal evidence suggests that in Timor-Leste, a society where the general public generally has great faith and trust in the Catholic Church, poor families and families in crises and experiencing difficult life situations will often consider sending their children to live in a residential care facility operated by the church to be a reasonable and easy solution, They trust that the church and nuns will properly care for and educate their children. In most cases, however, the best interests and rights of the child are not considered in the process or recruitment and removal of children from their families.

Interview data revealed that some children are actually referred to the residential care facilities – shelters, boarding houses, and orphanages – by MSS and/or the police. Although this mapping was not designed to examine how and why MSS, CPOs, or the police make decisions to remove children from their homes and where to place them, findings from this mapping do reveal that more research is needed in the future to assess the processes and practices that MSS, CPOs, and the police use to remove children from their homes and family.

Interviews with directors revealed that some children are relocated from one orphanage, boarding house, and/or shelter to another; and they are also transferred from a facility in one district to a facility in another district. As one orphanage director in Manufahi explained, "*There was one case of a girl that was sexually abused and we coordinated with the police and sent the girl to the shelter in Suai [Cova Lima]."* Another boarding house director explained,

"Before we had two cases of children that were sexually abused; they were sent here temporarily by MSS . . . MSS brought the children here and they stayed here for three years, but then MSS came and took them. We don't know where they went to; maybe MSS had another place for them . . . The girls had reached 22 years of age and had grown up so MSS took them away to integrate them into the community." (Boarding house)

Reasons for children's admittance into residential care facilities

Directors were asked to identify the various reasons that children come to live in their residential care facilities. Table 4.7 reveals the three most common reasons that directors reported children are admitted into their residential care facilities, including:

- Children come from poor families that cannot take care of their children (87.0%)
- Children lost one or both of their parents (78.3%)
- Children have no opportunity to study in their home town (65.2%)

Table 4.7. Directors perceptions of reasons for children's admittance into residential care facilities

	Directors N=23	
	n	%
Children lost one or both of their parents	18	78.3
Children were physically abused by their parents or family members	12	52.2
Children were sexually abused or victims of incest by a parent or family member	13	56.5
Parents were trying to marry them at a young age	9	39.1
Parents have domestic violence problems	13	56.5
Children have a parent that has problems with alcohol or other drugs	4	17.4
Children come from poor families that cannot take care of their children	20	87.0
Children are sent here because they are bad/naughty	9	39.1
Children are here because they have a physical disability or developmental delay	10	43.5
Children have no opportunity to study in their home town	15	65.2

The majority of directors reported that children were admitted into their residential care facilities because they were sexually abused or victims of incest by a

parent or family member (56.5%), parents have domestic violence problems (56.5%), and children were physically abused by their parents or family members (52.2%). In addition, as many as 39.1% of directors reported that girls were admitted into their facilities because their parents were trying to marry them at a young age. Although the majority of directors reported that children were admitted into their facilities because of problems of child abuse and neglect, and even because of problems of domestic violence within their families, very few residential care facility directors reported that abused and neglected children were referred to them by either MSS, CPOs or the police.

Staff were also asked to identify the various reasons that children come to live in their residential care facilities. Table 4.8 reveals that staff perceptions of children's admittance into their residential care facilities was fairly similar what directors reported in Table 4.7. The most common reasons that staff reported children were admitted into their residential care facilities, included:

- Child lost one or both of their parents (71.9%)
- Children come from poor families that cannot take care of their children (66.7%);
- Children have no opportunity to study in their home town (61.4%);
- Family violence, child abuse, and/or neglect, including children were physically abused by their parents or family members (49.1%), children were sexually abused or victims of incest by a parent or family members (47.4%), parents were trying to marry them at a young age (45.6%), and parents have domestic violence problems (42.1%).

Orphanage, boarding house, and shelter directors and staff reported having girls in their facilities that had been sexual assaulted and/or were victims of incest by parents or family members. One shelter director explained that they had two girls around 13 or 14 years of age that were in their shelter because they were sexually abused by a parent or other family member. The girls had become pregnant and already had their babies; however, the girls left their babies in their families and came to live in the shelter to continue their studies. Further probing revealed that the girl's families wanted to keep the babies, but kicked the girls out of the family and sent them to live in the shelter.

Table 4.8. Staff perceptions of reasons for children's admittance into residential care facilities

	All staff N=57		Orphanages N=20		Boarding houses N=16		Shelters N=21	
	n	%	n	%	n	%	n	%
Children lost one or both of their parents	41	71.9	19	95.0	7	43.8	15	71.4
Children were physically abused by their parents or family members	28	49.1	5	25.0	2	12.5	21	100.0
Children were sexually abused or victims of incest by a parent or family member	27	47.4	3	15.0	3	18.8	21	100.0
Parents were trying to marry them at a young age	26	45.6	3	15.0	5	31.3	18	85.7
Parents have domestic violence problems	24	42.1	8	40.0	3	18.8	13	61.9
Children have a parent that has problems with alcohol or other drugs	14	24.6	1	5.0	2	12.5	11	52.4
Children come from poor families that cannot take care of their children	38	66.7	15	75.0	7	43.8	16	76.2
Children are sent here because they are bad/naughty	17	29.8	4	20.0	5	31.3	8	38.1
Children are here because they have a physical disability or developmental delay	18	31.6	4	20.0	0	0.0	14	66.7
Children have no opportunity to study in their home town	35	61.4	7	35.0	13	81.3	15	71.4
Other reasons	12	21.1	0	0.0	5	31.3	7	33.3

Table 4.8 also reveals some variation in children's reasons for admittance based upon the type of residential care facility. For instance, shelter staff were most likely to report that children were in their shelters for reasons of family violence and child abuse. A significant proportion of orphanage staff also reported that children were in their orphanages because their parents had domestic violence problems, and because they were physically abused by their parents or family members. Likewise, nearly one-third of boarding house staff reported that girls come to the boarding house because their parents were trying to marry them at a young age. Two boarding house directors spoke about girls they have

admitted into their facilities because their families were trying to marry them at a young age.

> *"We have one girl here because her parents were trying to marry her at a young age. We first referred the case to MSS and they asked us to keep the child." (Boarding house)*

> *"There was a girl that came to live here because she was forced by her elder sister to marry at a young age, so she packed her stuff and ran here. She was around 15 years old when her sister tried to marry her." (Boarding house)*

Family violence and child abuse are clearly a problem in the lives of many children that end up in orphanages, boarding houses, and shelters.

Table 4.8 also reveals that 24.6% of staff reported children are in the facilities because they have a parent that has problems with alcohol and/or other drugs. Shelter staff (52.4%) were most likely to report that children are in their shelters because their parent(s) have problems with alcohol and/or other drugs, which is most likely linked to issues of family violence and child abuse and neglect experienced by children in the shelters.

Finally, as many as 29.8% of all staff surveyed reported children are sent to their residential care facilities because they are bad/naughty. Staff in shelters (38.1%) and boarding houses (31.3%) were slightly more likely to report that children are sent to their facilities because they are bad/naughty, compared to orphanage staff (20.0%). As one orphanage director explained, "There was a girl in senior high school from Dili that came to live here because she was naughty and beaten by her family, so she came to live here for 1.5 years."

Surprisingly, one shelter actually reported housing violent juvenile offenders in their facility (including four juveniles that had reportedly committed murder), alongside vulnerable, abused and neglected children. This practice is particularly problematic and should not be occurring in shelters, orphanages, or boarding houses. Violent juvenile offenders should be housed in detention centers for juvenile offenders; not in residential care facilities for vulnerable, abused, and neglected children.

Finally, Table 4.8 reveals that 31.6% of all staff surveyed reported children are in their facilities because they have a physical disability or developmental delay, in most cases a learning delay due to lack of educational opportunities in their home towns. As boarding house director explained,

> *"For those children from the mountains, the facilities for schools are lacking, especially at the high school level. The girls are all normal when they come, but they are slow to learn, but once they have exercises to develop their learning capacities they increase quickly. In the book record they come with the level of 4 to 5 years, but we try to teach them the best way to study, discipline, and to take care of the house."*

Shelter staff (66.7%) were most likely to report children are there because they have a physical disability or developmental/learning delay, which is likely to be linked to children's experiences of abuse and neglect.

Case management in residential care facilities

Director and staff were asked about their facilities' case management practices, including initial assessment and periodic reviews of a child's situation or case and the necessity and appropriateness of their placement in residential care. Table 4.9 reveals that only 69.6% of facility directors reported they keep official written records on each child, and 39.1% conduct assessment and care plans on each child. Directors of shelters (100.0%) and boarding houses (85.7%) were more likely to report keeping official records on each child, compared to orphanage directors (45.5%). Shelter directors (80.0%) were also significantly more likely to have assessment and care plans on each child, compared to directors of boarding houses (42.9%) and orphanages (18.2%).

In most residential care facilities, official written records on children in the facility include only limited information about each child. They often record the child's name and age, date of admission to the facility, parents' name and contact information (if available), and the district, sub-district, and/or suco (village) from which the child comes. Some facilities also record the reasons why the child was admitted to the facility. Some facilities keep all of this information in a binder that they use to solicit donor monies and sponsorship for children in the facility.

