Save the Children

Children's Rights and Alternative Care
Save the Children Submission to the Committee on the Rights of the Child

1. Introduction

1.1. Save the Children welcomes the decision by the UN Committee on the Rights of the Child to focus on Children's Rights and Alternative Care and to put the perspectives of children and young people at the heart of these discussions.

1.2. Save the Children has long had concerns about the unnecessary use and inadequate quality of some alternative care provision, as well as its well-documented inherent risks of abuse and violence. COVID-19 has further highlighted these concerns, not only as a public health emergency, but also a crisis of care.[1] In response to the pandemic, some governments rapidly closed childcare institutions and boarding schools without adequate planning or follow up, others placed these facilities into lockdown, restricting access and limiting staff movement, and very few COVID-19 response plans included considerations for unaccompanied and separated children as a result of caregiver illness or isolation.

1.3. This submission draws on Save the Children's experience of working with and for children in 117 countries across both humanitarian and development contexts. We began working to support children without appropriate care following a series of events that highlighted urgent need for change –the HIV/AIDS epidemic, the post-1989 institutionalisation crisis in Eastern Europe, and the Rwandan Genocide. With children's rights at the heart of our mission, our focus has always been to ensure that children are safe and protected within their own families, or where that is not possible, in family-based care alternatives in the community.[2]

2. Preventing the need for alternative care

2.1. All too often, the use of alternative care is neither necessary nor appropriate. Preventing separation requires an understanding of the root causes that lead to family separation and designing programmes that address such causes, including poverty, violence, and discrimination.

2.2. As part of our COVID-19 response, additional funding from USAID was used in Cambodia to provide cash and voucher assistance to poor families – and the initial evidence from our baseline report points to a reduction of family separation since these transfers began.

2.3. To reduce violence in the home and the potential need for alternative care, we implement a comprehensive training programme for caregivers that aims, not only to reduce violent forms of discipline, but also enables caregivers to form better and more respectful relationships with their children and understand their children as rights holders.

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[1] Better Care Network and UNICEF (2020) It's Time for Care: Prioritizing Quality Care during the COVID-19 Pandemic.

[2] See Save the Children's menu of outcome indicators on programme design for children without appropriate care p.15.

2.4. Given that children with disabilities are disproportionately placed in residential care and often stay in care longer, much more must be done to support the families of children with disabilities and tackle stigma and discrimination driving abandonment.

2.5. In Cambodia, several partners of Family Care First | REACT support children with disabilities. For example ABLE, a Children in Families project, supports family strengthening for children with disabilities as well as recruiting and training foster carers to care for children with disabilities and a project at Angkor Hospital for Children works to prevent child abandonment at hospitals.[3]

2.6. Preventing separation and strengthening families must include an integrated approach as shown by best practices gathered from Save the Children's Eastern European Programme that supports children with disabilities; providing free early detection services, individual rehabilitation and guidance, and support services for families in their communities. The interventions were child-centred and tailored to each individual child. Caregivers were given counselling, as well as opportunities to take part in self-help groups, often leading to advocacy on the support they needed.[4]

2.7. No child should have to give up his or her family connections, customs, culture, or religion to receive care, supportive services, treatment, or education. Services should be individually tailored and context specific. In Australia, Save the Children provides intensive family support and preservation services that are culturally appropriate and safe for Indigenous families, especially in remote communities.

3. Strengthening child welfare and protection systems

3.1. While much focus has been on supporting families, reducing violence in the home, and connecting families to the services they require, there is also the need for robust, well-financed child protection systems with clear guidance to support the complex decision-making required for children's care placements. To effectively prevent separation and respond to the specific challenges children face, there must be a competent, trained social welfare workforce to listen, provide support, and connect children and families to the most appropriate services. To support improved quality, we have systematised our approach to conducting case management. In our humanitarian responses, we promote the use of the CPIMS+ as a data management system for individual case management and supporting governments to detect national trends. In addition, we work with governments, including Indonesia and India, to enhance the accreditation and competencies of government social workers.

[3] Documented by the Better Care Network in practitioner learning videos.
[4] See "Yes Children Can Campaign" for an example of campaigning work in Kosovo.

