Implementation of a theoretical framework to address the human rights issues of institutionalized children in Sri Lanka: Application of the capabilities approach

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Abstract

This paper draws on the premise that institutionalization has paralysed children’s mobility and limited their life chances and aspirations. This is a denial of basic human rights. While focussing on these key axial themes, this paper describes the application of Participatory Action Research (PAR) in a study conducted in Sri Lanka. PAR is characterised by the active involvement of participants in the research, which included policy makers and service providers responsible for institutional care of children. Two key questions enabled participants to highlight their happiest and unhappiest memories as it related to the institutional care of children and their aspirations for addressing the human rights issues necessary to enhance the life chances of institutionalized children.

Nine commissioners, one from each of the provincial departments of probation and child care services, and thirty managers each from different children’s homes engaged in narrative interviews. They offered insight into the policy making processes, policy implementation, service provision and future aspirations that institutionalised children could prosper in their own communities. Probation officers (n=298), child rights promotion officers (n=287) and the matrons and wardens of 416 children’s homes were invited to complete anonymous surveys, of which approximately half responded.

While largely a qualitative study, data collected was subject to a form of critical analysis that considered a human rights perspectives and UN standards in the research framework. These included the UN Guidelines for the Alternative Care of Children and the General Standards for the promotion of quality services in voluntary children’s homes. With the use of these

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I acknowledge the comments and suggestions made by Associate Prof Janet McIntyre who suggested that I draw on the references as a starting point for my own research and the development of this approach to addressing the life chances of children in Sri Lanka. I also acknowledge that the work published on ‘User centric design ( McIntyre-Mills and De Vries, 2008) to address complex needs, ‘Identity , democracy and sustainability’ on pathways to address complex needs and ‘Transformation from Wall Street to Wellbeing’ ( McIntyre-Mills et al 2014) underpin this research which applies a systemic capacity building approach to address health, safety, education and social inclusion needs.
standards, it enabled interview narratives to draw upon the human rights and life chances of children when talking about the policies that informed institutional care and aspirations for deinstitutionalization in Sri Lanka. The application of PAR valued the participants’ involvement in deconstruction of policy, practice and aspirations for the children, as well as their visions of what needs to change to ensure the children’s capabilities to aspire are realised.

Information from participants and subsequent analysis revealed many issues, conflicts and concerns in relation to governance, policy and the actual operation in practice. This was due to policy being variably interpreted and because voluntary children’s homes in Sri Lanka offering vastly different standards of care. Theoretical analysis of data drew from works of Amartya Sen, Martha Nussbaum and other theorists, which enabled capabilities approaches and systemic lenses to be applied. This framework allowed for existing policy and practice mechanisms to be challenged, with a view to human rights outcomes that might involve de-institutionalisation and children’s re-integration with families and communities – these are considered more likely to enhance capabilities and aspirations of the children in Sri Lanka.

While it is understood that institutional care for some children in Sri Lanka may be unavoidable, the findings of this research indicate that approaches to human rights issues as they relate to children and institutional care have not been properly addressed. It is proposed that the outcomes of this research will offer both a theoretical and practical framework to the Sri Lankan government that supports more sophisticated application of UN human rights conventions in policy making and service delivery, with a view to ensuring the best life chances for all the nation’s children. While PAR is used in the research framework, capabilities approaches provide a sound theoretical framework for guiding the application of research findings to policy development and implementation in practice.

Key words: Participatory Action Research, life chances, capabilities approach, de-institutionalization, re-integration.

Introduction

This paper first introduces the aims, objectives and the method of the participatory action research (PAR) conducted by the author which has been designed to enhance the life chances of children and young people in institutional care in Sri Lanka (Ariyadasa, 2013; Ariyadasa, 2015a, 2015b; Ariyadasa & McIntyre-Mills, 2014a, 2014b). Then it identifies how
institutionalization of children have paralysed their mobility and limited their life chances and aspirations in terms of children’s rights (DPCCS, 1991; United Nations, 1989, 2010). The paper also describes and conceptualizes issues, conflicts and concerns in relation to governance policy and the actual operation in practice using in-depth interview narratives of policy makers and service providers who are responsible for institutional care of children. Then it analyses the research findings in the context of core axial themes using theoretical lenses such as capabilities approaches (Nussbaum, 2000, 2011; Sen, 1980), the notion of subjective and objective wellbeing (Stiglitz, Sen, & Fitoussi, 2008) and the Critical Systems Heuristics (Ulrich, 1983, 1996). Finally, the paper integrates Sen, Nussbaum and Stiglitz et al. ’s approaches as well as Critical Systems Heuristics to implement a theoretical framework to address core human rights issues of the institutionalized children in Sri Lanka.

The Aims and the Objectives

The aims of this research are to review findings and analyse them in the context of children’s rights, and:

- Develop a set of guidelines to protect the rights of children and young people in children’s homes in line with UN Guidelines paragraph 44 (United Nations, 2010)
- Propose guidelines to monitor children’s rights and their needs after re-integration in line with UN Guidelines paragraph 131-136 (ibid).

The overall aim is to ensure that children in VCHs have the standard of care and life chances they deserve, in order for them to become effective and productive citizens in the social, cultural and economic development of Sri Lanka (Ariyadasa, 2013).

The research objectives are as follows:

- To ascertain the extent to which the Sri Lankan government has adopted the UN Guidelines.
- To discover whether the current General Standards adopted in a practical sense across all sectors are directly or indirectly concerned with issues relating to institutional care.

Achievement of these aims and the objectives will ensure the protection and well-being of children in line with the UN guidelines. This paper first introduces the methodology that this PAR employed. Then it reveals the human rights issues for the institutionalized children those exist among institutional care environments and focuses on the key axial themes found in this PAR. Furthermore, this paper then identifies a theoretical lens to oversee these core themes in terms of children’s rights. Finally, this helps to inform the research questions and introduces a theoretical framework to address the human rights issues of institutionalized children.
Method

This research is characterised by the active involvement of members of the agencies that are responsible for institutional care of children, identifying it as PAR (Whyte, 1991). This PAR largely employs qualitative investigations to manipulate the information collected during the study in order to assess and evaluate the findings and arrive at some valid, reasonable and relevant conclusions. In-depth interviews with policy makers and service providers that are responsible for the care of institutionalized children have been employed for data collection, with responses recorded on paper for subsequent study and analysis.

When conceptualising a theoretical framework, this paper analyses responses to two major open ended questions, namely:

- What is your happiest and unhappiest reflection/memory of your service period?
- What are your suggestions to address the human rights issues and enhance the life chances of institutionalized children in Sri Lanka?

All commissioners of the Provincial Departments of Probation and Child Care Services (DPCCS) were interviewed to ascertain their role in the policy making process. Thirty managers from different children’s homes were interviewed concerning their service provision. All 298 probation officers, 287 child rights promotion officers, and matrons and wardens of all 416 children’s homes were included in a questionnaire census approach. Of these, approximately half responded (Ariyadasa, 2015b).