Some facility directors revealed that they do not actually keep official records or information on each of the children in their facilities. As one orphanage director explained, *"I don't even know the origin of some of these children."*

Table 4.9. Directors use of case management for children								
	All directors N=23		Orphanages N=11		Boarding houses N=7		Shelters N=5	
	n	%	n	%	n	%	n	%
Keep official written records on each child	16	69.6	5	45.5	6	85.7	5	100.0
Assessment and care plans on each child	9	39.1	2	18.2	3	42.9	4	80.0

In regard to assessment and care plans, Table 4.9 reveals that only 39.1% of facility directors reported completing assessment and care plans on each child. When asked what sort of assessment and care plans they develop on each child, some facility directors explained that they simply assess children's level of education at the time of their admission and assess why they are being brought to the facility. As one orphanage director explained, *"We assess when the parents bring the child here and ask what the problem is in the family. We just assess why they came."* Some facility directors also reported assessing a child's health and well-being. As one facility director explained, *"When a child first arrives we assess their health and ask about any injuries, and if she has any problems with mental or psychological problems."* Interviews with facilities directors revealed that assessments during the admission process do not extend much beyond these three components – level of education, reasons for admission, and health and well-being – in most facilities included in this mapping. Thus, few, if any, facilities complete assessment and care plans for children in keeping with international standards.

In terms of case planning for children in the facilities, interviews with directors revealed that very few, if any; facilities do any regular or systematic case planning for children in the facilities. Four different facility directors explained the type of case planning they do for children in their facilities; as one can see from the quotes there is no consistent or systematic process or understanding among directors as to what case planning entails.

> *"Sometimes, once a month, we discuss how well a child is integrating in, how well they are getting along and living here, how well they are learning and developing, and how well the children are socializing with the other girls. Some girls are very shy to be with the others and want to go home. But, after one month or more they get over the home sickness." (Orphanage)*

> *"Overtime we record problems we may be having with a girl and we have the parents' phone number and will call the parents and ask them to come and talk to the girl to resolve the problem." (Boarding house)*

> *"Every 3 semesters we call the parent for a parent-teacher conference and discuss the child's changes or improvements. This is just for the girls in the boarding house. The priority of our evaluation is that we evaluate their studies because that is the intention of their coming here is to study . . . we evaluate their studies for improvement and their attitude . . . Every month we sit together and discuss and evaluate the children and discuss with the child. When we follow-up with the girls, we try to address their problems, such as a failing grade." (Boarding house)*

> *"Every month on Friday we discuss what the child has done and what they haven't done and address any problems. We advise the children on how to resolve their problems." (Shelter)*

Coordination with other organizations/agencies

Effort was made to understand the degree to which residential care facilities coordinate with other organizations/agencies to provide children with the support, care and protection they need. Table 4.10 reveals that 8.42% of all staff surveyed reported their facilities coordinate with other organizations/agencies to provide children with the support they need. The majority of staff reported coordination with local schools (80.7%) to provide children with education, local medical clinics (64.9%) to provide children with medical care, and the church (61.4%) to provide children with religious education, services, or baptism certificates. It is worth noting that shelter staff (81.0%) were significantly more likely to report coordination with local medical clinics, compared to staff in orphanages (60.0%) and boarding houses (50.0%).

Table 4.10 also reveals that only 54.4% of staff reported their facilities coordinate with the police to investigate cases of violence or abuse against children. Shelter staff (90.5%) were significantly more likely to report coordination with police in cases of violence against children, compared to staff in orphanages (40.0%) and boarding houses (25.0%).

Only 49.1% of staff reported coordination with the government to provide proper documentation, and shelter staff (61.9%) were more likely to report coordination with the government, than staff in orphanages (40.0%) and boarding houses (43.8%).

Finally, Table 4.10 reveals that only 47.4% of all staff surveyed reported their facility coordinates with local NGOs to provide children with psycho-social support. Again, shelter staff (71.4%) were more likely to report coordination with local NGOs than staff in orphanages (40.0%) and boarding houses (25.0%).

Table 4.10. Staff perceptions of case management and coordination of children's cases and needs

	All staff N=57		Orphanages N=20		Boarding houses N=16		Shelters N=21	
	n	%	n	%	n	%	n	%
Facility coordinates with other organizations/agencies to provide children the support they need	48	84.2	17	80.0	12	75.0	20	95.2
Coordinate with local schools to provide children with education	46	80.7	16	80.0	13	81.3	17	81.0
Coordinate with local medical clinic to provide children with medical care	37	64.9	12	60.0	8	50.0	17	81.0
Coordinate with government to provide proper documentation	28	49.1	8	40.0	7	43.8	13	61.9
Coordinate with local NGOs to provide children with psycho-social support	27	47.4	8	40.0	4	25.0	15	71.4
Coordinate with church to provide children with religious education, services, or baptism certificate	35	61.4	14	70.0	9	56.3	12	57.1
Coordinate with police to investigate cases of violence or abuse against children	31	54.4	8	40.0	4	25.0	19	90.5

Facility directors were asked more specifically about their contact with MSS and CPOs. Table 4.11 reveals that the majority of facility directors reported either they "never" (39.1%) or "rarely" (30.4%) have contact with MSS Representatives at the national level, and that MSS Representatives have either never or rarely visited their facility. "Rarely" includes only one visit to the residential care facility in the past one to two years. Only a small percentage of facility directors reported that a MSS Representative had either "sometimes" (21.7%) or "often" (4.3%) visited their facilities. Shelter directors were slightly more likely to report that a MSS Representative had regularly visited their facility.

Table 4.11 also reveals that few facility directors reported having regular contact with district CPOs. In fact, as many as 21.7% of facility directors reported they "never" have contact with a district CPO, and 30.4% reported they "rarely" have contact with a district CPO. Only 21.7% of facility directors reported they "sometimes" have contact with a district CPO, and 17.4% "often" have contact with the CPO. Again, shelter directors were more likely to have more regular contact with district CPOs, compared to orphanage and boarding house directors.

Table 4.11. Directors contact with MSS and CPOs

	All directors N=23		Orphanages N=11		Boarding houses N=7		Shelters N=5	
	n	%	n	%	n	%	n	%
How often does a national representative of MSS visit your facility?								
Never	9	39.1	6	60.0	1	14.3	2	40.0
Rarely	7	30.4	1	10.0	5	71.4	1	20.0
Sometimes	5	21.7	3	30.0	1	14.3	1	20.0
Often	1	4.3	0	0.0	0	0.0	1	20.0
How often do you meet with a district CPO?								
Never	5	21.7	2	18.2	3	42.9	0	0.0
Rarely	7	30.4	5	45.5	2	28.6	0	0.0
Sometimes	5	21.7	2	18.2	1	14.3	2	40.0
Often	4	17.4	0	0.0	1	14.3	3	60.0

Interviews with facility directors revealed that most facilities typically have contact with a district CPO when they go to MSS to obtain their quarterly allocation of rice; however, not every facility receives rice from MSS or rice from MSS on a quarterly basis. A few facility directors explained that they also have contact with the district CPO when they attend the Child Protection Network (CPN) meetings. As one boarding house director explained, "We meet every other month at the social child protection meetings."

Children's access to education

Facility directors and staff were asked about children's access to education while in the residential care facilities. Interviews with directors revealed that the majority of directors (91.3%) reported that all children in the facility go to school; at the same time, however, 26.1% reported that there are children in their facilities that do not go to school because they are either too young or too old, or in need of remedial education prior to enrollment in school. A significant proportion of directors (65.2%) reported that children go to school in the community; only 21.7% of directors reported that the children go to school in their residential care facility. Directors of boarding schools (57.1%) were more likely to report that children go to school in their facility, compared to directors of orphanages (10.0%) or shelters (0.0%).

Table 4.12 reveals that the majority of staff also reported that "many" or "all" of the children in their facilities attend school on a regular basis. Staff in orphanages (60.0%) and boarding houses (62.5%) were significantly more likely to report that "all" children attend school on a regular basis, compared to shelter staff (19.0%). Shelter staff (23.8%) were most likely to report that "none" of the children in their facilities attend school on a regular basis.

Table 4.12. Staff perceptions of children's attendance in school

	All staff N=57		Orphanages N=20		Boarding houses N=16		Shelters N=21	
	n	%	n	%	n	%	n	%
Proportion of children in the facility that attend school on a regular basis								
None	7	12.3	1	5.0	1	6.3	5	23.8
Some	4	7.0	2	10.0	0	0.0	2	9.5
Many	20	35.1	5	25.0	5	31.3	10	47.6
All	26	45.6	12	60.0	10	62.5	4	19.0

Children's access to life and job skills training

Very few residential care facility directors reported providing children in their facilities with life or job skills training. Some facilities, particularly boarding houses, teach girls to cook and sew with the goal of preparing them to be a "good woman." The quotes below from several different facility directors reveal the different types of life skills training that they provide to girls and boys in their facilities, and their hopes for the children in their facilities in the future.

