**2021 Day of General Discussion on Children’s Rights and Alternative Care**

Inputs from Child Rights Coalition Asia (CRC Asia)

June 2021

This written contribution is informed by the recommendations of children[[1]](#footnote-1) and by the experiences and inputs of civil society organizations[[2]](#footnote-2) in Asia.

***Factors that contribute to the institutionalization of children***

*Labor migration*

Asia is a region with a number of children left behind by one or both migrant worker parents.[[3]](#footnote-3) Children are often placed under a relative’s informal kinship care,[[4]](#footnote-4) which is mostly unregulated and unsupervised, but widely practiced in South Asia and Southeast Asia.[[5]](#footnote-5) In some instances, the relatives are unable to provide long-term care or create a safe and nurturing environment for children and adolescents.[[6]](#footnote-6) Separation from parents also has negative impacts on the children’s health due to emotional stress and loneliness, despite being around relatives and friends.[[7]](#footnote-7) These could put children and adolescents in certain situations or conditions (i.e., being neglected, in conflict with the law, or victim of violence, etc.) that lead to institutionalization.

Recommendations: Provide multidimensional interventions for children left behind and their carers. Recognize the role of the digital environment in transnational parenting and support digital access of children and parents by investing in infrastructure for internet and electricity and implementing inclusive labor policies affecting the use of digital communication tools by parents working abroad.

*Gender equality, and sexual and reproductive health and rights*

In Asia, giving birth outside of marriage and single parenthood are still often stigmatized,[[8]](#footnote-8) contributing to abandonment of children. Issues such as unequal gender norms, inaccessible sexual and reproductive health services and information, and inadequate support for unprepared pregnancies also play a part in the placement of young children in residential care facilities.

Recommendations: Raise awareness to change discriminatory social and gender norms. Improve access of all individuals to sexual and reproductive health services and information. Include comprehensive sexuality education in the curriculum for children in schools and out of school.[[9]](#footnote-9) Provide rights-based approach to services and support for adolescent girls and boys in early pregnancy/parenthood.

*The national human rights situation*

Curtailing civil and political rights could lead to family separation. Children were orphaned due to police anti-drug operations in the Philippines that started in 2016[[10]](#footnote-10) and violent response to the peaceful protests against the military coup in Myanmar in 2021.[[11]](#footnote-11) Children human rights defenders in Myanmar were also reported to be detained.[[12]](#footnote-12)

Recommendations: Strengthen the protection of civil and political rights of human rights defenders, including children human rights defenders. Provide a comprehensive and holistic plan of care for children who were orphaned due to government-supported actions.

*Climate change and right to a healthy environment*

In 2018, eight out of ten deadliest natural disasters around the globe happened in the Asia-Pacific region.[[13]](#footnote-13) In 2020, 41% of climate-related disasters were experienced in Asia, claiming lives and affecting millions of people.[[14]](#footnote-14) Some children needed alternative care as the disasters caused them to become single or double orphaned, separated from families, or displaced from their community.

Recommendations: Strengthen child rights-based approach to emergency response. Implement sustainable solutions to environmental degradation, taking into consideration the best interest of the child. Mobilize and allocate public budgets[[15]](#footnote-15) for programs and services that prevent the environmental harms on children.

*Poverty*

In Asia, financial and material poverty remains a common factor that contributes to the placement and stay of children in institutions. Some parents living in poverty prefer placing their children in residential care facilities, believing that this arrangement improves their children’s chances of receiving basic needs, such as food, shelter, clothing, education, and health services. Also, the government takes into consideration the family’s economic situation when making decisions on reintegration. The social welfare ministry of Vietnam acknowledges the challenge of reintegrating children from poor households.[[16]](#footnote-16) In the Philippines, reintegration to family is put on hold if the parental capability assessment[[17]](#footnote-17) shows that the family is still unable to provide the basic needs and ensure a safe and nurturing environment for the child.