The anonymous responses to the questionnaires and the narratives of interviews were analysed on the basis of the UN Guidelines (United Nations, 2010) and the General Standards (DPCCS, 1991). They have revealed many issues relevant to policy and governance aspects and their actual operation in practice. Furthermore, the ability to interview all 9 commissioners from provincial DPCCSs and 30 managers from homes of different standards enabled us to obtain comprehensive knowledge of the policy and governance aspects of the institutions responsible for the institutional care of children in VCHs (Ariyadasa & McIntyre-Mills, 2014a).

Human rights issues of institutionalized children

The UN Guidelines for the Alternative Care of Children (United Nations, 2010) are intended to enhance the implementation of the UN Convention on the Rights of the Child (United Nations, 1989). UN Guidelines Paragraph 14 states that:
Removal of a child from the care of the family should be seen as a measure of last resort and should, whenever possible, be temporary and for the shortest possible duration. Removal decisions should be regularly reviewed and the child’s return to parental care, once the original causes of removal have been resolved or have disappeared, should be in the best interests of the child … (United Nations, 2010).

Despite being a signatory to this convention the situation in Sri Lanka is that “Around 40 per cent of children had been in institutional care for longer periods than the three year limit of the DPCCS policy” (Save the Children, 2005, p. vii). Furthermore, “Placement Committee meetings, intended to review the progress of the individual child, are not held regularly, and even when held, do not involve meaningful child participation in accordance with Article 25 of the UNCRC$^2$ (United Nations, 1989). Further, no complaint procedure is in place for children to report abuse taking place within the institution” (Jayasooriyya, 2008). This statement contravenes to paragraph 7 and 49 of the UN Guidelines$^3$ consecutively. These indicate that the rights of institutionalized children have not been properly addressed by the institutions responsible for institutional care of children. Thus, an implementation of a theoretical framework to address these human rights issues for institutionalized children, has been recognized as a significant outcome of this participatory action research$^4$ (PAR).

**Findings: Issues, conflicts and concerns in relation to governance policy and the actual operation in practice**

All nine commissioners expressed that the best way to improve the life chances of institutionalized children is to re-integrate them with their natural birth environments or local/foreign adoption. Their general opinion was that a caring environment similar to a family could not be expected in an institution. However, they expressed that in most cases, many institutionalized children’s health and safety needs, formal and informal education

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$^2$ UNCRC Article 25: “States Parties recognize the right of a child who has been placed by the competent authorities for the purposes of care, protection or treatment of his or her physical or mental health, to a periodic review of the treatment provided to the child and all other circumstances relevant to his or her placement” (United Nations, 1989)

$^3$ UN Guidelines Paragraph 7: “The determination process should take account of, inter alia, the right of the child to be heard and to have his/her views taken into account in accordance with his/her age and maturity”. UN Guidelines Paragraph 49: “In order to prepare and support the child and the family for his/her possible return to the family, his/her situation should be assessed by a duly designated individual or team with access to multidisciplinary advice, in consultation with the different actors involved (the child, the family, the alternative caregiver), so as to decide whether the reintegration of the child in the family is possible and in the best interests of the child, which steps this would involve and under whose supervision” (United Nations, 1989)

$^4$ Participatory action research: “In participatory action research, some of the people in the organization or community under study participate actively with the professional researcher throughout the research process from the initial design to the final presentation of results and discussion of their action implications. Participatory Action Research (PAR) thus contrasts sharply with the conventional model of pure research, in which members of organizations and communities are related as passive subjects, with some of them participating only to the extent of authorizing the project, being its subjects, and receiving the results” (Whyte, Greenwood, & Lazarsfeld, 1989).
facilities and vocational training aspects are comparatively well attended and practiced in many children’s homes than by their parents. Obviously, this has been the major reason why policy officers decide to institutionalize children in children’s homes. Thus, to achieve a successful re-integration outcome, advocating for health, safety and educational aspects of the concerned child is vital. That is, the policy officers should verify that the children receive adequate health care, reasonable security and proper education after they are re-integrated.

All the commissioners except one conceded that investigation or supervision of health, safety or educational needs of children after their re-integration is not practiced in their provinces. Six out of the nine commissioners stated that a number of families have been supported materially and financially to renovate their houses or to encourage self-empowerment with the financial grants from UNICEF\textsuperscript{5} at the time of family reunification. They perceived that on most occasions this assistance was made only once and there was no monitoring of their implementation. Eighteen out of the thirty service providers\textsuperscript{6} interviewed argued that this assistance is worthless without such monitoring. They further stated that these children become more vulnerable because they are re-integrated without monitoring the sustainability of the re-unifying procedure. Figure 1 conceptualizes these opinions of the policy makers and service providers to highlight the major gap between policy guidelines and their actual operation in practice.

Ideally families need to be supported through systemic intervention to ensure employment opportunities within Sri Lanka. Currently women in particular who are still the primary care givers are seeking domestic and caring work as migrant workers. This places the security of their children at risk. In the short term the government of Sri Lanka needs to protect the children who are left in need of care. In the medium and long term they need to develop opportunities so that migrant work is unnecessary for the survival of households. For example, consider a girl who lives within a nuclear or extended family and whose mother is about to migrate for work abroad. In the short term girl suddenly becomes deprived of parental care after her mother migrates for work abroad, government intervention needs to find alternative care, and should involve the following processes:

- Identify that the child has been or is at risk of being deprived of parental care (Fig. 1: Process A).

\textsuperscript{5} UNICEF: United Nations International Children’s Emergency Fund
\textsuperscript{6} Service providers: Managers of children’s homes.
Try to keep the child within her nuclear or extended family environment, taking into consideration the next best alternative care options. According to UN Guidelines (paragraph 3, 9a, 9b, 44), relative/kinship care or foster care can also be considered (Fig. 1: process B-C or process B-D).

- Send her to a children’s home for the purpose of emergency/short-term care until a suitable permanent care opportunity can be found (Fig. 1: process B-E), after which an appropriate permanent care opportunity in her best interest should be found in line with UN Guidelines paragraph 54 & 123 (Fig. 1: processes F or G).
- Follow up on the placement to ensure that her rights have been reinstated and avoid unnecessary institutionalization (UN Guidelines, paragraph 62 & 132).

However, in most cases the practical outcome in such circumstances in Sri Lanka would be as follows:

- The girl would immediately be considered as destitute and institutionalized into a children’s home (Fig. 1: Process B-E). This avoids processes B-C or B-D. In the existing system, there is no mechanism to advocate for relative/kinship care or foster care before institutionalizing the child. Therefore, orphaned, abandoned and destitute children are institutionalized as a measure to reinstate their denied rights.
- Re-integration is encouraged at placement\(^7\) committee meetings, but in practice the girl’s period of institutionalization would be extended every six months. Thus, instead of the processes E-F or E-G (in the best interest of the child), the girl would suffer long-term institutionalization (Fig. 1: process E-H). Subsequently, the girl is subjected to institutionalization until the age of 18. Or;
- The girl undergoes multiple re-entries into institutional care (Fig. 1: Process F-A-B-E or G-I-B-E).
- During institutionalization, the reintegration\(^8\) process is implemented as a measure to reinstate the child’s denied rights. However, as there is no mechanism to monitor the well-being of the reintegrated child, there is a tendency to further deny her rights through multiple re-entries into institutional care.