"We want that they [the girls in the facility] will become good women outside of the facility and influence their families. For the girls we want them to be educated and to have good families." (Boarding house)

"I hope all the girls will be good girls and serve their families and the children of Timor-Leste, and to be good people in their lives." (Boarding house)

"We want that the girls, they are the poorest among the poor, that they can sustain and support themselves so they can support their families. We want that the girls can work and find their own money and not just ask. These girls are being trained to work and to earn and find money. We teach them so they will live with dignity and learn to be responsibility to society. We don't want sexual exploitation of these poor girls." (Boarding house)

"We just try to teach them to prepare to be a good mom if they get married, and as a boy how to look after your wife and your family, and how to get a job. We teach girls how to sew and cook. We prepare them to be a responsible person." (Orphanage)

"We provide girls with cooking, ironing, and cleaning. For the boys, they just help to fetch water." (Orphanage)

"I want girls to be good girls, to believe in good, to be well behaved, and to be good for themselves and for others . . . For boys I want them to be a good boy in the new country and help to the country." (Boarding house)

"We provide training on how to produce traditional medicines, how to be a good tailor/sewing, and we collaborate with NGOs to provide them with a workshop or training on civic education and HIV/AIDS." (Orphanage)

Unfortunately, very few residential care facilities are providing children with any real job skills training that would help them to reintegrate into society and obtain well-paying jobs. Only a few facilities reported providing children with job skills trainings, such as: computer training; bakery training; restaurant and food service training; and foreign language classes (Portuguese or English). One shelter actually had an income generating program that was also designed to provide girl victims' with job skills training in the area of restaurant and food service training.

Children's access to medical/health care

Directors were asked if they provide children in their residential care facilities with medical/health care. The majority of directors (82.6%) reported they provide children with medical/health care. In most cases, residential care facilities are able to provide children with basic first aid and health care in the facility; however, most facilities rely upon the local hospitals or medical clinics to diagnose and treat more serious illnesses and injuries. Most residential care facilities reported that the hospitals provide free medical care to the children in their residential care facilities. For facilities located outside of the district centers, travel to the nearest hospital or medical clinic can be difficult and take an hour or more, particularly if the residential care facility does not have their own means of transportation.

Children's contact with their families

The majority of directors (87.0%) reported they work with each of the children to maintain contact with their families. When asked how many children in the facility are able to maintain contact with their families, 30.4% of directors reported only "some," 30.4% reported "many," and 30.4% reported "all." In many facilities, the parents are able to call their children or children can call their parents; however, in most facilities children are not allowed to have cell phones. Bear in mind, however, children's abilities to call home to their family is dependent upon their family have a phone or access to phone. In some facilities, families can also visit their children and children are typically able to return home to their families at least once, if not two or three times a year.

"Every month we encourage contact with the parents, this is our regulation. So, every month you can call or visit . . . Children go home every year three times, but if they just have a short break and have activities here we don't allow them to go home. But, sometimes if they are sick we call the parents to come and visit the child."

Even children that reside in facilities due to child abuse and/or neglect are still able to return home to visit their families. However, children's abilities to return home to their families during the holidays or school breaks are dependent on the families' ability to pay for the child's transportation back to their home town or parent's abilities to come and pick up their children from the facilities. When parents can't pay for their child's transport or don't come to pick them up from the facility, the child typically remains in the facility, unable to return home. As three different directors explained,

"Children go home two times a year at the end of the semester and the end of the summer, but some children do not go home because they cannot afford to or some children do not want to go home because they cannot afford." (Boarding house)

"Children go home two times a year. It depends, if they have the money they can go home, but we don't provide them with the money. A lot of girls don't go home because they don't have the money." (Boarding house)

"They will go home if a family member has died, but otherwise they go home for Christmas, Easter, and at the end of the school year. But not everyone goes home . . . those families that are far away don't come to get them [the children], so 10 to 11 children remain here (Orphanage)."

Surprisingly, some facility directors revealed that they actually discourage parents from having regular contact with their children in their facilities, and vice versa. As two directors explained,

"We tell the parents not to come every month, but only once every two to three months. Because if they come every month they will make the children feel uncomfortable and not want to be here, and they will want to go home . . . We want children to have regular contact with their families, but children are not allowed to have a mobile phone or use a laptop computer."

"Our rule is that children are not allowed to go home to visit their families; families can only visit the child in the orphanage." (Orphanage)

Some shelter directors revealed that because they receive child victims from MSS and/or the police they sometimes have no idea of who the children's parents are; thus, they have to take steps to identify the children's parents and relatives, which can take weeks or months, and then help the child to make contact with their families. Or, with child victims they have to assess whether the child is actually safe to return home.

> *"If they are going for the holiday we will check to make sure they are alright. They go for holiday every summer. It depends, if they have competent parents we will send them to see their parents. But, some of them don't know which are their parents and we will try to introduce the parents to the kids. Some kids have not seen their parents for a long time. Some will stay here and never go anywhere because they don't have parents." (Shelter)*

Staff were also asked about children's ability to maintain contact with their families while living in the residential care facilities. Table 4.13 reveals that the majority of staff reported that children in the facilities are able to maintain contact with their families; however, to varying degrees. Boarding house staff (50.0%) were most likely to report that "all" children are able to maintain contact with their families. In comparison, nearly 40.0% of shelter staff reported that only "some" children are able to maintain contact with their families. Across the different residential care facilities, as many as 12% to 19% of staff reported that "none" of the children in their facilities are able to maintain contact with their families.

Table 4.13. Staff perceptions of children's contact with family

	All staff N=57		Orphanages N=20		Boarding houses N=16		Shelters N=21	
	n	%	n	%	N	%	N	%
Proportion of children in the facility that are able to maintain contact with their families								
None	9	15.8	3	15.0	2	12.5	4	19.0
Some	19	33.3	8	40.0	3	18.8	8	38.1
Many	14	24.6	7	35.0	3	18.8	4	19.0
All	13	22.8	1	5.0	8	50.0	4	19.0

Difficulties staff face in the residential care facilities

Staff were asked to identify various difficulties they face working in the residential care facilities. Table 4.14 reveals the common difficulties that staff reported facing:

- Being responsible for too many children (54.4%).
- Children are not well behaved or disciplined (38.6%); surprisingly, staff in boarding houses (56.3%) and shelters (47.6%) were significantly more likely to report that children are not well behaved or disciplined, compared to orphanage staff (15.0%).
- Problems with children's personalities (33.3%); boarding house staff (56.3%) were significantly more likely to report problems with children's personalities compared to staff in orphanages (20.0%) and shelters (28.6%).
- Low pay of staff (29.8%); boarding house staff (56.3%) were significantly more likely to report low pay of staff as a problem compared to staff in shelters (33.3%) and orphanages (5.0%).
- Too little time available to staff to go visit their families (29.8%).
- Incidents of quarrelling, fighting, and conflict between children (28.1%); staff in shelters (38.1%) and orphanages (25.0%) were more likely to report quarrelling, fighting and conflict between children, than boarding house staff (18.8%).
- Overcrowded living conditions (28.1%); boarding house staff (50.0%) were significantly more likely to report overcrowded living conditions, compared to staff in shelters (33.3%) and orphanages (5.0%)
- Lack of staff (28.1%); boarding house staff (43.8%) were more likely to report problems with lack of staff than staff in shelters (28.6%) and orphanages (15.0%).
- Too much work (22.8%); boarding house staff (43.8%) were significantly more likely to report too much work as a difficulty, compared to staff in shelters (14.3%) and orphanages (15.0%).
- Lack of resources and poor working conditions (22.8%); Staff in boarding houses (37.5%) and shelters (28.6%) were significantly more likely to report lack of resources and poor working conditions as a difficulty, compared to orphanage staff (5.0%).
- Children do not respect staff (21.1%); boarding house staff (31.3%) were more likely to report that children do not respect staff compared to staff in shelters (19.0%) and orphanages (15.0%).

Table 4.14. Difficulties staff face working in residential care facilities								
	All staff N=57		Orphanages N=20		Boarding houses N=16		Shelters N=21	
	n	%	n	%	n	%	n	%
Difficulties with children								
Children are not well behaved/disciplined	22	38.6	3	15.0	9	56.3	10	47.6
Problems with children's personalities	19	33.3	4	20.0	9	56.3	6	28.6
Problems with children's parents or other family members (legal guardians)	9	15.8	0	0.0	5	31.3	4	19.0
Incidents of quarrelling/fighting/conflict between children	16	28.1	5	25.0	3	18.8	8	38.1
Children do not respect staff	12	21.1	3	15.0	5	31.3	4	19.0
Children are aggressive toward staff	5	8.8	0	0.0	2	12.5	3	14.3
Difficult working conditions								
Responsibility for too many children	31	54.4	9	45.0	10	62.5	12	57.1
Overcrowded living conditions	16	28.1	1	5.0	8	50.0	7	33.3
Unsanitary conditions in the facility	4	7.0	0	5.0	2	12.5	2	9.5
Some staff are too harsh with children	4	7.0	2	10.0	0	0.0	2	9.5
Lack of staff	16	28.1	3	15.0	7	43.8	6	28.6
Too much work	13	22.8	3	15.0	7	43.8	3	14.3
Lack of resources and poor working conditions	13	22.8	1	5.0	6	37.5	6	28.6
Low pay	17	29.8	1	5.0	9	56.3	7	33.3
Lack of private time	7	12.3	1	5.0	1	6.3	5	23.8
Too little time to visit family	17	29.8	6	30.0	5	31.3	6	28.6
Director does not respect/support staff	6	10.5	0	0.0	3	18.8	3	14.3

Staff support for corporal punishment and other methods of discipline to punish children

Table 4.15 reveals that the majority of staff surveyed hold attitudes supportive of using corporal punishment or physical violence to discipline children. In particular, 57.9% of staff reported that physical punishment (corporal punishment) teaches children to respect adults and staff. Staff in shelter (66.7%), boarding houses (56.3%), and orphanages (50.0%) were nearly equally likely to hold this attitude.

