Sultan Qaboos University Med J, August 2012, Vol. 12, Iss. 3, pp. 375-377, Epub. 15th Jul 12
Submitted 15th Apr 12
Revision Req. 22nd Apr 12, Revision recd. 29th Apr 12
Accepted 5th May

LETTER TO EDITOR

Re: Child Rights

What can we do in Oman?

رد على: حقوق الطفل

ماذا نستطيع عمله في عمان؟

Sir,

I write in response to the important editorial article of Dr. Al-Lamki on that appeared in the February 2012 issue of SQUMJ,[1] as well as to the other pioneer study written by Al-Saadoon *et al*. on child maltreatment, published in the same issue.[2] These cases of violence to children reported in Oman, although few, add to other accumulating data on cases of child abuse and neglect. They reflect the statutory response to these problems bearing in mind that Oman has still not established a Child Law. As a pragmatic compromise, an integrated child protection system should include the following basic elements: a legal framework to protect and prevent children from all forms of maltreatment; a proactive child protection agency with statutory powers to coordinate multi-sectoral policy and multi-agency work and to ensure presence of operating community-based protection mechanisms in both rural and urban areas; a coordinated service statutorily empowered and directed to act on and for violations of child protection rights, and a competent service empowered to monitor, inspect and take appropriate action on quality of practice in child protection service and provision.

As stated in Al-Lamki's article, it is true that Oman cares a lot about children and gives them its full attention. Since the *Convention on the Rights of the Child* (CRC) was signed in 1996, Oman's government has been working hard to demonstrate its commitment to the care and protection of children. However, the efficacy of such efforts has been questioned by a recent UNICEF report.[3] The report stated that the expenditure on child rights has been huge, but the results remained unsatisfactory. In fact, little attention is being paid to the broad range of circumstances and experiences that constitute vulnerabilities and risks for children. Furthermore, as the social and economic context changes over time, so new strands of vulnerability appear, or the emphasis shifts. Accordingly, it is very important now to understand what children need to be protected from, and why and how children come to be in need of protection services. Ultimately, vulnerability needs to be defined and analysed locally, because circumstances vary, as do local ideas of childhood. While a behaviour like abuse of children is never acceptable, the forms of abuse, how children become vulnerable and what places them at risk, vary.[4]

It is also noted that the Omani child protection system understandably prioritises very young children as being in most need of protection due to their greater vulnerability. However this results in a lack of attention by society to the needs of older children (7–18 years), especially in big families; as a result, some of their developmental needs are remaining unmet. Accordingly, there is an urgent need for Oman's government to inform the general population why the CRC defines a child as anyone under 18 years old rather than a lower age limit.

In order to ensure compliance with Article 4 of the CRC, Oman must adopt a *child rights-based approach* to policy development. In recognition that the child rights-based approach consists of *a holistic package* of requirements needed for the implementation of the CRC, Oman is confronted with the challenge of ensuring that its efforts should be accompanied by policy reforms, institutional development, effective co-ordination, data collection, training, dissemination and appropriate budgetary allocation. The budgetary allocation should be directed towards the key implementers and more priority concern should be given to the implementation of the CRC, the children statute and relevant developments in the social sector which ensure

enjoyment of the rights by children. Without such an approach, Oman's commitment to providing support for children will remain based on the conventional political formula that providing economic benefits to the family is generally sufficient to allow children to be raised in a supportive environment.

The key measure Oman has to take in relation to prevention of child abuse and neglect is the development of a *National Strategy or Framework for Protecting Children*. The strategy should set out the roles and responsibilities of different organisations involved in safeguarding and promoting the welfare of children and identify actions that can be taken to prevent and reduce child abuse and maltreatment. Preventative interventions are described as either: primary, secondary, or tertiary interventions. Primary or universal interventions are strategies that target whole communities in order to build public resources and attend to the factors that contribute to child maltreatment. The general media awareness campaigns represent an example of a primary intervention. These campaigns usually use television, radio and print material to educate the community in relation to the importance of a child's early years and the need for a child to have a safe and secure home environment. Other examples of primary interventions include the range of support and services provided through maternal and child health clinics, and the provision of high quality child care services. The strategy should focus on providing timely and universal support to all families (not just those deemed 'at risk'), in line with Articles 2 and 19 of the CRC. Where families are "at risk" for child maltreatment, secondary approaches, (e.g. early screening to detect children who are most "at risk", home visiting, parent education, assertiveness training for "at risk" children, and targeted media campaigns in "at risk" communities) prioritise early intervention. These interventions aim to address the risk factors for child maltreatment. Tertiary interventions (for example, therapeutic and specific rehabilitative services for abused children) operate once child maltreatment has occurred or is believed to have occurred, so they have been termed as "reactive approaches". However, primary and secondary interventions have gained increasing attention as government and non-government bodies have recognised the importance of "proactive strategies", which intervene before maltreatment occurs.

To make these strategies a reality, there is a compelling need for Oman to create an independent *National Children's Council* (NCC) tasked with: establishing an integrated vision for child rights and strategic directions for evidence-based policy development; monitoring the extent to which Omani children are enjoying their rights; promoting those rights; promoting children's participation as full citizens in Omani society, and closely monitoring the use of public services and facilities as regards family support and child protection. If an NCC is not established, then the *Omani CRC Follow-Up Committee* should be adequately resourced to undertake these tasks.