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\(^7\) Placement: “Placement means to review the position of children in the home from time to time and to plan activities oriented toward their future well-being” (Roccella 2007, p. 63).

\(^8\) Re-integration: Re-integration is carried out in three measures. They are: re-unification with the natural birth environment, socialization or other permanent alternative care.
To provide for pathways that are in the best interest of such children, it is vital to address the human rights issues at every level, i.e. before institutionalization, during institutionalization and after reintegration. The theoretical framework that is discussed in this paper specifically is intended to address the human rights issues of children during their institutionalization.

Analysis: Core axial themes and their relationship to CA

The findings of the PAR were analysed in terms of human rights outlined in UN Guidelines, with responses separated into several themes which were prioritised to identify the core themes. Identified core themes are:

- Re-integration
- Health
- Security
- Formal education
- Informal education
Vocational training

Of these, re-integration has been dominant among other core themes, because all nine policy makers and majority of the policy officers and a number of service providers emphasize the significance of re-integration. They stress that successful re-integration enables the children to have as near a normal, healthy life as possible, encourages quality social interaction, maximizes basic rights including freedom of speech and religion, and enhances the standard of living. Furthermore, they argue that in some institutional care environments, malnourishment has led to physical health issues. Deprivation of parental care has nourished mental health issues. Physical, psychological and sexual safety has been endangered. Formal and informal education levels have dwindled. Facilities for play and recreational activities are minimal. Engagement in productive and valued activities such as vocational training is below the anticipated level\(^9\) (Ariyadasa & McIntyre-Mills, 2014a).

The core themes identified above are closely related to the Capabilities Approaches of Sen (1990) and Nussbaum (2011). Thus, this paper fully demonstrates the appropriateness of the capabilities approach (CA) as a tool to address the human rights issues of children’s homes. Furthermore, this paper identifies that the notion of subjective and objective wellbeing discussed by (Stiglitz et al., 2008) justifies the validity of a theoretical framework influenced by the capabilities approach.

**Sen’s ‘Basic needs’ perspectives and its applicability to address the human rights issues of institutionalized children**

Sen emphasizes the notion that people have to meet fundamental needs to achieve well-being (Saito, 2003). In Sen’s earliest challenges to utilitarian economics, he adopted the ‘basic needs’ perspective. This approach emphasised that per capita income is not an adequate measure of a person’s well-being, since rising incomes alone will not always increase well-being. Moreover, it claims that everyone should have access to the goods and services that satisfy their basic needs. Sen focused more on people and less on commodities. That is, he paid attention to what people were able to do, rather than to what people could buy with their income. Sen (1980) introduced the concept of capability for the first time. Sen’s capabilities comprise what a person is able to do or be:

- The ability to be well nourished
- Ability to avoid escapable morbidity or mortality

\(^9\) Source: PAR 2013, commissioners’ interview narratives.
- Ability to read, write and communicate
- Ability to take part in the life of the community
- Ability to appear in public without shame

A major theme or human right for the institutionalized children that is widely recognised by policy makers has been identified as re-integration that includes re-unification with biological parents, socialization and other permanent care opportunities such as adoption or kafala of Islamic law. In terms of UN Guidelines (United Nations, 2010), re-integration is important, because the child is supported with a permanent alternative care option.

Capabilities as described by Sen have generally become inabilities of children in institutional care. Many researchers; e.g. Jayasooriya (2008); Jayathilake and Amarasuriya (2005); Ariyadasa and McIntyre-Mills (2014a) have demonstrated that, with few exceptional cases, many institutionalized children are not well nourished. Often they cannot avoid morbidity. Their ability to read and write is below par. Their ability to take part in the life of the community is restrained which often causes feelings of shame when they appear in public.

Therefore the capabilities identified by Sen for the creation and/or enhancement of well-being and quality of life of people are the life chances we should create and/or enhance among institutionalized children. Thus, Sen’s capability approach provides a comprehensive framework for conceptualising well-being of the children and young people in institutional care. Circle ‘a’ vs circle ‘b’ of Figure 2 illustrates the relationship of the six core axial themes identified in this PAR against Sen’s basic needs perspective.

Figure 2: Relationship of the core axial themes against Sen’s ‘basic needs’ perspective
*Is the capability approach applicable to children?*

At the outset, it is worth discussing the applicability of Sen’s capability approach to children. According to (Saito, 2003), this question comes from the notion that lies at the core of the concept of the capability approach: the notion of capability as ‘freedom – the range of options a person has in deciding what kind of life to lead’. Can we discuss the well-being of children as well as of adults in terms of capabilities and agency to achieve their goals? As Saito (2003) says, few would deny that children need support from parents, teachers or societies in choosing what is best for their lives. When it comes to education, health care, safety, basic rights and so on, the same argument can be made. Since children are not mature enough to make decisions by themselves, ‘How can we apply the capability approach to children?’ According to Saito (2003), Sen answered by taking his example based on vaccinations to inoculate against disease in the future:

> If the child does not want to be inoculated, and you nevertheless think it is a good idea for him/her to be inoculated, then the argument may be connected with the freedom that this person will have in the future by having the measles shot now. The child when it grows up must have more freedom. So, when you are considering a child, you have to consider not only the child’s freedom now, but also the child’s freedom in the future (cited in Saito, 2003, p. 25).

Taking child’s freedom into consideration, if Sen’s above example on inoculation is substituted with education, what could happen making no effort to teach a child anything now, since we do not know what is good or bad for the child in the future? This decision certainly will not lead the child to improve his/her well-being. Furthermore, “letting children learn what they wanted in this way might well restrict the range of possible things which they might choose for their own sake: they might fail to learn about other things which might also have been included” (White, 1973, p. 22 cited in Saito 2003, p. 26). Giving contemporary freedom to a child does not always mean that the child will have freedom in future. And similarly, restricting the temporary freedom of a child may well expand the freedom that the child will have in future. We, therefore, have to consider the freedom for a child in a lifelong perspective as explained by Sen in his inoculation example that when you are considering a child, you have to consider not only the child’s freedom now, but also the child’s freedom in the future.

For educational guidelines, White (1973) proposes that the least harmful course we can follow is to let a child determine what the *Good* shall be for him or her as far as possible. He claims that as long as we ensure that he knows about as many activities or way of life as possible which he may want to choose for their own sake, and, that he is able to reflect on
priorities among them from the point of view not only of the present moment but as far as possible of his life as a whole, it is right to restrict a child’s liberty now so as to give him as much autonomy as possible in future. Saito (2003) argues, when dealing with children, it is the freedom they will have in the future rather than the present that should be considered. Therefore, as long as we consider a person’s capabilities in terms of their life-span, the capability approach seems to be applicable to children. The fact that children need to have support from parents, society or others in terms of choosing which capabilities to exercise will lead us to consider what role education can play in the capability approach.