Table 4.15 also reveals that as many as 40.4% of staff reported that physical punishment from staff helps to create a positive environment in the facility. In addition, 42.1% of staff reported that children's fear of physical punishment from staff helps to create a positive environment in the facility. More specifically, staff in boarding houses (50.0%) and shelters (47.6%) were significantly more likely to report that physical punishment is an effective way to punish children and correct their behavior, compared to orphanage staff (25.0%). However, orphanage staff (55.0%) were slightly more likely to hold the attitude that children's fear of punishment from staff helps to create a positive environment, compared to staff in boarding houses (37.5%) and shelters (33.3%).

While only 19.3% of all staff held the attitude that a good staff person is one who is able to effectively discipline or punish children, it is important to note that 31.3% of boarding house staff held this attitude compared to staff in shelters (14.3%) and orphanages (15.0%).

Table 4.15. Staff attitudes toward the use of physical violence to discipline children in residential care facilities								
	All staff N=57		Orphanages N=20		Boarding houses N=16		Shelters N=21	
	n	%	n	%	n	%	n	%
Physical punishment is an effective way to punish children and correct their behavior	23	40.4	5	25.0	8	50.0	10	47.6
Physical punishment teaches children to respect adults and the staff	33	57.9	10	50.0	9	56.3	14	66.7
A good staff person is one who is able to effectively discipline/punish children	11	19.3	3	15.0	5	31.3	3	14.3
Children's fear of punishment from staff helps to create a positive environment	24	42.1	11	55.0	6	37.5	7	33.3

Staff were provided with a list of different forms of corporal punishment (physical violence) and psychological abuse and they were asked to identify whether or not they use each of these methods to discipline children in their residential care facilities. However, as revealed by children in Table 3.15 in Chapter 3, staff often used other means of corporal punishment and psychological abuse that we did not consider when designing the survey, such as forcing children to sit on their knees, pulling children's ears, threatening to send children home, minimizing children's contact with their family, and forced prayer. Nevertheless, Table 4.16 reveals the proportion of staff that reported using several different methods of physical violence and psychological abuse to discipline or punish children. It is important to note that as many as 10% to 14% of staff skipped or did not complete the questions related to specific forms of punishment they use to discipline or punish children.

Table 4.16. Staff use of physical violence and psychological abuse to punish children in residential care facilities

	All staff N=57		Orphanages N=20		Boarding houses N=16		Shelters N=21	
	n	%	N	%	n	%	n	%
Corporal punishment (physical violence)								
Pinch children	15	26.3	7	35.0	4	25.0	4	19.0
Twist children's ears or arms	10	17.5	3	15.0	3	18.8	4	19.0
Shake children	7	12.3	2	10.0	1	6.3	4	19.0
Slap children on face or head	6	10.5	2	10.0	0	0.0	4	19.0
Slap children on buttocks, back, leg, arm	9	15.8	3	15.0	2	12.5	4	19.0
Hit children with a stick or hard object	6	10.5	1	5.0	1	6.3	4	19.0
Psychological abuse								
Yell at/curse children by calling them names (dog, monkey, idiot, stupid)	16	28.1	7	35.0	6	37.5	3	14.3
Act in a way that makes a child afraid they might be physically punished	12	21.1	5	25.0	1	6.3	6	28.6
Lock children in a room/small place to isolate them	5	8.8	2	10.0	0	0.0	3	14.3
Prevent children from using the toilet	4	7.0	2	10.0	1	6.3	4	19.0

In terms of physical violence, Table 4.16 reveals that as many as 1 out of 4 staff (26.3%) reported pinching children. Orphanage staff (35.0%) were slightly more likely to report pinching children than staff in boarding houses (25.0%) and shelters (19.0%). In addition, as many as 17.5% of staff reported twisting children's ears or arms, 15.8% reported slapping children on the buttocks, back, leg or arms, 12.3% reported slapping children on the face or head, 10.5% reported slapping children on the face or head, and 10.5% hit children with a stick or hard object. Surprisingly, shelters staff (19.0%) were significantly more likely to report hitting a child with a stick or hard object, compared to staff in orphanages (5.0%) and boarding houses (6.3%). The fact that staff reported using various forms of corporal punishment to discipline children demonstrates that they perceive these various forms of corporal punishment as appropriate and normal forms of discipline.

It appears that staff have underreported hitting children, particularly in light of the finding in Table 3.14 in Chapter 3 that 54.9% of children reported that staff hit/beat them when they did something wrong. Children in orphanages (71.4%) and shelters (50.0%) were significantly more likely to report that staff hit/beat them when they do something wrong, than children in boarding houses (37.2%).

Table 4.16 reveals that staff also reported using various means of psychological abuse to discipline or punish children. In particular, 28.1% (1 out of 4) of staff reported yelling at or cursing children by calling them names (e.g., dog, monkey, idiot, or stupid). Staff in orphanages (35.0%) and boarding houses (37.5%) were more likely to report yelling at or cursing children by calling them names, than staff in shelters (14.3%). In addition, as many as 21.1% of staff reported acting a way that makes a child afraid that they might be physically punished; staff in shelters (28.6%) and orphanages (25.0%) were more likely to report acting in a way that makes a child afraid that they might be physically punished, compared to boarding house staff (6.3%).

A smaller percentage of staff reported locking children in a room or small place to isolate them (8.8%) and preventing children from using the toilet (7.0%); nevertheless, some staff do use such abusive forms of punishment on children in residential care facilities. And, shelter staff were slightly more likely to report using both of these methods to discipline or punish

children, compared to staff in orphanages and boarding houses.

Staff were also asked about their use of various means of positive discipline that they use to correct children's behavior. Table 4.17 shows that the majority of staff reported discussing a child's wrong behavior with the child (84.2%), telling children what not to do (52.6%), and giving children physical tasks/labor (56.1%). Staff in orphanages (65.0%) and boarding houses (75.0%) were significantly more likely to report giving children physical tasks/labor, compared to staff in shelters (33.3%). Staff would also use positive discipline in combination with physical violence and/or psychological abuse.

Table 4.17. Staff use of positive discipline on children in residential care facilities

	All staff N=57		Orphanages N=20		Boarding houses N=16		Shelters N=21	
	n	%	N	%	N	%	n	%
Positive discipline								
Embrace children in front of his/her peers	10	17.5	2	10.0	4	25.0	4	19.0
Discuss a child's wrong behavior with the Child	48	84.2	18	90.0	14	87.5	16	76.2
Tell children what not to do	30	52.6	10	50.0	6	37.5	14	66.7
Give children physical tasks/labor (clean the toilets, haul garbage, etc)	32	56.1	13	65.0	12	75.0	7	33.3

Regulations of child protection and staff conduct

Directors and staff were asked if their facility has official regulations or written documents that regulate child protection and standards of care for each child, as well as staff conduct and disciplinary procedures for staff that treat children badly. Table 4.18 shows that only 39.1% of facility directors reported their facility has an official written document that regulates child protection and standards of care for each child. Shelter directors (80.0%) were significantly more likely to report having such official regulations, compared to directors of orphanages (18.2%) and boarding houses (42.9%).

Table 4.18 reveals that facility directors were much more likely to report having official written documents that regulate staff conduct and disciplinary procedures for staff that treat children badly (60.9%), than documents that regulate child protection and standards of care for each child. Directors of shelters (100.0%) and boarding houses (71.4%) were significantly more likely to report having official regulations for staff conduct, compared to orphanage directors (36.4%).

Table 4.18. Directors reports of official regulation of the residential care facilities

	All directors N=23		Orphanages N=11		Boarding houses N=7		Shelters N=5	
	N	%	n	%	N	%	n	%
Facility has an official written document that regulates child protection and standards of care for each child	9	39.1	2	18.2	3	42.9	4	80.0
Facility has an official written document that regulates staff conduct and disciplinary procedures for staff that treat children badly	14	60.9	4	36.4	5	71.4	5	100.0

Facility directors were also asked if they had a copy of MSS's Policy on Child Care Centers and Boarding Houses and if they were familiar with the minimum standards of care for children outlined in that policy. Surprisingly, the majority of facility directors reported they did not have a copy of MSS's Policy on Child Care Centers and Boarding Houses, and that they were not familiar with minimum standards of care for children outlined in the policy.

Staff were also asked about their knowledge of official regulations of the residential care facilities. Surprising, staff were much more likely to report that their facility has an official written document that regulates child protection and standards of care for each child (63.2%), compared to facility directors (39.1%). Shelter staff (81.0%) were significantly more likely to report that their facility has such a regulation than staff in orphanages (50.0%) and boarding houses (56.3%). It is important to note, however, that as many as 19% of staff did not know if their facility has an official written document or regulation that

regulates child protection and standards of care for each child.

Table 4.19 also reveals that only 49.1% of staff reported their facility has an official written document that regulates staff conduct and disciplinary procedures for staff that treat children badly (this is compared to 60.9% of facility directors that reported their facility has such an official regulation). It is important to note that as many as 30.0% of staff reported they "do not know" if their facility has an official written document that regulates staff conduct and disciplinary procedures for staff that treat children badly.