"Vulnerable" children are typically at the highest risk of abuse, including children with disabilities, children in care, children with drug-related problems, those who are socially deprived and those who have already experienced abuse. Children with special medical, developmental, or mental health needs should be placed in the least restrictive environment possible. This means that social workers must make every effort to provide the treatment services that children require while allowing them to remain in their normal family settings. Treatment foster care, whereby specially trained foster parents provide active and structured treatment in the context of a family setting,[5] was suggested as an appropriate placement for such children.[6] Prospective foster parents should be visited in advance of placement, and periodically afterwards, to check that they are in good health and in a position to take proper care of the child. If the child has problems adapting to a family, another foster family should be found.[7] Compared to traditional foster parents, treatment foster parents have been found to display more appropriate parenting behaviours toward such demanding children, including better monitoring, consistent discipline, and the use of appropriate positive reinforcement.[8]

Sometimes, however, a child needs more intensive treatment or supervision than even treatment foster care can provide. Under such circumstances, it may be necessary to place him or her in a congregate care setting, a non-family placement where a large number of children receive specialised care and/or treatment. Emergency shelters are also considered a form of congregate care, but they do not provide any therapeutic services and are normally used when no other placement can be found.[6]

It is true that placing children in family settings removes a number of risks that are associated with group

care.[9] Limiting children's ability to develop lasting relationships with adults is an obvious disadvantage of living in congregate care facilities. Also, the intense structure of group settings hinders normal adolescent development.[6] Despite this, congregate care is an important part of the foster care continuum because some children in foster care may express difficult behaviours due to the extreme physical and mental trauma they suffer as a result of abuse or neglect. When used appropriately, congregate care can provide the level of specialised service that these high-need children require.[6] However, congregate care should never be considered a long-term placement for any child; rather, it should be used to deliver critical, time-limited therapeutic services while social workers plan for the child's early reintegration into the family setting.[10]

Consequently, the protection of children is a shared responsibility requiring the development of active and robust community partnerships. Therefore, a *National Social Advisory Center* should be established in Oman to provide expert legal, medical and other advice to children and families with problems, as well as rehabilitation and counselling programmes for the victims and perpetrators of child abuse and neglect. In order to facilitate the programmes for children, the government should also give support to non-governmental organisations (NGOs) to operate in such fields as an adjunct to governmental programmes. Both the government and NGOs should expand their educational and legal aid programmes to cover all governorates, particularly to meet the needs of people at the grassroots where lack of knowledge and access combined with fear of litigation continue to deprive children of enjoyment of their rights and legal protection.

Moeness Moustafa Alshishtawy

Department of Community Medicine & Public Health, Tanta University, Egypt
and Department of Health Planning, Ministry of Health, Muscat, Oman.

E-mail: drmoness@gmail.com

References

1. Al-Lamki L. Child Rights: What can we do in Oman? SQU Med J 2012; 12:1–4.
2. Al-Saadoon M, Al-Sharbati M, El Nour I, Al-Said B. Child maltreatment, types and effects: Series of six cases from a university hospital in Oman. SQU Med J 2012; 12:97–102.
3. Muscat Daily. Oman needs to track spending on child rights: UNICEF, 17 May 2011. From: http://www.muscatdaily.com/Archive/Stories-Files/Oman-needs-to-track-spending-on-child-rights-UNICEF Accessed: Mar 2012.
4. West A. A child protection system in Mongolia: Review report. Save the Children (UK), Ulaanbaatar, 2006. From: http://cfsc.trunky.net/_uploads/Publications/2_a_child_protection_system.pdf Accessed: Mar 2012.
5. Foster Family-Based Treatment Association. What is treatment foster care? (2004) From: http://www.ffta.org/whatis.html Accessed: Mar 2012.
6. Children's Rights. What works in child welfare reform: Reducing reliance on congregate care in Tennessee: Executive Summary, Jul 2011. From: http://www.childrensrights.org/congregatecare Accessed: Mar 2012.
7. United Nations, Convention on the Rights of the Child. Summary record of the 728th meeting, 28th Session. Geneva, Sep 2001. From: http://www.unhchr.ch/tbs/doc.nsf/0/219275c560d0b03ec1256ae3004b0af8?Opendocument Accessed: Mar 2012.
8. Fischer PA, Gunnar MR, Chamberlain P, Reid JB. Preventive intervention for maltreated preschool children: Impact on children's behavior, neuroendocrine activity, and foster parent functioning. J Am Acad Child Adolesc Psychiatry 2000; 39:1356–65.
9. Lee BR, Bright CL, Svoboda DB, Fakunmoju S, Barth RP. Outcomes of group care for youth: A review of comparative studies. Res Soc Work Pract 2011; 21:177–89.
10. Child Welfare League of America. Position statement on residential services. Washington, DC, 2005. From: http://www.cwla.org/programs/groupcare/rgcpositionstatement.pdf Accessed: Mar 2012.