This PAR is entitled ‘The life chances of children and young people in institutional care’. Although it has been identified as identical to draw on Sen’s capability approach as a lens to frame and evaluate the findings of this PAR, the work of (Nussbaum, 1998, 2000, 2011) has also been found as important to draw attention to inform this research on child well-being, policy and the governance perspectives of children’s homes.

Nussbaum’s ‘Aristotelian view on human functioning’ & its applicability to address the human rights issues of institutionalized children

Nussbaum (2000) has developed the most systematic, extensive, and influential capability theory of justice to date. She aimed to provide a partial theory of justice based on dignity, a list of fundamental capabilities, and a threshold. She derived a priory list of ten essential capabilities that are clearly relevant to public policy making. Thus, when promoting policy guidelines and governance practices for institutional care of children, it is worthwhile to explore the applicability of the CA to addressing the human rights issues of the institutionalized children.

Nussbaum’s list of The Central Human Capabilities

- **Health, longevity / Life:** Being able to live to the end of a human life of normal length; not dying prematurely; in good health, including reproductive health.
- **Safety:** Being able to be secure against violent assault and perceived danger, including sexual assault and domestic violence; being able to have adequate shelter; feeling safe.
- **Bodily integrity:** Being able to move freely from place to place; having opportunities for sexual satisfaction and for choice in matters of reproduction.
- **Education / Senses, imagination and thought:** Being able to use the senses; being able to imagine, to think, and to reason-and to do these things in a way informed and cultivated by an adequate education.
- **Standard of living / Material control over one’s environment:** Being able to hold property (both land and movable goods); having the possibility to seek employment; being able to purchase goods and services beyond basic ones.
• **Productive and valued activities:** Being able to find and keep a job at an adequate level, having adequate working conditions, having a good work-life balance to develop valued activities outside the job.

• **Quality of social interactions / Affiliation:** Being able to live for and in relation to others, to recognize and show concern for other human beings, to engage in various forms of social interaction; being able to imagine the situation of another and to have compassion for that situation; having the capability for both justice and friendship. Being able to be treated as a dignified being whose worth is equal to that of others. Feeling of social justice.

• **Environment / Other species:** Being able to live with concern for and in relation to animals, plants, and the world of nature. Being able to contribute to a sustainable world.

• **Culture and entertainment / Play:** Being able to enjoy oneself, to play, to enjoy recreational activities; engaging in sport and cultural activities.

• **Basic rights / Control over one’s environment:** Having freedom of speech and religion, absence of discrimination, freedom of move.

**Nussbaum’s Capabilities as a children’s rights approach in institutional care**

**Health, longevity / Life:**

One probation officer (PO) reveals that:

Some children, who had been institutionalized for they had no proper guardianship or security, reported dead after falling ill in the children’s home. This was the saddest incident during my service period. These deaths were caused not only because of the shortcomings of the children’s home alone, but also the lack of the State’s intervention to improve the quality of these children’s homes. This further hurts us as we represent the government to advocate for the standard of care of these institutions (cited in Ariyadasa, 2013, p. 15).

This situation contravenes the UN Guidelines paragraph 91 which states “Accommodation in all alternative care settings should meet the requirements of health and safety” (United Nations, 2010, p. 14). This PO being a policy officer, regrets the state’s inability to advocate for the above guideline as he strongly believes that by doing so they could have avoid such deaths. He is further shamed for being unable to improve the standard of quality of children’s homes.

UN Guidelines paragraph 83 emphasises that carers should ensure that children receive adequate amounts of wholesome and nutritious food in accordance with local dietary habits and relevant dietary standards, as well as with the children’s religious beliefs. Appropriate nutritional supplementation should also be provided when necessary. However, Jayathilake and Amarasuriya (2005) state that the children are not provided with a balanced and nutritious diet as required. They are rarely given meat, vegetables and fruits, which affect their physical growth. When paragraph 84 indicates that carers should promote the health of the children for whom they are responsible and make arrangements to ensure that medical
care, counselling and support are made available as required, Jayasooriyya (2008, p. 26) comments that “Though children receive treatment when ill, it is not timely or appropriate. Though many are in need of counselling and some even psychiatric intervention, quality services are not provided. Only 16% of the state-run institutions are reported to have counselling services, the standards and quality of which are questionable”. All these empirical and secondary information demonstrate the significance of health aspect of institutionalized children in both physical and emotional dimensions. Thus, it is evident that the enhancement of this capability health in terms of Nussbaum’s capabilities approach fuels the achievement of children’s rights in line with UN Guidelines.

Safety:
UN Guideline 91 states “Accommodation in all alternative care settings should meet the requirements of health and safety” (United Nations, 2010, p. 14). Jayasooriyya (2008, p. 30) highlights that “Institutionalized children receive optimum physical security behind high walls and locked gates, under the watchful eyes of the caregivers who define ‘protection’ in terms of physical security”. Jayasuriyya further argues that children identify ‘protection’ as inclusive of emotional security as well, described as receiving love, guidance and kindness and maintaining secure relationships. Despite the fact that one of the reasons for children’s institutionalization is loss of this emotional security, children very rarely receive the emotional security or the individual attention and appreciation that they crave for within an institutional setting.

UN Guidelines 92 indicates that “States must ensure through their competent authorities that accommodation provided to children in alternative care, and their supervision in such placements, enable them to be effectively protected against abuse. Particular attention needs to be paid to the age, maturity and degree of vulnerability of each child in determining his/her living arrangements”. Following examples reflect that children are unable to be secure against abuse within an institutional setting. “Children often develop harmful behaviour such as forming gangs to exert power over their peers, and engaging in exploitative homosexual activities” (Jayasooriyya, 2008, p. 32). Channabasawanna (1996) identifies this as the absence of consistent and caring relationship with adults and describes “Children form intimate relationships among themselves and look for love and solace from each other, sometimes through homosexual relationships”. He further states that “Though peer relationships can be nurturing and resilience-building, they have a propensity to become
exploitative within an institutional setting”. By virtue of placing offenders and victims together, the relations are made even more complex, as the victims get exposure to various risky and anti-social behaviours.

According to UN Guideline 93 “All alternative care settings should provide adequate protection to children from abduction, trafficking, sale and all other forms of exploitation. Any consequent constraints on their liberty and conduct should be no more than are strictly necessary to ensure their effective protection from such acts”. However, the following interview narratives from three service providers point out the perceived dangers that one could expect by institutionalizing children from different backgrounds together.