In many faith-based facilities, which were the majority of residential care facilities, the official written document that regulates child protection and standards of care for children in the facility is established by the church. The regulations are not MSS's Policy on Child Care Centers and Boarding Houses.

Table 4.19. Staff's knowledge of official regulations of the residential care facilities

	All staff N=57		Orphanages N=20		Boarding houses N=16		Shelters N=21	
	n	%	n	%	n	%	n	%
Facility has an official written document that regulates child protection and standards of care for each child	36	63.2[a]	10	50.0	9	56.3	17	81.0
Facility has an official written document that regulates staff conduct and disciplinary procedures for staff that treat children badly	28	49.1[a]	8	40.0	8	50.0	12	57.1

[a] 19.3% of staff reported they "do not know"
[b] 30.0% of staff reported they "do not know"

Directors and staff training

Training of facility directors and staff training is a crucial component of ensuring child protection and quality care for children in residential care facilities; however, as Tables 4.20 reveals a significant proportion of directors are not trained on issues of child rights, child protection, violence against children, gender-based violence, and case management and standards of care for children in residential care facilities. Tables 4.20 reveals that shelter directors were more likely to receive training on each of the topic areas, compared to directors of orphanages and boarding houses. However, interview data revealed that much of the training received by staff in faith-based orphanages and boarding houses was conducted by the church, and is not necessarily in keeping with international standards of child rights and child protection or the *MSS Policy, Procedures and Standards for Child Care Centers and Boarding Houses*.

Table 4.20. Training received by directors of residential care facilities

	All directors N=23		Orphanages N=11		Boarding houses N=7		Shelters N=5	
	n	%	n	%	n	%	n	%
Child rights training	13	56.5	4	36.4	5	71.4	4	80.0
Child protection training	13	56.5	4	36.4	4	57.1	5	100.0
Child nutrition and hygiene training	13	56.5	8	72.7	4	57.1	1	20.0
Violence against children training	11	47.8	5	45.5	2	28.6	4	80.0
Gender-based violence training	12	52.2	4	36.4	3	42.9	5	100.0
Case management training	9	39.1	4	36.4	1	14.3	4	80.0
Training on laws against domestic violence	13	56.5	4	36.4	4	57.1	5	100.0
Policy on child care centers and boarding houses	11	47.8	4	36.4	4	57.1	3	60.0

Table 4.21 also reveals a significant proportion of staff reported they are not trained on issues of child rights, child protection, violence against children, gender-based violence, and case management and standards of care for children in residential care facilities. Table 4.21 reveals that shelter staff were more likely to receive training on each of the topic areas, compared to staff in orphanages and boarding houses; however, as identified in Table 4.15 shelter staff were more likely to hold positive attitudes toward using corporal punishment to discipline or punish children in residential care facilities.

Table 4.21. Training received by staff working in residential care facilities								
	All staff N=57		Orphanages N=20		Boarding houses N=16		Shelters N=21	
	n	%	n	%	n	%	n	%
Child rights training	36	63.2	12	60.0	6	37.5	18	85.7
Child protection training	30	52.6	7	35.0	4	25.0	19	90.5
Child nutrition and hygiene training	32	56.1	9	45.0	8	50.0	15	71.4
Violence against children training	20	35.1	4	20.0	2	12.5	16	76.2
Gender-based violence training	20	35.1	3	15.0	1	6.3	16	76.2
Case management training	18	31.6	1	5.0	0	0.0	17	81.0
Training on laws against domestic violence	27	47.4	3	15.0	4	25.0	20	95.2
Policy on child care centers and boarding houses	29	50.9	5	25.0	5	31.3	19	90.5

Means of funding and support

Finally, effort was made to understand the means of funding and support that residential care facilities have to support the care and protection services that they provide to children. Many faith-based residential care facilities revealed that they get funding from the church, which can sometimes include their religious affiliates in Spain, Italy and other countries. As one boarding house director explained, *"we get funds from sisters in Spain to support those children that cannot afford the boarding house fees."* For instance, boarding houses revealed that they may charge families any from 10 to 40 USD per month, depending upon the boarding house and the district.

Some residential care facilities also revealed that they receive support from international organizations, nongovernmental organizations, rotary clubs, and embassies. Some also revealed that they receive financial support and supplies from well-wishers. In many facilities the donations are sporadic and vary significantly from month-to-month and year-to-year.

Some residential care facilities have managed to identify international sponsors for some of the children in their residential care facilities. One orphanage has even adopted out several children to foreigners living in other countries.[2]

In regard to support from the Government of Timor-Leste, many facility directors reported the only support they receive from the local government is in the form of rice. They may receive rice on a quarterly basis during the year, but it really depends upon the facility. Also, some residential care facilities did not receive any rice from the government. The quantity of rice that facilities receive also varied significantly, and was not always based upon need or the number of children in the facilities. The quotes below provide evidence of the significant variation that exist in terms of rice distribution to residential care facilities.

> *"Every 3 months we get 38 bags of rice or 25 kg. Before 2007 we didn't get rice but once a year. When I arrived I asked MSS, 'How often do you give rice?' If I don't go follow-up they don't give rice. If we miss, then we have to buy and we have to wait for the next three months. We use 25 kg of rice per day in the boarding house." (Boarding house)*

> *"In Baucau, we once got support from MSS; but in Dili we have gotten nothing. I sent a hand written letter to MSS and they said they will look at it and maybe in the future they will help." (Orphanage)*

> *"MSS sometimes provide rice, but not regularly. One to two times a year we will get rice. We get 10 bags of rice each time; 20 bags of rice in one year."*

> *"We get 48 bags of rice every three months from MSS." (Orphanage)*

> *"We get 86 bags of rice every 3 months from MSS and every day we cook 2 sacks of rice; so the rice we receive from the government covers 43 days." (Boarding house)*

> *"MSS sometimes provides rice, every 3 months and the last time we got 43 sacks or 25 kg sacks."*

A few shelters reported receiving not only rice from MSS, but also milk and food.

> *"We get rice from MSS every month; 25 sacks. We also get some clothes, books and pens from the government." (Orphanage)*

Only a few facilities also reported receiving cash financing, sometimes at Christmas time or as full

[2] It is important to note that Timor-Leste is neither a signatory State to The Hague Convention on International Child Abductions, nor has any formal bilateral international child abduction agreements with any countries.

funding for their facility. In fact one shelter reported receiving nearly 40,000 USD over the past year to support their shelter and center.

Finally, one orphanage reported receiving two teachers from the Ministry of Education to teach in their school; however, this was also a Muslim orphanage that had a school on the grounds.

Clearly, a more thorough analysis need to be done of the support that residential care facilities receive from the government to fully understand it, and to assess additional support the government can provide to residential care facilities to improve care for children.

Chapter 5: Conclusions and Recommendations

This mapping of residential care facilities generated a significant amount of data and findings from the perspectives of children residing in the residential care facilities, directors and staff working in the facilities, and observations of the international consultant at each of the facilities. Findings revealed that children entered into residential care facilities for a wide variety of reasons, including due to poverty, family violence and child abuse and neglect, early marriage of the girl child, , lack of opportunity to study in one's home town, and other reasons. Clearly, residential care facilities in Timor-Leste do provide vulnerable children with an alternative system of care and protection, one that is separate from the poverty, abuse, neglect, exploitation, and/or violence they were experiencing in their families. Also, residential care facilities can provide children with access to education and structured discipline that they may not receive in their families or communities.

Nevertheless, it is important to point out that very few of the children residing in these facilities because of child abuse and neglect and/or problems of family conflict and violence were actually placed in these facilities by MSS, CPOs, or the police. In other words, most children were removed from their immediate and extended family without any assessment by a CPO as to: the child's family living arrangements and environment; whether the child was at immediate risk of abuse, neglect, exploitation and/or violence; whether the child needed to be separated from their parents and family; the child's eligibility for placement in a residential care facility; or if the child was placed in the most appropriate residential care facility based upon their needs. Instead, through a process of outreach, many residential care facilities had a practice of identifying poor and vulnerable families and convincing them to allow them to take one or more of their children to live in their residential care facility where they would be cared for and educated. Among faith-based residential care facilities, the outreach typically occurs through the church.

In many cases, children were even sent to live in a residential care facility in a district other than the one in which their parents and family were living. This creates barriers for the children to maintain regular contact with their parents and family members and limits their abilities to return to their families for the holidays and during school breaks.

This mapping also revealed that many child victims in residential care facilities in Timor-Leste receive limited victim support services; instead, most facilities (particularly orphanages and boarding houses) focus on educating and disciplining children and making sure that children have good personal hygiene. In fact, most of the residential care facilities we visited were not necessarily part of the child protection system, either formally or informally, and did not necessarily have it as their goal to provide child victims with the protection and support services they need. In fact, few residential care facility directors reported actually making sure that child victims receive victim support services or have regular contact with a CPO or MSS Representative that will regularly follow-up to assess the child victims progress in recovery or manage the case of the child victims, including their reintegration with the family (if possible) or back into their communities.