Recommendations: Provide appropriate support to families of children in alternative care to prepare for the children’s reintegration. Invest in human capital development and improve public budgeting for child rights.

*Violence against children, mental health, and disability inclusion*

Children survivors of abuse and exploitation are referred to temporary residential facilities to remove them from the abusive environment and to provide appropriate medical, psychosocial, legal, and rehabilitation interventions. In Asia*,* children with intellectual or developmental disability are often institutionalized.[[18]](#footnote-18) For gender-specific reasons, girls with psychosocial or intellectual disability are placed in institutions due to fears of being targets of sexual violence.[[19]](#footnote-19)

Recommendations: Promote positive parenting. Provide accessible rehabilitation programs and services to those with mental health concerns to break the cycle of violence, support children and youth campaigns and other efforts on empowerment of children, and address the economic problems that cause violence against children.[[20]](#footnote-20) Provide systemic support to families of children with disabilities.

*Existing policies and programs*

Some countries in Asia have laws stipulating that institutionalization of children should be the last resort, but these are not being implemented due to lack of awareness and resources. In Thailand, for instance, there are three forms of alternative care for children recognized by law – foster care, adoption, and child care institutions – but child caring institutions are “consistently being used as a first option for children” when family problems arise.[[21]](#footnote-21) In Malaysia, there is lack of awareness and proper education on foster care,[[22]](#footnote-22) and in the Philippines, misconceptions about the provisions in the juvenile justice law hinder the implementation of community-based interventions and diversion programs for children in conflict with the law.[[23]](#footnote-23) Furthermore, some countries[[24]](#footnote-24) are yet to develop other forms of alternative care, like a formal foster care system, resulting in high reliance on residential care facilities. In Myanmar, the number of children in registered residential care facilities rose from 12,000 in 2006 to over 20,000 in 2016.[[25]](#footnote-25) Terre des Hommes-Lausanne and UNICEF implemented a project to contribute to the development of a national level foster care system in Myanmar.[[26]](#footnote-26) However, the government’s ministry has to address the challenges in allocating financial resources and building the capacity of social service workforce to establish the necessary systems and mechanisms.

Recommendations: Provide guidance and improve the knowledge of service providers on existing laws stipulating institutionalization as a last resort. Strengthen coordination among concerned government agencies and other stakeholders on the implementation of child rights laws. Raise the awareness on community-based alternate care arrangements and enact laws with corresponding budget allocations for deinstitutionalization.

***The impact of COVID-19 pandemic to children in alternative care and the child protection system***

The COVID-19 crisis affected the operations of the alternative care systems, the provision of services to children in alternative care, and the work of child protection systems across Asia.

Unprepared for the pandemic, some residential care facilities needed time to develop adaptive measures (e.g., set up isolation areas, establish social distancing procedures, implement health protocols, etc.) in line with the health and safety regulations to ensure the protection of children under their care. While doing so, they had to stop receiving children needing alternative care until the adaptive measures were in place. In some cases, the facilities did not have enough space for an isolation area, which meant that service providers faced the challenge of figuring out the appropriate next step. Also, a few care facilities had to be closed temporarily or permanently due to the prevalence of COVID-19 positive cases or the halted/slowed down financial support from donors. A foster care placement agency in the Philippines had to close temporarily, which resulted in children staying longer in temporary residential care facilities. Also, permanent or temporary closures of residential care facilities could mean that “some children may be sent back from their care placement to families of origin who are not in a position to care for them and guarantee their protection, exposing them to potential neglect and abuse.”[[27]](#footnote-27)

Similarly, those implementing foster care programs had to make adjustments. For instance,

the Parenting Foundation of the Philippines[[28]](#footnote-28) requires COVID-19 swab testing for the child and all members of the foster family (five to ten days before the scheduled placement and five days after), with the expenses shouldered by the referring non-government organization (NGO). Foster families were also asked to quarantine for 14 days. There are instances, however, when COVID-19 heavily affected the foster care system in Asia. Due to the financial and psychological stress brought about by the pandemic, some of the approved foster caregivers dropped out of the list, reducing the number of available foster families in the country.

