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### Citation

Rogers, Justin and Ali, Mariya (2023). The seeds of reform; the evolution of the alternative care system in the Maldives. *Institutionalised Children Explorations and Beyond*, 10(2) pp. 154–163.

### URL

<https://oro.open.ac.uk/91344/>

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# The seeds of reform; the evolution of the alternative care system in the Maldives

Institutionalised Children Explorations  
and Beyond  
10(2) 154–163, 2023  
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DOI: 10.1177/23493003231187974  
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## Abstract

This article will present the evolution of alternative care provision in the Maldives. The Maldives is a small island nation located in the Indian Ocean, with a population of around 530,000. Since the signing and ratification of the UNCRC in 1991, there have been many improvements in children's lives; for example, progress has been made in school attendance, improved child literacy rates and infant mortality has been reduced significantly. However, the country still faces several challenges in terms of child welfare, including internal child trafficking, child abuse, neglect and child marriage. There are currently 187 children living apart from their families in alternative care, which accounts for 0.02% of children in the country. The predominant form of alternative care provision remains institutional, which is typified by large numbers of children cared for by relatively low numbers of care staff.

The article will explain, how historically, when a child was unable to remain with their parents, informal kinship care was the predominant form of provision. Often this would result in grandmothers, aunts and the wider family/kinship groups looking after children. However, with the establishment of a large reformatory school *Islaahiya* in Male Atoll in 1979, residential care was created as an option for boys who were described as having behavioural issues. It remained a key alternative care provider in the country until it closed in 2013. In 2004, the state-run institution *Kudakudhinge Hiya* was established to care for 45 boys and girls from 0 to 9 years old. Then in 2016 with the support of the Qatar Foundation, the state built another institution *Fiyavithi*, which still cares for 80 children under 13 years of age.

The article will conclude with an overview of the most recent developments in the Maldives' alternative care system. It will highlight how the Child Rights

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Protection Act (2019) has sown the seeds of care reform with primary legislation enacting regulations for family-based provision. This has formalised the previously established foster care panel that was set up in 2012. There are now 18 registered formal foster carers across the Maldives who are caring for 16 children. Furthermore, in 2020 whilst waiting for the growth in foster care, the state government started to shift from large-scale institutions by establishing nine smaller institutions, located across the atoll, each caring for no more than 25 children. The ministry has also embarked on processes of family reunification. The article will critically discuss these developments, highlight the challenges experienced during these recent reforms and provide key messages for policy and practice going forward.

### **Keywords**

Alternative care for out-of-home care (OHC), child & family welfare, childhood and youth studies, social work

## **Introduction**

This article presents a case study on the Maldivian alternative care system. The Maldives is a small island nation located in the Indian Ocean, with a population of around 530,000. The population is dispersed across 1,192 islands. The Maldives is one of the world's most low-lying countries, and the rising sea levels as a result of climate change pose a real threat to the island's population. Since the signing and ratification of the UNCRC in 1991, there have been many improvements in children's lives; for example, progress has been made in school attendance, improved child literacy rates and infant mortality has been reduced significantly (UNICEF, 2020). However, the country still faces several challenges in terms of child welfare, including internal child trafficking, child abuse, neglect and child marriage.

In the Maldives, children living apart from their families are predominantly placed in residential settings with a small number being placed in foster care. The reasons for children entering into alternative care are often due to concerns around parental drug use, maltreatment and domestic violence. As of March 2023, there are currently 187 children living in alternative care, including 82 girls and 105 boys (PSM News, 2023), which accounts for 0.02% of children in the country. It is important to highlight that Islam is the State religion of the Maldives and the legal system is broadly based on both Shari'ah and English Common law, whilst family and criminal law are informed by Shari'ah law (Ibrahim & Buang, 2018, p. 75).

## **The Scope of Alternative Care in the Maldives**

Alternative care is defined in Article 69 (b) of the Regulation on Alternative Care Provision Guidelines (R.No.2020-R-69) (Maldives Government, 2019). The

regulation is secondary legislation and explains that Alternative Care Services are ‘temporary sheltering arrangements by the state’ for children in need of protection. Article 95 (1-8) of the Child Rights Protection Act 2019 (CRPA) (Maldives Government, 2019) gives powers to the state to remove children who are assessed to be in unsafe home environments and to place them in alternative care. These powers are often used when there are concerns about abuse and neglect, or in the instance of domestic violence in the home. Alternative care is also provided for children whose parents are imprisoned. The powers in the Act also apply to children with mental and physical disabilities, where the children are deemed unable to be cared for at home.