Findings from this mapping also revealed that the type and quality of accommodations and care for children in residential care facilities varies significantly from facility-to-facility. While some facilities have good accommodations and living conditions for children; a significant proportion of facilities offer poor accommodations and living conditions for children. Problems include, but are not limited to:

- Lack of space and beds for the number of children in the facility (rooms were overcrowded and bunk beds were stacked together up to 10 deep, children had to share a bed as there were not enough beds for each child, no separate sleeping quarters for boys and girls)
- Beds were unsafe (not sturdy) and lacked mosquito netting leaving children unnecessarily exposed to contracting dengue fever and malaria
- Lack of space for children to keep their private things
- Lack of adequate toilets and private shower/bathing facilities for the number of children in the facility
- Lack of or no running water in the facility
- Kitchen and food preparation areas that were unsanitary
- Lack of eating and drinking utensils (not enough for each child in the facility, so children had to share at each meal)
- Lack of food for children and do not provide children with the recommended daily nutritional allowances

In many facilities, children reported occurrences of physical violence among children, and in some facilities staff relied upon older children to supervise and discipline the younger children using physical violence, and instructed groups of children to publicly shame and physically abuse another child for a wrong doing (e.g., not practicing good personal hygiene).

Children and staff also revealed that staff use various means of physical chastisement or corporal punishment, and other forms of cruel and degrading punishment on children (e.g., harsh verbal abuse and psychological abuse). As a result, a significant proportion of children in facilities reported they were afraid of other children and/or staff in the facilities.

Finally, this mapping revealed that the majority of residential care facility directors and staff were unaware of the *MSS Policy, Procedures and Standards for Child Care Centres and Boarding Houses*, and the minimum standards of care outlined in that policy.

The recommendations that follow are based upon findings from this mapping and are guided by the human rights obligations of the Government of Timor-Leste under the UN Convention on the Rights of the Child (CRC) as ratified in April 2003. The CRC recognizes the right of children to grow up in a family environment, except when it is in the child's best interest that alternative arrangements be made, in which case it is the State's responsibility to provide special protection for children that are deprived of a family environment. According to the CRC and the *UN World Report on Violence Against Children*, the State has an obligation to protect children from all forms of violence, wherever they are placed and irrespective of who is responsible for their care and protection. The increased risk of violence against children in residential care facilities adds to the State's obligations to develop effective legislation, monitoring, and other measures to protect children in residential care facilities from violence (1, 2). To effectively prevent and address violence against children in residential care facilities, a range of actions must be taken, and a variety of organizations and stakeholders need to be involved. The CRC also specifically addresses the rights of children with disabilities, and recognizes that segregation and institutionalization of children with disabilities is not justified, despite the fact that children with disabilities are frequently institutionalized (3).

It is goal that the following recommendations can serve as a guide for developing a national action plan related to issues of child protection, placement of children in alternative care or residential care facilities, and for the prevention and protection of children from all forms of violence in families and residential care facilities. These recommendations should be the primary responsibility of the government and ministry bodies to implement in coordination with NGOs and civil society organizations, and faith-based organizations, particularly those that operate residential care facilities for children and community-based services for children.

Legislative and policy reform on child protection

While the primary role of child care and rearing is accorded to the family, in keeping with the CRC, the Government of Timor-Leste does have an obligation to have a legal and policy framework that establishes a system of child protection that has structures, functions, and capacities to: identify children whose rights have been violated; effectively protect children from all forms of abuse, neglect, exploitation, and violence; and provide vulnerable children and families, and child victims with comprehensive and coordinated support services and a continuum of care (4).

Recommendation 1: Develop and implement a legal and policy framework pertaining to children protection that ensures an effective response to child victims and cases of abuse, neglect, exploitation, and violence against children in families and other settings

In keeping with the recent joint UNICEF and MSS mapping and assessment of the child protection system (5), this mapping of residential care facilities for children has demonstrated that the Government of Timor-Leste needs to develop and implement a legal and policy framework pertaining to child protection that ensures the Government has the ability to: identify and effectively response to children whose rights have been violated and child victims of all forms of abuse, neglect, exploitation, and violence; can provide vulnerable children and families, and child victims with comprehensive and coordinated support services and a continuum of care; and can coordinate with other agencies in the investigation and punishment of perpetrators of child abuse, neglect, exploitation, and violence, when appropriate.

The legal and policy framework for child protection should also include criteria for removing children from their families, depriving parents of their parental rights, and placement of children in alternative systems of care, such as residential care facilities. It should establish the structures, functioning, and capacities of a network of approved residential care facilities that can provide vulnerable children and their families, and child victims with protection, care, and a wide range of support services (e.g., housing/shelter, medical/health care, psycho-social support, individual and/or group counseling, education, life skills and job skills training, etc.) and individualized assessment and care plans that will support a child's recovery, rehabilitation, and reintegration with their families (if possible) and into the community.

For legal reform to be effective and achieve its intended goal, guidelines will be needed for all key stakeholders that are working directly with children

(e.g., teachers, medical/health care workers) and involved in the system of child protection (e.g., CPOs, MSS Representatives, residential care facility directors and staff, and police and prosecuting authorities). Guidelines need to include:

- Identification of cases of abuse, neglect, exploitation, and violence against children
- Reporting and referral of cases of abuse, neglect, exploitation, and violence against children
- Investigation of all reported cases of abuse, neglect, exploitation, and violence against children
- Protection of child victims from significant harm and re-victimization
- Assessment of the need to remove children from the home and family and placement of children in alternative care systems based upon need
- Provision of support services for vulnerable children and families, and child victims
- Punishment of perpetrators of violence against and exploitation of children, when appropriate

The legal and policy framework of child protection should include formal agreements among a network of licensed/registered residential care facilities that can provide child victims with protection, quality care and accommodations, regular assessments and case management, and the support services they need. This mapping exercise revealed that not all residential care facilities have these capacities and functions, thus, they are unable to provide child victims with the protection, care, and support they need in the short-term or over the long-term.

It is important that the Government of Timor-Leste work in collaboration with international organizations, local nongovernmental and civil society organizations, and church organizations to develop a system of child protection that is able to: identify and effectively response to children whose rights have been violated and child victims of all forms of abuse, neglect, exploitation, and violence; can provide vulnerable children and families, and child victims with comprehensive and coordinated support services and a continuum of care; and can coordinate with other agencies in the investigation and punishment of perpetrators of child abuse, neglect, exploitation, and violence against children, when appropriate.

Recommendation 2: Enhance and implement the MSS Policy, Procedures and Standards for Child Care Centers and Boarding Houses that addresses minimum standards and quality of accommodations and care for children in residential care facilities

Findings from this mapping revealed that the standards and quality of accommodations and care for children in orphanages, boarding houses, and shelters varies significant from facility-to-facility. While some residential care facilities have good accommodations for children, many residential care facilities face numerous problems as identified earlier in this Chapter and in Chapters 3 and 4. This mapping also revealed that the majority of residential care facility directors and staff were unaware of the *MSS Policy, Procedures and Standards for Child Care Centres and Boarding Houses*, and the minimum standards of care outlined in that policy.

The findings from this mapping demonstrate that MSS needs to enhance their *Policy, Procedures and Standards for Child Care Centres and Boarding Houses*, and increase the minimum standards and quality of care for children residing in residential care facilities.

The Government also needs to establish mechanisms for implementing and enforcing the *MSS Policy, Procedures and Standards for Child Care Centres and Boarding Houses*. This should include regular inspections of all residential care facilities to ensure they are not violating children's rights and are providing children in their facility with quality accommodations and care. Inspections should include discussions with children living in the facilities and with directors and staff working in the facilities, and systematic observations and inspections of the facilities. The policy should also include processes for dealing with facilities that are not providing children with minimum standards of care. For instance, facilities that are not in compliance with minimum standards should be required to improve the conditions in the facility within a specified time frame or the numbers of children in the facility should be reduced or removed, or the facility shut down until it is able to come into compliance with the minimum standards of care and accommodations for children.

Recommendation 3: Develop and implement legislation on corporal punishment and others forms of cruel and degrading punishment against children

Both the Committee on the Rights of the Child and the *UN World Report on Violence Against Children* note that laws on criminal assault are seldom interpreted as prohibiting physical chastisement or corporal punishment, and all other forms of cruel and degrading punishment of children in the home and family setting and other settings (such as residential care facilities for children). It is important that the Government of Timor-Leste ensure that they have legislation that clearly prohibits physical chastisement and corporal punishment of children and exploitation of children in all settings, including the home and family setting, and in alternative care settings where children are cared for and reside (e.g., orphanages, boarding schools for children, shelters for children,

and institutions for disabled, orphaned, and wayward/troubled children).

Findings from this mapping revealed that children are in residential care facilities because of child abuse and neglect in their families, and those children in residential care facilities personally witness and experience violence among children and staff use of physical chastisement or corporal punishment and other forms of cruel and degrading punishment (e.g., psychological abuse) to discipline children. Thus, child victims placed in residential care facilities are at increased risk of re-victimization.

In light of these findings, the Government of Timor-Leste need to conduct a careful analysis of legal and policy frameworks that regulate the protection and care of children in residential care facilities and governs staff conduct and treatment of children in such facilities. All forms of violence against children in residential care facilities, including physical chastisement or corporal punishment, and other forms of cruel and degrading punishment of children should be prohibited under the law. Residential care facilities (including those operated by church organizations, nongovernmental organizations, and private entities) should be mandated by legislation and/or policy to have formal standards of care for children in facilities and codes of conduct for directors and staff working in such facilities. There should also be mechanisms for monitoring the effective implementation of these standards of care and codes of conduct for directors and staff working in residential care facilities.