- “Sexually abused children should never be admitted to homes where orphans, abandoned and destitute reside. Government should manage homes separately for the sexually abused children. Special awareness programs should be conducted on these children’s behalf regularly.”
- “Juvenile offenders should not be included into the children homes where small children are being institutionalized. All the policies should be changed in a manner where every child has the full security to lead his life in the children’s home.”
- “When children are institutionalized by court orders or by the DPCCS, the child’s background should be taken into consideration. Children with abused histories and juvenile offenders should be separated from other children.”

There is no doubt that the above managers have experienced this sad situation and know how much it affects the quality of life and life chances of other children when mixed with sexually abused children or juvenile offenders. This is a signal to understand that the officials have not considered the reasons behind children’s entry into alternative care when admit them to care in children’s homes. Save the Children (2005) states that children who had been abused did not receive specialist care and support from staff, despite the numbers of girls (31%) in certified schools who are victims of abuse. This evidence showcases that juvenile offenders and sexually abused children are in an even worse position than those who are simply without families. Therefore, officials need to make it clear that having refused to take in these children to children’s homes, because of adverse effect on other children as pointed out by service providers, there is an ethical requirement to find suitable accommodation and upbringing these children without discriminations. It also reveals that regimented routines were found in the majority of institutions and corporal punishment was detected in some of them. Furthermore, in the empirical evidence of this PAR, one probation officer expresses his views as “I have been disappointed by witnessing the harsh and punitive regimen applied by
the managements of children’s homes towards institutionalized children”. A matron’s view on another matron’s behaviour elaborates as such:

It was lunch time at a children’s camp. There were not enough spaces in the dining table and therefore the boys were having their lunch sitting on the stairs. One boy had kept his plate on his knees and while eating accidently dropped some food on the floor. One matron jumped at him and put all the dropped food back on to his plate and growled, ‘Now, eat all these!’ I was so shocked to witness the awful behaviour of the matron and, I still remember the heartrending feelings on that boy’s face” (Ariyadasa, 2013, p. 14).

Save the Children (2005) too, proclaims that the caregivers rarely show any kindness to institutionalized children but often scold them, pass nasty remarks referring to their experiences, giving them a lot of mental anguish. Probation officer’s narrative illustrates negative attitudes towards caregivers’ behaviour as a whole. The caregiver’s experience justifies PO’s view point. When these narratives are discussed in the context of children’s rights, the caregivers’ behaviours contravenes paragraph 96 of the Guidelines which states that “inhuman or degrading treatments that are likely to compromise the physical or mental health of the child, must be strictly prohibited in conformity with international human rights law” (United Nations, 2010, p. 15).

*Bodily integrity:*
Jayasooriyya (2008, p. 29) describes how children’s bodily integrity has been restricted in institutional care settings as follows:

Everything from meal-times to the programmes they watch on TV is controlled by caregivers. Liberty and mobility of children are severely restricted, justified by the dangers posed by the world outside the gates. Every move of the child is scrutinized for the purpose of ‘disciplining’ the child, to the extent that they “felt that they were treated like prisoners”. Progressively, the child is subjected to subjugation and is disempowered. Cumulatively, these obstruct the child’s experience of competence.

Furthermore, according to Jayathilake and Amarasuriya (2005) many of the children expressed fear about society outside the children’s institution and were worried about their inability to deal with it once they left the institution.

*Education / Senses, imagination and thought:*
Access to education for children in these institutions has become problematic. Children are faced with numerous issues due to stigmatization by the teachers and children, non-availability of Tamil medium schools for Tamil children who are compelled to learn Sinhala in order to study, and placements in grades below the age appropriate grade due to disruption in schooling. Children in Remand Homes are not sent to school as they are kept there pending trial. Though they are to be kept there for only a few days, there are occasions when children have to stay for long periods of time, depriving them of their education (Jayathilake &

*Standard of living / Material control over one’s environment:* Many researches (Jayathilake & Amarasuriya, 2005; Samaraweera, 1997) indicate that children do not have sufficient clothing, which are often exchanged among each other and are not clean. Lack of space and resources due to congestion is an issue in most of the institutions as they accommodate a greater number than for which they were designed. This compels children to share beds and sleep on the corridors/cement, even during cold weather. The sanitary facilities are also not satisfactory. Basic necessities such as water, soap and toothpaste are not provided adequately. As a result, the personal hygiene of children is not well maintained and skin diseases are rampant. As witnessed at the Detention Home, the toilets are not adequately clean and there are children who need training in basic sanitary practices, e.g. using sanitary napkins.

*Productive and valued activities:* Vocational training is provided in some children’s homes. However, the training options are limited and are not up-to-date or standard. The training that has been given for many years include carpentry, metal work, sewing, electric mechanism, masonry, agriculture and fabric painting (DPCCS, 2010). Jayasooriyya (2008) argues that, at times, the training is being provided by untrained staff. It is questionable as to what extent these trainings would facilitate rehabilitation and reintegration since they do not match the demand of the modern job market. Jayathilake and Amarasuriya (2005) reveal that children are not content with these trainings and are keen to have training on information technology, etc. There is an obvious lack of employment options/opportunities as observed during the placement where most of the girls are sent to garment factories and most of the boys join the Forces. Samaraweera (1997) argues that the skills of masonry are taught by building and breaking down, and re-building, a short wall is to wonder what vocational training means in these settings.

*Quality of social interactions / Affiliation:* One of the greatest concerns that has been underscored in many of the research reports written on institutionalized children, and which impedes upon their experiencing competence, is the lack of opportunities to acquire social skills required for adult life (Jayathilake &
Amarasuriya, 2005; Mann, 2001; Tolfree, 1995). The disciplined life within the confines of the institution which provides limited exposure to external world, experience and stimulation ill prepares its inhabitants to the complex social life and its multiple role fulfilment following reintegration.

Space to develop leadership, social and decision-making skills such as children’s societies is barely available, an issue compounded by the lack of opportunities for social interaction, life skills development and engagement in religious and cultural practices. Information regarding the child’s family, placement options and case proceedings are rarely provided. The children’s interaction with the community is very limited as they are kept under ‘protective custody’. All attempts are taken to discourage links being built with the community, reinforcing feelings of marginalization felt by the children. The Probation Officer (PO) plays a significant role in the institutionalized child’s life, as s/he is required to maintain close contact with the child and her/his family while the child is in the institution. Yet this rarely happens, due to which the child’s stay in the institution is prolonged (Jayasooriyya, 2008).

Environment / Other species:
Educating and empowering children and young people on how to enjoy and care for the environment/other species is very important. Children in institutional care facilities lack opportunities to interact with the environment/other species as they are kept under protective custody behind high walls and locked gates (Jayasooriyya, 2008). The majority of the institutions do not give the children an opportunity to engage in Boys’ Scout and Girl Guide movements or similar activities where talents, skills and knowledge can be explored, while interacting with the environment. Through participation they will have opportunities to learn more about the implications of the way we choose to live our lives in the short, medium and long terms. Today’s children will encounter the adverse effects of global population growth and subsequent pollution by adults at the expense of the environment. Thus it is important to draw children’s attention to carbon footprints and climatic changes.