The Alternative Care Regulations. No.2020-R-69 provides national minimum standards and is informed by aspects of the UN Guidelines for Alternative Care of Children (2009) (UNGA, 2009). For example, Chapter 3, Article 5 (e), states that siblings must be kept together unless there are special circumstances preventing them from being together. Articles 6 and 7 emphasise the importance of promoting and monitoring contact with parents, where appropriate, which is also a fundamental aspect of the regulations in the Maldives. However, the current regulations lack a child’s health plan, family support and preventative services, criteria for staff development, anti-bullying policies, health and safety standards, protocols for missing children from care, recommended staff-child ratios, regulatory oversight and monitoring and services and support for young people leaving care.

Alongside residential and foster care provision, alternative care is also provided in informal kinship placements and private fostering arrangements. Kafalah, a form of long-term fostering, is in compliance with Article 20 of CRC, although the Maldives Government signed the Convention on the Rights of the Child (UNCRC, 1989) with a reservation stating that full adoption under Article 21 is incompatible with Shari’ah law. In Maldives, Kafalah is complex and not widely understood; hence, media reports suggest that 10 children were adopted in 2023; however, in reality, long-term fostering is practiced (Harr, 2013). Attempts were made in 2007 with a white paper to remove the reservation that limits adoption; however, it still exists in practice.

## **The History and Evolution of Alternative Care in the Maldives**

Historically, in the Maldives when a child was unable to remain with their parents, informal kinship care was the predominant form of provision. Often this would result in grandmothers, aunts and the wider family/kinship groups looking after children. However, with the establishment of a large reformatory school *Islaahiya* (renamed the Educational and Training Centre for Children - ETCC) in Male Atoll in 1979, residential care was created as an option for boys who were described as having behavioural issues (Harr, 2013). *Islaahiya* remained a key provider of alternative care in the country until it closed in 2013.

In response to the increasing problem of drug misuse and its negative effect on families, the state-run institution *Kudakudhinge Hiya* was established in 2004, to

care for 45 boys and girls from 0 to 9 years old. *Kudakudhinge Hiya* now functions as a temporary shelter in Male; it is used for children in care who are placed on the smaller islands and who require travel to the capital for medical appointments.

In 2009, the government also established a Correctional and Training Centre for Children (CTCC) under a presidential decree. The CTCC is based on the island of Feydhoo Finolhu and is run by the Maldives Police Service as a reactionary measure to what was perceived as an alarming number of juveniles engaged in drug use and gang violence (UNCRC, 2013). The Centre was closed in August 2013 after being considered to be in conflict with Article 35 of the UNCRC, as the children were held arbitrarily and deprived of liberty (UNCRC, 2013). The building adjacent to *Kudakudhinge Hiya* is named *Aman Hiya* and it was opened on 11 May 2006; it was originally built for domestic violence victims, but now accommodates girls between the ages of 9 and 18. Then, in 2016 with the support of the Qatar Foundation, the state built another institution *Fiyavithi*, which still cares for 80 children under 13 years of age. Post-COVID-19, children in *Kudakudhinge Hiya* and *Aman Hiya* have now been placed in nine smaller institutions with a capacity for 18–24 children each in different atolls across the archipelago.

The National Reintegration Centre (NRC) is a facility established under the Anti-Terrorism Act (Law No. 17/2019) (Maldives Government, 2019) to temporarily detain children and mothers who are returning from war zones where concerns about radicalisation exist. However, there is a conflict between this provision and the Regulation on Reintegration of Children Under State Care (R.No.2020-R-30). According to the Child Rights Protection Act (2019), the NRC is not considered a state care facility. Additionally, there are two reintegration committees in place. One is established under Chapter 9, Section 60–15 of Law No. 31/2021, and the other operates under the Alternative Care regulation. It is worth noting that the former committee has been dissolved. The practical implications arise because children reintegrated into the NRC do not have a reintegration plan, and their monitoring is carried out by a social worker at the atoll level. This can be problematic if the social worker is not present on the same island as the child. Only three children who were placed with their mothers in the NRC have been successfully reintegrated back onto their respective islands (Abdulla, 2022).

## **The Role of Key Stakeholders Involved in Alternative Care**

The Ministry of Gender and Social Services is the government body with statutory duties for child welfare and protection. Within the Ministry, there is a Unit for Child and Family Protection Services (CFPS); this was formerly known as the Unit for the Rights of Children. Within CFPS, there are 21 social work teams that are spread across the 1,192 islands. They have responsibility for child protection assessments and also case management of children and young people in care.

Since 1992, UNICEF has played a key role in supporting child welfare and child protection activities in the Maldives. UNICEF has developed programmes with the Ministry to strengthen child protection systems, by building capacity in

the social services workforce with training and supervision of government social workers. UNICEF also plays a role in advising on government policy that relates to child welfare and protection (UNICEF, 2020).