For legal reform on physical chastisement or corporal punishment and other forms of cruel and degrading punishment to be effective and achieve the intended goal, all of those who work directly with children (e.g., teachers, medical/health care workers) and involved in the system of child protection (e.g., CPOs, MSS Representatives, residential care facility directors and staff, and police and prosecuting authorities) need to be trained on the new legislation.

It is also important that the Government of Timor-Leste work in collaboration with international organizations, local nongovernmental and civil society organizations, and church organizations that operate residential care facilities for children to develop mechanisms to ensure systematic and consistent monitoring of the implementation of legislation and policies that prohibit physical chastisement or corporal punishment and forms of cruel and degrading punishment of children.

Protection of vulnerable children and child victims

When child abuse, neglect, exploitation, and/or violence is suspected or disclosed action must be taken to investigate the case and intervene to protect child victims and provide support services to high risk families. The preferred system of child protection is one that is multi-sectoral and can provide child victims and their families with the appropriate care and support, and protection and compensation to child victims when necessary. Children who have been subjected to violence (either previous to or subsequent to their placement) should also receive appropriate medical and mental health care. Appropriate interventions can include educational and psycho-social support, or psychotherapy. Special attention should be given to restoring children's confidence in relationships as an important part of the healing process. In severe cases of child abuse, neglect, exploitation, and violence, it is important that the child is removed from the home and family and the perpetrator(s) are punished for violence and/or exploitation.

Recommendation 4: Mandatory reporting of cases of child abuse, neglect, exploitation, and violence in the family and other settings

Findings from this mapping of residential care facilities revealed that to a large extent children end up in residential care facilities because of child abuse and neglect in their families; however, most of these cases of child abuse and neglect are never reported or investigated, and children are removed from their families and placed in residential care facilities without any individual or family assessment. It was also revealed by children and staff in residential care facilities that children in such facilities experience violence among children and staff use physical chastisement or corporal punishment and other forms of cruel and degrading punishment (e.g., harsh verbal abuse and psychological abuse) to discipline children. The risk for injury and damage to a child's physical and mental health, social and psychological well-being and development, and academic achievement increases with the frequency and severity of child abuse, neglect, and exploitation; therefore, it is extremely important that cases of violence against and exploitation of children be identified and reported to appropriate government authorities, and that appropriate interventions are provided in each case to bring an end to the abuse, neglect, and exploitation.

Residential care facilities that identify and take in children that are suspected to be or are actual child victims of abuse, neglect, exploitation, and/or violence should be required to report such cases to CPOs and MSS to ensure such cases are officially recorded and investigated, and that child victims are

identified and provided with the protection, care, and support service they need. It is also important that high risk families are provided with the support services they need to address the underlying causes of the child abuse, neglect, or exploitation so that the focus can be on reintegrating the child back into the family (if deemed in the best interests of the child). In some cases, perpetrators may need to be prosecuted.

Those who work directly with children (e.g., teachers, medical/health care workers) and those involved in the system of child protection (e.g., CPOs, MSS Representatives, and residential care facility directors and staff) have an important role to play when it comes to detecting and identifying suspected and actual cases of child abuse, neglect, and exploitation in the family and other settings, including residential care facilities for children, and should be mandated to report such cases to CPOs and MSS to ensure appropriate investigation and response. To be effective, reporting must be matched with equally well developed structures of protection, support, and treatment for child victims and vulnerable families (6).

Recommendation 5: Holistic assessment of child victims and intervention in cases of child abuse, neglect, and exploitation that are in the best interest of the child

Once a child is identified as at risk or in danger of child abuse, neglect, and/or exploitation a coordinated response is needed to ensure the child is protected and the best interests of the child are taken into consideration. Accomplishing this objective requires a holistic assessment of the child's victimization and needs, along with their family living arrangements and environment. It also requires a multi-sectoral response and collaborative sharing of information among various governmental agencies and victim support service providers in different sectors to ensure that child victims' needs are properly assessed and protection and support services are provided to child victims and their families.

There must be clear lines of sharing not only information about the child victims and their family, and their case, but also lines of responsibility and accountability for actions taken with child victims and their families. The challenge is clearly to meet the needs of protecting child victims and not placing them at further risk of victimization, along with keeping the family intact, whenever possible. Consideration must be given to the concerns and desires of the child in all decisions about interventions; of course, taking into account the context of the child's stage of emotional development and maturity (7).

Still , however, more needs to be learned about the process of assessment performed by CPOs, MSS and the police before removing children from the home, and their decision-making to place children in a residential care facility and which facility. Also, more needs to be learned about how often and what type of follow-up CPOs and/or MSS do with child victims that have been removed from their families and placed in residential care facilities.

Recommendation 6: Ensure that placement of children in residential care facilities should be a measure of last resort

Studies worldwide have revealed the negative effects of institutionalization on the development and well-being of children. In particular, children that grow up in residential institutions are more likely to have poor physical health, developmental delays (including social and language development delays), attachment disorder, and potentially irreversible adverse brain functioning and psychological damage (8, 9). The risk of developmental delay and psychological damage is particularly serious for children under four and five years of age, which is a critical period during which children bond with their parents or caregivers (10, 11). The problem for children raised in institutional care is that they are typically deprived of a supportive, intensive, one-on-one relationship with a primary caregiver, which is essential for optimal childhood development (12). The negative effects of institutionalization can become more severe the longer a child remains in an institution and in situations where the conditions of the institution are poor and/or unsafe (13, 14). The social and psychological well-being and functioning of children will also significantly deteriorate with inactivity, social isolation, and violent and abusive conditions that can exist in residential institutions for children. In fact, research has shown that after spending time in an institution, a child can lose basic skills they had upon entry, such as the ability to look after themselves and to develop caring relationships (15, 16).

Thus, policies governing the protection and care of children should focus on reducing the number of children that enter into to various residential care facilities, including state-run, private, and faith-based residential care facilities for children.

According to the CRC, institutional care of children should be a "last resort," reserved for children whose needs cannot be met in their own family or an alternative family setting, and placement should be made only after careful consideration of the best interests of the child and an assessment or evaluation of his/her long-term needs (17). Thus, the Government should ensure that placement of children in residential care facilities is avoided, whenever possible, and a range of alternative care systems should be explored, including keeping the child in the

family and community by providing support services to families to prevent separation in the first place and/or by placing the child with extended family members. Using institutionalization of children as a "last resort" will help to reduce the number of children in residential care facilities throughout Timor-Leste.

Recommendation 7: Ensure that residential care facilities provide children in their facilities with reintegration services, including vocational/job skills and life skills training, and aftercare support

Findings from this mapping revealed that few residential care facilities provided children with vocational/job skill training or life skills training, beyond teaching girls home-making (cooking and cleaning). In addition, as many as 110 or 20.0% of the total sample of 549 children/youth were 18 years of age and older (Chapter 3). These findings point to a reality that few residential care facilities provide children in their facilities with either reintegration services and/or aftercare support that is needed to help children reunite and reintegrate with their families and communities after short- or long-term separation. Internationally it is recognized that children placed in residential care facilities for one or more years often become institutionalized and ill prepared for community life. Thus, it is important that residential care facilities develop specific strategies and services that emphasize reintegration and prepare children and families for reunification to reduce the risk of additional family breakdown and conflict, and to reduce the risk of children running away.

Reintegration services such as life skills training, vocational/job skills training, and even job placement that emphasize reintegrating into community life and becoming productive and contributing members of society are also crucial. Of course, vocational/job skills training may not necessarily be the priority for young children, for whom the focus should be on education. But, for older adolescents, educational development should be coupled with vocational/job skills training; however, they should not be restricted to a couple of low-paying, unskilled job choices. Best practices from other countries have revealed that children should be provided with a wide range of vocations/jobs in areas that are of interest to them, are market-driven to the local community to which they will return, and are well paying. Vocational/job skills training should be coupled with job placement in businesses that have been screened and are regularly monitored to ensure that these children/youth are not exploited as they transition and reintegrate back into community life and society. Vocational/job skills training and job placement also has the added benefiting of helping to reduce institutionalized children's risk of being exploited and/or trafficked for purposes of sexual and/or labor exploitation after they leave the residential care facility.

Recommendation 8: Ensure that directors and staff working in residential care facilities are properly selected, trained, and accountable

Findings from this mapping revealed that many directors and staff working in residential care facilities were not carefully selected or adequately trained on issues of child rights and child protection, violence against children and gender-based violence, case management, and the *MSS Policy, Procedures and Standards for Child Care Centres and Boarding Houses*. In many faith-based residential care facilities, nuns that served as directors and staff were not carefully selected or trained, but were actually rotated every two to three years, or less, by their regional superiors.

It is of utmost importance that children placed in residential care facilities, such as orphanages, boarding houses, and shelters are provided with quality accommodations and care, and protected from all forms of violence. To accomplish this goal, residential care facilities, particularly those that are part of the child protection system and provide child victims with protection and support services, should focus on improving director's and staff capacities to protect, understand, work with, and support child victims in the recovery, rehabilitation, and reintegration process.

Given the Government's reliance on faith-based and nongovernmental-run residential care facilities to provide child victims with protection and support services, it is crucial that the Government ensures that directors and staff who work in these residential care facilities are qualified and fit to work with children and youth, in general, and more specifically with child victims. Directors and staff should be carefully selected and screened, receive appropriate training and necessary supervision, and be fully qualified.