Romm’s declaration (2015, p. 1) “we, as humans, are called upon to play a reasonable role in our caring for each other and for the earth” is applicable for the field of institutional care of children. Environmental impacts due to global climatic changes and the adverse effects of human activities on natural systems are among major causes for children’s institutionalization in Sri Lanka. Owing to tsunami, floods, cyclones, landslides, droughts and elephant attacks, children become orphaned and families become homeless. As a result, children are
institutionalized in children’s homes as a measure to address their need for housing, food and other basic human rights issues (source: Provincial DPCCS commissioners’ interviews, PAR 2012). Thus, in a Sri Lankan context, environmental impacts have been a catalyst for the creation and the growth of many children’s homes, beyond the need created by other causes such as poverty, parents’ migration for work abroad and domestic violence (Ariyadasa, 2015). This emphasises that while giving opportunities to enjoy the environment, institutionalized children should be trained for protecting and caring the environment from adverse human activities.

Children learn about their rights and responsibilities by being given the opportunity to express their ideas and to translate policy into practice through small scale interventions that make a difference to this generation and succeeding ones. Such interventions can include lessons on recycling, use and re-use of resources, composting, organic and ethical farming, water and energy conservation techniques and much more.

*Culture and entertainment / Play:* Sports, leisure and recreation are essential for the healthy development of a child as well as for the process of rehabilitation. Yet the required facilities are not adequately available in most institutions. For instance, space for outdoor sports is available in only some of the institutions and equipment, even for indoor games, is in short supply. In certain institutions the children are not allowed to play outside, and even in institutions where it is allowed, they are being closely monitored by the caregivers, restricting their freedom and enjoyment (Jayathilake & Amarasuriya, 2005).

*Basic rights / Control over one’s environment:* Jayasooriyya (2008) asserts that children in institutions are rarely given the opportunity to voice their opinions and participate in decision-making processes. Within the highly routinized life of the institution, there is little space for individual or collective choice and self-determination. In institutional settings, it is the norm for the individual’s rights to be subsumed to institutional needs such as maintenance of discipline and order.

Placement Committee meetings, intended to review the progress of the individual child, are not held regularly, and even when held, do not involve meaningful child participation in accordance with Article 25 of the CRC (United Nations, 1989). Furthermore, no complaint procedure is in place for children to report abuse taking place within the institution.
Children’s participation essentially requires a child-friendly environment – a place where children feel safe and comfortable and can speak out freely about their concerns, where children’s rights are recognised, and where children are, as a matter of course, involved in all decisions made about their lives (West, 2003). This, evidently, is absent in these institutions. Thus, the factors that cause children to become institutionalized can be summarized as follows:

- Being unable to live in good health and to be adequately nourished.
- Lacking security against sexual assault and domestic violence, and being unable to have adequate shelter.
- Being unable to move freely from place to place.
- Missing adequate education that enables the children to use their senses, to imagine, think, and reason.
- An inability to purchase goods and services beyond basic ones.
- Being unable to engage in various forms of social interaction.
- Lacking a good student-life balance to develop valued activities outside the school.
- Being unable to enjoy life, to play, to enjoy recreational activities and engaging in sport and cultural activities.
- Being unable to have basic rights such as freedom of speech and religion.

‘Being unable to’ simply means inability, incapacity or incapability. Therefore, the accumulation of these listed inequalities can be identified as deprivation of capabilities. A child may have been removed from their natural birth environment and become institutionalized due to deprivation of one or more of these capabilities.

This PAR has identified that within institutional care environments, the children are deprived of one or more of these capabilities. If the child is to be re-integrated into his/her family, those missing capacities have to be addressed and transformed into capabilities. These capabilities are closely related to Nussbaum’s (2011, p. 33-34) fundamental capabilities that one should inculcate to enhance his/her quality of life. Circle ‘a’ vs circle ‘c’ of Figure 3 illustrates the relationship of the core axial themes identified in this PAR against Nussbaum’s capabilities.
Quality of life is a broader concept than economic production and living standards. It includes the full range of factors that influence what we value in living, reaching beyond its material side. Various arguments have made it sufficient to suggest that resources are an insufficient metric for quality of life. Which other metric should be used instead for assessing quality of life depends on the philosophical perspective taken (Stiglitz et al., 2008, pp. 61-65).

This argument is relevant to the lives of children in institutional care. Children from economically wealthy backgrounds or from some resourced families are among those undergoing alternative care in children’s homes. This clearly demonstrates that resources alone are not sufficient for the well-being of children and enhancement of their quality of life. Furthermore, for those children who were brought under care due to deficient resources in their natural birth environments (resources that are required to satisfy physiological, emotional, social and esteem needs), provision of resources alone has not made much difference to their quality of life. Following is a comparative analysis of the core axial themes identified in this PAR in terms of the subjective and objective well-being for measuring quality of life identified by Stiglitz et al. (2008).

**Subjective measures of quality of life**

With regards to subjective measures of quality of life, Stiglitz et al. (2008) describe that:

In recent years, much research has focused on what people value and how they act in real life and this has highlighted large discrepancies between standard assumptions of economic theory and real world phenomena. They further state that subjective approaches distinguish between the dimensions of quality of life and the objective factors shaping these dimensions. In turn, the subjective dimensions of quality of life
encompass several aspects. The first is represented by people’s evaluations of their life as a whole or of its various domains, such as family, work and financial conditions. The second aspect is represented by people’s actual feelings, such as pain, worry and anger, or pleasure, pride and respect. All these aspects should be measured separately to get a satisfactory appreciation of people’s lives.

Life chances and aspirations of children and young people in institutional care have direct relevancy to their quality of life while being cared for in the institution, because it has been recognized that life chances are the opportunities each individual has to improve their quality of life. The first aspect of the subjective dimension of quality of life according to Stiglitz et al. is the “people’s evaluations of their life as a whole or of its various domains, such as family, work and financial conditions”. This summarizes the full range of elements that people value and the importance of re-integration of children in institutional care. Of the six axial themes identified in this PAR, the major core theme has been the re-integration (reunification and social inclusion). All nine commissioners emphasize the significance of re-integration of institutionalized children to enhance their quality of life.

The second aspect of the subjective dimension of quality of life according to Stiglitz et al. (2008) is represented by people’s actual feelings, such as pain, worry and anger, or pleasure, pride and respect. The stories behind the children in institutional care that were analysed in this PAR inevitably demonstrate this argument as most of them have been institutionalized due to discrepancies of their families and financial conditions as well as incongruity of worry, anger and divergence of pleasure, pride and respect. Of the 30 managers interviewed in this PAR, 22 criticize the existing re-integration process of the institutionalized children arguing the negative aspects that the children have to encounter after reunifying with their families or socializing into their societies.