In 2009, the Ministry also sought assistance from the English charity Barnardos to seek advice on their alternative care policy and practice. Recommendations were made to improve practice in three of the institutions, namely ETCC, *Kudakudhinge Hiya* and CTCC. The recommendations focused on improving the ways staff managed difficult behaviour, health and safety aspects of the buildings, and improving the overall training of the staff (President's Office, 2009).

At present, there is limited NGO involvement in the country and all of the alternative care provision is state-run. One of the key NGOs in the country working in child welfare is Advocating for the Rights of Children (ARC), which is working to improve the quality of care through the provision of training to care workers, and providing educational and leisure activities for children (ARC, 2023).

The development of community groups IBAMA (translates as 'You and I together') is a multisectoral mechanism that is formed at the community level to prevent and respond to violence against children, the elderly, drug addiction and people with disabilities. The objective of this project is to provide social protection and statutory services with an official mandate at the island level. This project is led by UNICEF collaboratively with the Ministry of Gender.

One of the key areas that are missing from the stakeholder groups in the Maldives care reform space are organisations advocating for care-experienced people. In many countries around the world, there is a growing movement of organisations that offer individual and systemic advocacy for children in care. There are also a number of activist groups both formal and informal that are led by care-experienced people and who are demanding change and meaningful participation of people with lived experience in that change process. The development of meaningful participation of people with a lived experience at this stage of the reform process would be of great benefit to policy and practice in the Maldivian context.

## **Good Practice in the Maldives Alternative Care System**

Over the last decade, there have been widespread improvements for many children across the Maldives. This is evident when you consider the reduction of children living in poverty, the increased access to education and the improvements in infant mortality rates. However, with the advent of COVID-19, there are concerns that these hard-won gains for children could be undermined (UNICEF, 2020). The seeds of care reform have also been sown with attempts to align with the principles of the United Nations guidelines on the provision of alternative care (UNGA, 2009). For example, the country has made attempts to improve and ensure the 'suitability' of its care provision. As previously mentioned, the Government has engaged with Barnados to learn from good practice overseas. The Government has also enacted the CRPA (Maldives Government, 2019),

which is a landmark piece of child welfare legislation enacting regulations for family-based provision. This has formalised the previously established foster care panel that was set up in 2012. These reforms have resulted in a growing foster care service. There are now 18 registered formal foster carers across the Maldives who are caring for 16 children, which accounts for 9% of children in care (PSM NEWS, 2023).

Furthermore, in 2020, whilst waiting for the growth in foster care the state government started to shift from large-scale institutions by establishing nine smaller institutions, located across the atoll, each caring for around 20 children. However, there are still 81 children in the large institution, *Fiyavethi* alone, and despite the rise in foster care, 91% of children in alternative care are in residential childcare settings.

The Regulation on Reintegration 2020/R-30, which came into force in May 2020, covers foster care. It places a strong emphasis on long-term planning, kinship care and allowing kids to grow up in a family setting for optimal development. Two social workers within the Child and Family Protection Service are solely responsible for conducting foster care assessments, making presentations to panels and requesting court orders. Despite the fact that Section 27 of the Regulation explicitly states that post-placement support is a necessity in practice, this is limited.

Foster care in the Maldives in some ways resembles traditional forms of adoption in other countries, as the legal guardianship is transferred from the state to the foster carers. There are two steps in fostering a child; first, the Ministry of Gender, Family and Social Services initially takes guardianship of children under the State; second, the legal guardianship is then transferred to the foster parent with approval from the reintegration committee. Prior to the enactment of the CRPA, these steps were conducted after a child was placed with the foster parent. However, the CRPA requires that both steps have to be conducted before the child is placed with a foster parent. An amendment was brought to expedite the process where children were in transition to go through the formal court process for their legal guardianship to be formally transferred from the state to the foster parent.

There is a range of current policy initiatives in the Maldives that aim to strengthen family ties, which aligns with principles of the UN guidelines on alternative care that calls on states to reduce the necessity for placement in care. For example, the Government's Strategic Action Plan (SAP) the Caring State, and Dignified Families (Maldives Government, 2019). The action plan includes increased social protection for single parents (Chapter 2.4, Policy 1 Strategy 1.2).

The plan mandates the Ministry to develop and implement country-wide awareness programmes covering parenting skills, including child maltreatment and abuse. More specific to the subject of alternative care, Strategy 4 (Action 4.4f) requires the development of minimum standards for the operation for each residential institution. As a part of this plan, the ministry has also embarked on processes of family reunification for children in alternative care. They have established a reintegration committee and are working to move families from the institutions back to families.