Like the rest of the world, alternative care settings adapted to changes brought about by the COVID-19 pandemic. Service providers became highly reliant on digital tools. In monitoring children in foster care, for instance, the NGOs utilize video conferencing platforms to communicate with the children and the foster families. Residential care facilities had to suspend parental visits or the child’s home visits, but regular communication between the child and their families is being facilitated through mobile or video calls. Yet, similar to the rest of the world, alternative care service providers had to deal with the challenges related to the digital divide. Hospicio de San Jose,[[29]](#footnote-29) for instance, needed the support of the city government to get access to laptops. Video conferencing or mobile phone calls can only be done if the NGO and the foster family/child have the access and the skill to use the devices. Residential care facilities, especially those in rural areas, are hindered by poor internet access and limited digital technology and skills.[[30]](#footnote-30) Supporting online learning of children in alternative care is a priority, but it is dependent on the capacity of the alternative care facilities to provide the devices and develop the digital skills of the children and adults.

In addition, the pandemic caused delays or cancellations of the provision of services that are not readily available in the residential care facility. Due to government-mandated movement restrictions, closures of service providers, and operational constraints of the residential care facility (e.g., dwindling financial resources, reduced staff and number of volunteers, lack/absence of transportation, and absence or lack of personal protective equipment, etc.), psychological support, physical therapy, and other services became inaccessible to alternative care settings. There were also delays in the justice processes due to suspension of work in the judiciary, in the processes of adoption and recruitment of adoptive parents and foster parents because of the requirement of personal visits as part of the assessment, and in the processes of reintegration which require home visits by the social worker and the child. The additional costs to comply with the health protocols (e.g., COVID-19 swab testing, provision of basic needs during the quarantine period, etc.) also had to be addressed. Concurrently, young people placed in alternative care who are transitioning into independent living find themselves in fragile situations, facing the risk of losing their jobs, being unable to continue their education due to the online shift, and experiencing isolation and mental health problems because of the pandemic.

The child protection system, in general, was significantly affected by the pandemic. Globally, child helplines received a drastic increase in the number of reports in 2020.[[31]](#footnote-31) The pandemic heightened the risk of violence against children, including online sexual abuse and exploitation of children[[32]](#footnote-32) and child marriage.[[33]](#footnote-33) Vulnerable groups of children, such as children in the context of migration and children from ethnic and indigenous communities, faced limited access to health protection supplies and services. Similar to the impact of other emergency situations, COVID-19 is pushing more children into multidimensional poverty as more are being deprived of food, water, shelter, education, protection, and health services.[[34]](#footnote-34) The pandemic also resulted to the emergence of a temporary alternative care setting in the form of isolation facilities, which may not provide adequate consideration[[35]](#footnote-35) for child rights-based care and protection.

Recommendations: Integrate child protection measures in the pandemic response. Engage children in alternative care in discussions on the impact of the pandemic, and sustain the provision of psychosocial interventions. Allocate sufficient resources and continue to strengthen inter-agency coordination among government agencies and NGOs to ensure timely and sustainable access to appropriate services for children in alternative care despite restricted movements and digital divide. To prepare for future public health and social and environmental crises, there should be guidelines and checklists for alternative care agencies during emergency situations, taking into consideration experiences during COVID-19 pandemic. Implement a situational analysis on the impact of the pandemic on different groups of children, including children in alternative care settings, to identify proper interventions and ensure functionality of child protection systems, referral pathways, and grievance mechanisms. The conduct of situational analysis and development of guidelines should be with the participation of children and civil society. Experts on child rights and women’s and girl’s rights must also be included in emergency coordinating bodies. Invest in efforts that build the resilience of children and their families, including by enhancing their digital literacy.