It is apparent that to get a satisfactory appreciation of children’s lives’ after their re-integration with the biological parents or their societies, these subjective dimensions of quality of life have to be enhanced. That is the consistency of their families and financial conditions so as to prosper their aspirations.

**Objective features shaping quality of life**

With references to objective features shaping quality of life, Stiglitz et al. (2008) argue that:

Both the capability and the fair allocation approaches give prominence to people’s objective conditions and the opportunities available to them, while differing in how these features are valued and ranked. While these objective features may also have an instrumental value for subjective well-being, both of these conceptual approaches regard an expansion of people’s opportunities in these domains as intrinsically important for people’s lives.
**Health:** Health is a basic feature shaping both the length and the quality of people’s lives. Its assessment requires good measures of both mortality and morbidity. Loss of health of the permanent caregiver and/or the child influences children being institutionalized and then the recovery becomes an issue. It is best in every manner to protect one’s health as it shapes the dimensions and directly influences the quality of life (e.g. good health-happy family life, sustainable education/work and better financial conditions).

**Education:** Stiglitz et al. (2008) state that:

Better educated people typically have better health status, lower unemployment, more social connections and greater engagement in civic and political life. …there is a consensus that education brings a range of returns that benefit both the person investing in the education and the community in which they live.

Children who undergo alternative care in children’s homes have in various manners lost one or more educational opportunities while they were living with their parent/s. As a result, children refuse schooling or they dropout from schooling. In this PAR, secondary data (Roccella, 2007) indicates that 15% of children living in a residential institution do not attend school regularly and empirical data shows this as more than 23%.

**Personal activities:** Stiglitz et al. (2008) assert that how people spend their time and the nature of their personal activities matters for quality of life, irrespectively of the income generated. When evaluating the family backgrounds of children that undergo institutional care, personal activities of their families have become the major reason for their entry into care in institutions. Migration of parent(s) for paid work has reduced both subjective and objective measures of quality of life to very low levels. The subjective domain of financial condition could be higher due to migration but, it would result in reductions in other domains including family integrity, happiness, satisfaction and esteem. Ultimately, the objective domains such as health, education and safety that shape the subjective domains start shattering.

**Political voice and governance:**

Political voice is an integral dimension of the quality of life. Intrinsically, the ability to participate as full citizens, to have a say in the framing of policies, to dissent without fear and to speak up against what one perceives to be wrong are essential freedoms (Stiglitz et al., 2008).

Institutionalized children and their parents are vulnerable to this domain. Children being under 18, they are denied the ability to participate as full citizens and to have a say in the
framing of policies. Parents being mostly uneducated and economically powerless are often afraid to speak up against what they perceive to be wrong.

**Social connections:** Institutionalization causes barriers to social connections. According to Stiglitz et al. (2008), “Social connections improve quality of life in a variety of ways. People with more social connections report higher life-evaluations, as many of the most pleasurable personal activities involve socializing”. This domain has mostly affected the children to be institutionalized as their parents (especially fathers) grasp the worst side of this domain. Alcoholic and drug addicted fathers could jeopardize their families with their social connections reporting lower life evaluations such as un-healthiness, probability of losing the job and risking their children being abused.

**Environmental connections:** Stiglitz et al. (ibid) stress that “Environmental conditions are important not only for sustainability, but also because of their immediate impact on the quality of people’s lives”. Unfavourable environmental connections have made a huge impact on the quality of people’s lives. The large number of children who have been institutionalized due to natural disasters demonstrates the significance of this domain with regard to the quality of life of children in institutional care (IDLO 2007; Ariyadasa 2013).

**Personal insecurity:**

Personal insecurity includes external factors that put at risk the physical integrity of each person: Domestic violence and violence in countries ravaged by conflict and war too can be regarded as threats to personal security (Stiglitz et al., 2008).

Institutionalized children in Sri Lanka best represent this domain. Crimes committed by parents, domestic violence and civil war have contributed to the institutionalization of a large proportion of children currently in institutional care (Ariyadasa, 2013).

The notion of subjective and objective well-being discussed by Stiglitz et al. (2008) is directly related to the six axial themes. This relationship is illustrated by circle ‘a’ vs circle ‘d’ in Figure 4.
At first sight, the CA is a natural starting point for laying down the methodological foundations of policy evaluation and implications in achieving the aims of this PAR at the macro level. It starts from a multi-dimensional concept of the child’s individual well-being. A child’s well-being is demonstrated by their “functioning”, that is his/her achievement in various aspects of life. Conceptually moving the space of achieved functioning to the space of capabilities introduces the theoretical framework to address their human rights issues. Robeyns (2005) explains that CA can be used as a framework to develop and evaluate policies by governments and non-governmental organisations. Thus, Sen’s (1990) ‘Basic needs perspective’ influenced by Nussbaum’s (2000) ‘Capabilities Theory of Justice’, scrutinized by Stiglitz et al.’s (2008) ‘Notion of subjective and objective well-being’ well inform a theoretical framework for policy evaluation of children’s homes in a broader multi-dimensional setting (Fig. 5).
Integration of Sen, Nussbaum and Stiglitz et al.’s approaches to implement a theoretical framework to address core human rights issues for the institutionalized children

Summary

The ‘Basic needs’ perspective outlined in this paper has recognized that a ‘capabilities approach’ (CA) is applicable to children (Saito 2003, p. 26). A ‘CA’ has demonstrated that the fundamental capabilities are identical to a human rights development index to address the issues of the institutionalized children (Nussbaum, 2011). The ‘notion of subjective and objective wellbeing’ justifies that the identified core axial themes are closely related to the core human rights issues of the institutionalized children. As a result, the following theoretical framework has been conceptualized as a tool to address the specific human rights issues. This framework is specifically designed to address the human rights issues of the institutionalized children. However, with slight amendments to the same framework, it can be used to avoid unnecessary institutionalization of children. Furthermore, by implementing a monitoring process to attend to similar issues after the re-integration of children, their further institutionalization also can be avoided.

Figure 5: Integration of core axial themes and the concept of capabilities approach
Theoretical Framework: Core axial themes and sub themes analyzed against UN Guidelines and the capabilities approach to explore overcome measures to address the human rights issues of institutionalized children.