All directors and staff that work in residential care facilities for children must be well-trained in:

- Legislation and regulations related to child rights, child protection and care, and violence against children
- Code of conduct for directors and staff
- Regulations for discipline and dismissal of directors and staff
- Child development
- Forms of violence against children and impact of violence on children
- Children with special needs and vulnerable populations
- Running away and self-harm among children

- Assessments and case management
- Non-violent teaching, discipline and communication
- Violence prevention in residential care facilities
- Whistle blowing

Recommendation 9: Monitoring and investigation of incidents of violence against children in residential care facilities

The risk for injury and damage to a child's physical and mental health, social and psychological well-being and development, and academic achievement increases with the frequency and severity of child abuse and neglect. Therefore, it is extremely important that cases of violence against children in residential care facilities be identified as soon as possible, and that appropriate intervention be provided to bring an end to the violence. It is also important that incidents of children running away from residential care facilities be monitored and investigated because as this mapping revealed, children that run away from residential care facilities were significantly more likely to report that they fear other children and staff in the facilities, personally witness and experience violence among children in the facilities, and experience staff use of violence against children (see Chapter 3). Thus, running way serves as important warning signs for violence against children and other problems in residential care facilities.

In keeping with recommendation outlined in the *UN World Report on Violence Against Children*, all residential care facilities for children should be independently inspected and monitored by qualified bodies with full access to the facilities and freedom to interview children and staff in private. These bodies should have the power and capacity to monitor conditions and investigate any allegations of violence in a timely manner, while respecting children's privacy rights (8). In Timor-Leste, the National Commission on the Rights of the Child (NCRC) could be tasked to inspect and monitor residential care facilities on biennial basis.

Children in residential care facilities should also have simple, accessible, and safe opportunities to complain about the way they are treated without risk of reprisal or fear of retribution. Children should also have opportunities to express themselves freely and verbalize their concerns, and have access to legal advocates and the courts when necessary (18). To be effective, reporting must be matched with effective investigation.

Prevention of child abuse and neglect

International research continues to demonstrate that variety of interventions can prevent violence against and exploitation of children in the home and family setting, and other settings. The key is to ensure that legislation and social policies are coupled with programs and interventions that serve to strengthen and support high risk families and communities, and to address the underlying causes of child abuse and neglect in the home and family setting, and in other settings (19).

Recommendation 10: Home visitation and parenting education and parent-child enhancement programs

Programs focused on family functioning and problem solving, and parenting practices have existed for several decades. There is strong and consistent evidence that such programs can be effective in reducing child abuse and neglect in the home and family setting, as well as other negative child health and development outcomes. The most successful programs have been those that address the internal dynamics and functioning of the family along with the family's capacity for dealing with external demands (20, 21).

The best programs focused on family functioning and management, parenting education and skills, and parent-child interactions include a home visitation component. Home visitation can involve health care professionals, CPOs/social workers, and/or trained volunteers who can assess infants and young children's needs and parents' capacities to meet those needs given the family's current social and economic situation. Personalized home visits should be supportive in nature, with the aim of providing support and training to promote positive parental knowledge, skills, and behaviors, and to a certain extent to assess the family. Home visits also provide those who perform the visit with the opportunity to link a family with other community services as needed (22, 23).

Throughout the world there are good practices and model programs that focus on providing parents and caregivers with education about child development and nutritional needs and parenting skills, including giving effective directions, rewarding and reinforcing positive behavior, the importance of follow through and consistency in child rearing, and strategically ignoring minor negative behaviors. These programs have proven effective at reducing child abuse and neglect and providing a context in which to teach parents non-violent methods of discipline. Some of these programs have also focused on teaching parents how to enhance parent-child interactions to improve the overall development of the child and the parent-

child relationship. The earlier such programs are delivered in a child's life and the longer their duration, the greater the benefits for children and parents (24, 25).

While parenting programs are typically provided to mothers, it is important to remember that fathers and other caregivers (extended family such as aunts and grandparents) can benefit significantly from such programs, particularly when it is expected that fathers and other caregivers often serve as the disciplinarians in families.

Recommendation 11: Programs for and with children

According to the *UN World Report on Violence Against Children*, children from a very young age should be provided with education programs which enable children to recognize and avoid risky situations, such as appropriate and inappropriate touching, saying "no" to an adult when they feel uncomfortable, and knowing who a child can tell if they experience any forms of abuse and/or neglect. Throughout the world these education programs for children have produced promising outcomes in a number of school and community-based settings. However, it is important to remember that such programs work best as part of a more comprehensive strategy that also include parenting education programs and parent-child enhancement programs (26).

Recommendation 12: Maternal and child health services that support parents and families

Programs and services focused on reproductive and maternal health care, and child health care should be the first lines of action to identify and address issues of child abuse and neglect in the family setting. These services provide the opportunity to:

- prevent unwanted pregnancies
- improve access to pre- and post-natal health care
- improve access to infant/newborn and early childhood health care
- help strengthen early parent-child attachment
- reduce the risk of parents abusing and neglecting their infants/newborns and young children

It is important that all women be provided with free and/or affordable quality maternity services and infant/newborn and early childhood health care. This gives health care workers the opportunity to inform and educate parents about infant and early child care (e.g., nutrition and development needs), positive discipline and the harmful effects of child abuse and neglect, and the opportunity to direct resources and offer additional services to vulnerable and high risk families (based upon warning signs of abuse and neglect, or simply the presence of known risk or contributing factors). In some countries, home visitation programs for newborns by health and/or community workers have proven successful in reducing the occurrence of child abuse and neglect and ensuring early identification of parents who need supportive assistance. The goal should be early identification and supportive assistance, without stigma or labeling, by routine checks on mothers and children through maternity services and infant/newborn and early childhood health care (18).

Public education

A public and political dialogue needs to occur about issues of violence against and exploitation of children in the home and family, and in other settings. Such dialogues need to occur in spaces or venues where effective solutions can be adequately discussed, developed, and implemented. While UNICEF has supported MSS in social mobilization raising awareness on child protection issues, there still the need for culturally and contextually appropriate behavior change campaigns and public awareness-raising activities that are designed and implemented to address violence against children and the detrimental effects of residential care on the development and well-being of children. Without such behavior change campaigns and public awareness-raising activities, it will be difficult to reduce child abuse, neglect, exploitation, and violence against children.

Recommendation 13: Develop a behavior change campaign and public awareness-raising activities to violence against and exploitation of children

In cooperation with relevant local NGOs and civil society organizations, and international organizations (such as UNICEF) the Government of Timor-Leste should develop and conduct campaigns to inform the general public about the negative consequences and costs of violence against children, and alternative ways to correct and discipline children. Similar behavior change campaigns and awareness-raising programs should be developed and conducted specifically for children and staff in residential care facilities where children are cared for and reside (e.g., orphanages, boarding houses for children, shelters for children, and institutions for disabled, orphaned, and wayward/troubled children).

Behavior change campaigns and awareness-raising programs should include the use of media such as community radio and television, newspapers, and the information bulletins. Other creative media, such as cartoons, documentary films, posters that have an emotional impact and a mobile theatre group that performs skits about violence against children can be

used to promote change in families and settings of alternative care for children.

While public health experience shows that general public awareness campaigns alone may have little effect, they must be accompanied by focused outreach and policy changes to have a greater impact.

Recommendation 14: Develop anti-violence programs for children in residential care facilities

Effort to address violence against children in residential care facilities for children should specifically target children cared for and residing in such facilities. Children in residential care facilities should be actively involved in efforts to change the institutional environment and to create an environment free of violence. To accomplish this objective, educational programs should be developed specifically for children in residential care facilities, including, but not limited to issues of:

- Child rights, violence against children, the negative consequences of violence against children, and alternative ways to discipline children.
- Interactive and role playing education designed to teach children methods of non-violent communication, with a focus on encouraging children to effectively communicate their emotions, feelings, needs, and desires, and have an increased understanding of non-violent communication and conflict resolution.
- To whom and how to report incidents of violence against children that occur in residential care facilities, including violence among children and staff use of corporal punishment and other forms of cruel and degrading punishment.
- Protection of children that whistle blow about cases of violence in residential care facilities
- Social and life skills training with a focus on promoting healthy alternatives to risky behaviors through activities that are designed to teach vulnerable children to resist social/peer pressure to engage in risky behaviors, to develop a greater sense of self-esteem and self-confidence, to effectively cope with life stressors and anxieties, and to enhance behavior skills to live a healthy lifestyle.

Data collection and research

This mapping of residential care facilities was one of the first important efforts to generate accurate and reliable data on children in residential care facilities, including their experiences in these facilities, as well as the perceptions and experiences of directors and staff working in these facilities. The findings from this mapping demonstrate there is a need for further data collection and research on the nature and extent of removal of children from their families and communities and placement in residential care facilities, what influences the decisions of parents and other caregivers to send their child to live in residential care facilities, and practices of assessment and case management of child victims and children in facilities. Such research can be extremely useful for identifying important trends in child protection and support service access and utilization.

It is important that research and data collection be carried out by different key stakeholders, including government agencies, international and local nongovernmental organizations, and independent bodies. Many key stakeholders will likely need capacity building on data collection and analysis related to child protection.

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