It is important to note that there are also good practices around sibling care, with the influence of Islamic culture recognising the importance of family, siblings are often kept together in placement. Sibling separation in alternative care is very rare in Maldivian practice.

## **Specific Challenges in the Maldivian Alternative Care System**

Despite the development of CRPA and efforts to decentralise care settings and develop foster care, there is still a lack of a clear strategy/policy on care reform. The social services workforce is limited with a total of 61 child protection social workers to serve the child population of 128,208 in the Maldives. For this reason, the average caseload of workers is 160 cases at any given time. Skills and knowledge of case management are limited (Jernberg, 2021). Regulations provide forms for care plans for children; however, these are often short-term plans that are redone and there is a limited focus on permanency planning for children, despite the requirement under the Reintegration Regulations to take a long-term view.

There has been an increase in training for social workers and residential staff; however, these are often ad-hoc and conducted by various parties. A number of reports also highlight the complex needs and challenges faced by children in institutions being subjected to abuse and neglect, drug abuse and also at risk of being recruited to gangs or being trafficked (Harr, 2013; Jernberg, 2021; Naseem, 2011). Accordingly, Therapeutic Crisis Intervention (TCI) training is urgently needed to prevent both staff from acting in ways that might violate the rights of children with behaviour that is challenging, and to ensure children are protected from being hurt in a crisis (UNICEF, 2020).

There are growing concerns about drug and alcohol abuse in the community. However, social work and residential staff have limited training in supporting families with these issues. Managing behaviour and trauma-informed approaches to care are also currently missing, which often results in placement breakdowns and children moving from a care setting on one atoll to another. These breakdowns and moves across islands, often disrupt the children's relationships with family, which impacts the support networks that could serve to be a valuable resource for them, particularly at the point of leaving care.

Furthermore, family contact is often limited to phone contact, as there is no financial support for the parents to travel to the institutions based outside of their own islands. This is important in the Maldivian context where social protection is limited and safety nets for housing and other opportunities for young adults are usually provided through extended family networks. Additionally, disrupting family ties also impacts the vital role of inheritance under Islamic succession law resulting in children in alternative care being at risk of missing out on family inheritance (Bargach, 2002).

The CRPA states that social workers must receive professional guidance in their role; however, it is not mandatory. For this reason, social workers do not



view supervision as an important part of their practice; it is not conducted regularly due to high caseloads, managers not having time and few experienced social workers with tertiary education who are eligible to provide supervision under the state licensing guidelines. Furthermore, criminal records checks are required only when registering for a license; there is limited fitness to practice safeguards and no requirement for continuing professional development, which is essential to ensure quality and safe support from social workers (Sun, 2021).

## Recommendations and the Way Forward

- Progress has been made in growing the number of social workers and foster carers. However, the quality of training and continuing professional development needs to be improved. With a focus on developing knowledge and skills in case management/care planning, trauma-informed approaches and working together with colleagues across education, health and criminal justice.
- There have also been efforts by UNICEF in 2021 to draft standard operating procedures (SOPs) to improve collaborative working in safeguarding children and vulnerable adults. Draft SOPs were presented to the National Council for the Protection of Children's Rights in January 2021, which included processes for child protection conferences, pre-birth and review conferences. The development and implementation of these procedures would improve multi-agency working and better support families and safeguard children and young people.
- For the children who remain in residential care settings, it is vital that family contact is promoted and supported wherever possible. At present, the children's time with their families is often restricted due to geographical challenges and costs of travelling across the atoll. The logistics and costs of travel need consideration when children are placed in a different atoll than their family.
- The seeds of care reform have been sown with a number of key initiatives enacted by the Maldives Government. For example, shifts from large-scale institutions to smaller homes had happened, some reintegration to the family has taken place, and a form of foster care has been formalised with the number of foster placements growing. However, these reform initiatives present as being piecemeal, and the development of a coherent roadmap for care reform with a strategic action plan, which includes a theory of change, with measurable outcomes, would be of great benefit in improving the alternative care system. It is also important that reform plans are country-specific, reflecting culture and context; however, there is also value in drawing on lessons from countries that have transitioned their systems from institutional to family-based care.
- Reform plans and action needs to engage the key stakeholders in the country from the Ministry of Gender and Social Services, UNICEF and ARC. It is also vital that mechanisms are developed to meaningfully engage care-experienced people in the process to learn from their lived experience of Maldivian care to best inform future policy and practice.

## Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

## Funding

The authors received no financial support for the research, authorship and/or publication of this article.

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