<table>
<thead>
<tr>
<th>Core axial theme</th>
<th>Relevant UN Guideline</th>
<th>Sub themes</th>
<th>Relevant loss of Capability</th>
<th>Overcome measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empirical evidence and the secondary data demonstrate the significance of re-integration as a remedy to redress the many human right issues encountered by institutionalized children. I.e. the core human right identified in this PAR is the child’s right to “re-integration”. Thus the core issue of the institutionalized children can be interpreted as the denial of many human rights caused by “institutionalization” of children.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Children are shy and non-confident.</td>
<td></td>
<td>Ability to appear in public without shame.</td>
<td>Enable access for activities such as Boys’ Scout / Girls Guide, Red Cross and similar club activities.</td>
<td></td>
</tr>
<tr>
<td>Children lack chances to interact with other people outside the children’s home environment.</td>
<td></td>
<td>Quality social interactions.</td>
<td>Promote possibilities to contact and associate family members / relatives and friends.</td>
<td></td>
</tr>
<tr>
<td>Unable to access basic human needs: Sufficient clothing, balanced diet, adequate schooling equipment.</td>
<td></td>
<td>Standard of living: Ability to hold belonging (moveable and immoveable), Ability to purchase goods and services beyond basic ones.</td>
<td>Promote accessibility for basic goods and services that are fundamental for enhancing life chances and improving quality of life.</td>
<td></td>
</tr>
<tr>
<td>Children are restricted from visiting the world outside the institution.</td>
<td></td>
<td>Bodily integrity.</td>
<td>Arrange activities in the society outside the children’s home and promote participation in cultural and religious festivals in the best interests of the child.</td>
<td></td>
</tr>
<tr>
<td>Children are not included in their decision making processes.</td>
<td></td>
<td>Basic human right (freedom of speech).</td>
<td>Include children in the placement committee meetings &amp; involve them actively when making decisions on their behalves.</td>
<td></td>
</tr>
<tr>
<td>Children have no or too much participation and/or</td>
<td></td>
<td>Basic human right (freedom</td>
<td>Provision of adequate/appropriate</td>
<td></td>
</tr>
</tbody>
</table>

10 UN Guidelines for the Alternative Care of Children (United Nations, 2010)  
| Health:  
Empirical evidence and the secondary data demonstrate that institutionalized children are subjected to varying health issues that require urgent attention. | forced participation for religious practices and traditions.  
Subject to varying discriminations/bullying among peers and by teachers and caregivers on race, religion and language. | of religion).  
Basic human right (to be treated as a dignified human being). | facilities for religious observances in the best interests of the child.  
Provision of counselling and awareness programs for peers and teachers in schools and care givers in the home regarding “treating institutionalized children with dignity”. |
|---|---|---|---|
| 16/34-c/83/84/91/128/129/130:b/136 | Death of children due to avoidable accidents (morbidity).  
Too frequent illnesses.  
Prolonged illnesses.  
Skin diseases.  
Dental problems  
Unhygienic environment:  
Residents’ toilets and waste water drains are not cleaned properly / Mosquito nets are not provided or not cleaned / mended properly. | Ability to live to the end of a normal human life (Not dying prematurely).  
Ability to avoid escapable mortality. | Avoid foreseen accidents and take immediate actions to avoid overcrowding in children’s home.  
Provide sufficient staffing. |
| Safety:  
89/90/91/92/93/95/96/100/128-130/136/167 | Institutional violence:  
Between children  
Between children and staff | Ability to secure against institutional violence / violent assault. | Provision of adequate / qualified / trained staff enabling a safe environment free from institutional violence.  
Provision of clean water. |
| | Sexual assault:  
By staff. | Ability to be secure against sexual assault. | Assessment of police clearance certificates and ‘Grama Niladari’ |

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12 The Village Headman (The representative of the Assistant Government Agent (AGA) of a Divisional Secretariat)
| Children without birth certificates should be produced before a nearest Government Doctor through the Probation Officer in charge of the division and certificates of probable age be obtained (DPCCS, 1991) |
|---|---|---|
| No arrangements for programs to develop the economic security of children in institutional care. | Ability to enter a new school or to transfer from one school to another. | Save documents electronically so that available for future access as required. Prepare a check list for important documents and take immediate actions to replace the lost / unavailable documents. Take immediate actions to get certificates of “probable age” in the absence of birth certificates. Store the documents in a secure place with photocopies. Enable the children to maintain a folder of their personal documents / certificates. Promote the child’s sense of self-identity by enabling a life story book. This could include: pictures, personal objects and mementoes regarding each step of the child’s life. |
| Loss / damage important documents such as Birth Certificates, reports on medical / vaccination history, achievement certificates and photographs. | Ability to attend appropriate medical treatment and vaccinations with report system. Ability to attend sports activities and examinations. Ability to find a timely and a proper job. | |

13 Children without birth certificates should be produced before a nearest Government Doctor through the Probation Officer in charge of the division and certificates of probable age be obtained (DPCCS, 1991)
| Formal education: Inadequate formal education. | 11/16/36/85/128-130/135 | Unable to read and write. Being bullied by teachers and peers at school. No proper schooling. Insufficient support for school home work. Minimal chances for receiving extra classes to support weak subjects. | Ability to imagine, to think and to reason. Ability to read, write and communicate. Ability to enjoy recreational activities. Ability to engage in sports and cultural activities. | Conduct awareness programs for teachers and children at schools. Make arrangements to avoid social, cultural, material and documentation barriers that hinder children’s access to formal education. Provision of a recognized school in a timely manner. Provision of extra classes where needed. Close monitoring of school attendance. Conducting a reward system for progress and achievements. Provide adequate and appropriate materials for sports and recreational activities. |
| Non-formal Education: Inadequate / inappropriate non-formal education. | 11/85/86/128-130 | Minimal opportunities for extracurricular activities such as: Sports, music and arts. Cultural activities. | Ability to enjoy oneself Ability to take part in the life of the community | Provide: Opportunities to attend extracurricular activities in the best interests of the child. Access for sports, music and arts. Access to engage in cultural activities. Opportunities to participate in the life of the community. |
| Vocational training: Inadequate/inappropriate vocational training. | 85/135 | Minimal chances to engage in vocational training during institutionalization. Inadequate facilities. Outdated training. Insufficient and / or unqualified staff. | Not having a good student – life balance to develop valued activities outside schooling. Not nurturing skills that enable to find and keep a job at an adequate level. | Provision of up-to-date facilities for varying vocational trainings in the best interests of the child. Provision of qualified / trained / adequate staff for conducting vocational training. Nurture skills that enable a child to find and keep a job at an adequate level. |

The framework is applied to developing systemic responses to the needs of children and young people in Sri Lanka so that pathways to realizing their life chances and quality of life can be accomplished through applying the capabilities approach to achieve functioning.
Conclusion

Through analysis of the empirical evidence and the secondary data, it demonstrates that institutionalization has paralyzed children mobility and limited their life chances and aspirations. Of the six core themes identified in this PAR, “re-integration of institutionalized children” has been recognized as the key axial theme to advance mobility, enhance life chances and realize aspirations of children in institutional care. The existing guidelines for the alternative care of children also recognize deinstitutionalization and re-integration as the foremost policy guidelines in the process of safeguarding the human rights of institutionalized children. However, absence of a theoretical framework to address the issues has been the key cause for the existence of a major gap between policy and practice. The theoretical framework based on the CA fills this gap. It will also allow provision from a theoretical view point, the best interests of the child during re-integration with their family or alternative permanent care opportunities. Thus, this paper clarifies that to assure the mobility of institutionalized children in terms of children’s rights and to realize aspirations in terms of their life chances, application of capabilities approach is relevant and significant.

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