***Examples of child participation in alternative care setting***

The level of child participation in Asia varies, depending on the social workers, NGOs and government agencies' efforts to create safe spaces for children to express their opinions on matters affecting them. Children in residential facilities are provided with child-friendly materials, language, space, and time to process the information and express their opinion on decision points. Meanwhile, children in communities are able to participate in consultations, forums, and other youth empowerment activities at the local, national, regional, or international levels.

Based on the experience of Hospicio de San Jose in the Philippines, children as young as seven years old can already express views on decisions related to their alternative care. In their facility, individual placements and reintegration plans are based on separate consultations with the parents (when available) and the child. For instance, if reunification with family is not an option, the child takes part in identifying possible foster care placements. Complaint mechanisms are also available in Hospicio de San Jose. Children can report their concerns to the social worker during the one-on-one counselling sessions, or to the house parent or home life coordinator in the residential facility.

NORFIL Foundation,[[36]](#footnote-36) a foster care and domestic adoption placement agency in the Philippines, also makes sure to take into consideration the views of children during the development of the child’s individual plan. In one case, for example, a 12-year-old boy expressed that he does not want to get adopted and prefers to be under foster care instead. This was considered in making the decision. Also, the children’s experiences and views are crucial in the monitoring process of NORFIL Foundation. Prior to the COVID-19 pandemic, a social worker regularly schedules a private conversation with the child in a restaurant or a park where the child would feel comfortable to talk about his/her experiences with the foster family. In the time of pandemic, this child participation platform remained, albeit the conversation is now done with the child and peer supervisors, who are trained and experienced foster care parents assigned to monitor the other foster families in their community.

Challenges remain, however, in upholding child participation in alternative care settings. For instance, in Vietnam, a national foster care system is yet to be developed. There are programs, funded by an international NGO, to pilot a foster care practice and one of findings of the rapid assessment says that, "there is no evidence to suggest children play a full and meaningful role in decisions being made about their lives including the choice of alternative care placement.”[[37]](#footnote-37) Also, some children[[38]](#footnote-38) expressed that there is a lack of safe platforms for children to share their experiences and opinions to a wider audience, without compromising their privacy and confidentiality. They also felt that there are adults who help in amplifying children’s voices, but their opinions are downplayed by the voices of non-supportive adults.

Recommendations: Social workers and other alternative care service providers must be well-trained on meaningful child participation. Children in alternative care settings must be empowered to participate in decision-making processes and program planning. They must be provided with safe spaces, such as consultations and forums, for policy development. Age-appropriate, gender-sensitive, inclusive, and culturally-sensitive information materials should be available to help children make informed decisions. Resources must also be allocated and appropriated to uphold meaningful child participation.

***Providing quality services to children in alternative care***

High-quality alternative care should be anchored on the UN Convention on the Rights of the Child (UN CRC), fulfilling the best interest of the child and the right of the child to be heard. All necessary services, including provision of basic needs, education, medical and mental health and psychological services, and legal remedies, should be available, timely, and supported by sufficient and sustainable funding. Provision of these services must be based on the results of regular assessment and case management and must be provided by a well-trained multidisciplinary team, with enough members to respond to the needs of every child. Monitoring and evaluation of programs and services must be regularly conducted and considered for the child’s recovery, reintegration to society, or transition to aftercare. Moreover, monitoring of alternative care systems must be conducted by an independent monitoring board, ensuring that alternative care guidelines and child protection policies (with clear and functional reporting/complaints mechanisms) are in place and being implemented in all alternative care settings. Resources must be provided to enhance the capacity and ensure well-being of foster care parents, adoptive parents, and social service workforce in alternative care. The systems should also be supported by laws or legislations stating that institutionalization should be the last resort.

Several obstacles hinder the provision of high-quality care. One challenge common in Asia is the lack of national data on children in alternative care and children needing alternative care, coupled with the lack of studies on the lived experiences of children in alternative care.[[39]](#footnote-39) These lead to a critical gap in understanding the actual situation, and subsequently impacting the development of responsive policies, programs, and services to prevent family separation and placement of children in residential care facilities.

Aside from the absence of legislations that support non-residential forms of alternative care, another challenge in Asia pertains to ensuring the standards of care provided by unregistered residential care facilities. In Myanmar,[[40]](#footnote-40) the unregistered monastic care facilities and other unregistered faith-based residential care facilities do not go through a system of monitoring and supervision, which means that the quality of services, skills of social service workforce, and support from the government are not guaranteed. In Thailand, CRC Coalition Thailand documented 240 unregistered private children’s homes that are “believed to be currently operating in Thailand without proper standards or oversight by government authorities.”[[41]](#footnote-41)

The provision of high-quality alternative care is also hindered by the limitations in financial and human resources. There is a lack of qualified social service providers and other alternative caregivers. In the Philippines, timely recruitment and assessment of potential foster care families remain as a challenge. Hospicio de San Jose also mentioned that they have high rates of staff turnover because they could not compete with the salary rates of other agencies.

Other weaknesses that are similar across the region are related to the conduct of child rights-based and evidenced-based programming with monitoring and evaluation and child participation, and to the implementation of child protection policies in line with the UN CRC. Some countries in Asia still do not prohibit the practice of physical and humiliating punishment of children in alternative care settings. There is also a lack of mechanism that supports strong background checks on service providers working directly with children.

In providing effective legal and other remedies to children who are or have been provided alternative care, the problems include the lack of child-friendly and gender-sensitive processes, the delay in the provision of legal support, the limitations in financial support, and the lack of understanding, knowledge, and skills of legal, judicial, and administrative authorities and staff. Moreover, some countries have laws that criminalize child abandonment, reducing the chances of family reunification. Also, not all countries have ombudspersons/commissioners that could provide further support to children’s access to legal and other remedies.

Lastly, cross-border cooperation in relation to children’s alternative care still needs to be strengthened. To ensure protection of unaccompanied and separated children and victims of child trafficking, there is a need to maintain regular coordination between origin and destination countries, manifested through a memorandum of understanding. Existing regional mechanisms in Asia, such as ASEAN and SAARC must be utilized. Documenting successful models of alternative care and sharing information and experiences at the global, regional, and national levels – with the participation of different stakeholders including civil society and children – are also crucial in ensuring the continuous provision of high-quality alternative care.

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**About Child Rights Coalition Asia (CRC Asia)**

CRC Asia is a network of child rights organizations working together for the fulfillment of child rights. Its members include Child Rights Coalition Cambodia, Hong Kong Committee on Children's Rights, Yayasan KKSP, Yayasan SEJIWA, Village Focus International, Protect and Save the Children, Equality Myanmar, CWIN Nepal, Group Development Pakistan, Civil Society Coalition on the Convention on the Rights of the Child Philippines, Mindanao Action Group for Children's Rights and Protection, ChildFund Korea, Child Welfare League Foundation, The Life Skills Development Foundation, Childline Thailand Foundation, and Vietnam Association for the Protection of Children's Rights.

For information, please contact:  
Amihan Abueva, Regional Executive Director  
secretariat@crcasia.org  
www.crcasia.org

1. During the [2019 Asian Children’s Summit](https://www.crcasia.org/2019-asian-childrens-summit/) in Bangkok, Thailand, the [7th High-level Cross-Regional Roundtable on VAC](https://violenceagainstchildren.un.org/sites/violenceagainstchildren.un.org/files/children_declarations/crc_asia_final.pdf) in 2018 in Manila, Philippines, and the June 2021 online survey for the development of this submission. [↑](#footnote-ref-1)
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4. See para. 29(i) of the United Nations Guidelines for the Alternative Care of Children, 24 February 2010 (A/RES/64/142) [↑](#footnote-ref-4)
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9. From the recommendations of children during the [7th High-level Cross-Regional Roundtable on VAC](https://violenceagainstchildren.un.org/sites/violenceagainstchildren.un.org/files/children_declarations/crc_asia_final.pdf) in 2018 in Manila, Philippines [↑](#footnote-ref-9)
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