4. Transforming child welfare systems

4.1. Save the Children has a long history of working with governments to transform their child welfare systems from one that relies on residential care to one that prioritises family-based care. One of our longest standing programmes is our partnership with the Ministry of Social Affairs in Indonesia, initiated following the tsunami in Aceh. Our child-led research of residential care in Indonesia was instrumental in encouraging the Ministry of Social Affairs to review its support of childcare institutions and draft National Standards of Care.[5]

4.2. As a collective impact project, Family Care First | REACT was established in Cambodia to reduce the number of children in residential care and improve quality care. Beginning in 2015, there are now are now over 60 members coordinated by a secretariat formed by the Royal Government of Cambodia to oversee progress with working groups focused on system strengthening, a strong social welfare workforce, preventing separation, and transforming childcare institutions. The Government is now in the final stages of drafting its new child protection law and standard operating procedures to support quality alternative care and reintegration.

4.3. A major aspect in transforming the system is understanding where funding for residential care is coming. We co-founded ReThink Orphanages to help address overseas support for orphanages. Member States that both send and receive volunteers from overseas must work together to redirect funding and volunteering towards community-based initiatives to strengthen families. We welcome the 2019 UN Resolution on the Rights of the Child recommendation for States to take action to prevent the trafficking and exploitation of children in care facilities, including addressing harms related to volunteering in orphanages.

5. Enhancing children's participation and agency

5.1. When consulted, children and young people can explain the difference between a poor alternative care placement and a placement that fosters their growth and development. They can point out the detail, nuance and complexity, which can be overlooked by adults, professionals, and policy makers and difficult to quantify. As our research on Talibe children and children with disabilities in Senegal during COVID-19 clearly illustrates however, children and young people's views and rights can be swiftly disregarded in a crisis.

5.2. In Save the Children's child-led research series on kinship care, including in West and Central Africa, East and Southern Africa and Jordan, children's views on alternative care placements often differ from those of practitioners – focusing more on the love that the caregiver had for them as opposed to practitioners' bias towards caregivers who were younger, healthier and had financial means. The children had a clear vision for the world they want to live in – where all children receive love and care from their caregivers,

[5] Changing the Paradigm: Save the Children's Work to Strengthen Child Protection Systems in Indonesia 2005-2012.

where all children feel a sense of belonging in kinship care and where no child feels isolated.[6]

6. Support to unaccompanied and separated children, including children on the move

6.1. Save the Children supported the revision of the Minimum Standards for Child Protection, including the standard on alternative care and we continue to play an active role in family tracing and reunification (FTR). We co-chair the Initiative for Child Rights in the Global Compacts and support the Global Compact for Migration, calling for states to invest in robust cooperation mechanisms internationally, regionally and bilaterally to facilitate cross-border case management and ensuring that children's rights are respected regardless of their immigration status.

7. Improving the quality of alternative care placements

7.1. In accordance with the best interests of the child, Save the Children supports a variety of alternative care placements as well as supporting governments to improve the quality and regulation of formal placements (Cambodia, Indonesia, Liberia, Kenya, Somalia, Zambia). Regardless of the placement, all children have the right to live free from violence. Our work related to kinship care, foster care, and residential care has led us to the following reflections.

7.2. Globally, *kinship care* is the most accepted and practiced form of alternative care. The way in which kinship care is practiced is changing with increased urbanisation, the rising cost of education, the HIV/AIDS epidemic, and the impact of disasters and conflict all making it more burdensome for kinship carers and less of a mutually beneficial transaction. We believe kinship care should remain informal, as formalising it would create a heavy burden of regulation and monitoring and risk the breakdown of traditional community coping strategies.

7.3. To strengthen kinship care, more must be done within existing community structures to build upon the strengths and resilience of children and caregivers, to support informal care arrangements, and to identify and refer at risk children to the formal system when needed. When working on issues related to stigma and discrimination, the treatment of children living in kinship care compared to biological children should be highlighted.

7.4. *Foster care* is understood and practiced in a variety of ways, and more research is needed to better understand how various models support children's care and development. The identification, training, and payment of foster carers differs dramatically and there has not been enough focus on what works best. Globally it is still challenging to find foster carers willing and able to care for children with complex requirements. States need more support and guidance in developing this cadre of foster carers to provide more family-based care options for children.

7.5. *Residential care* should not be considered a necessary form of alternative care or a necessary part of deinstitutionalisation strategies. However, while always striving to place children in need of alternative care in family-based care, in specific cases it may be necessary to provide quality, temporary, specialised care in a small group setting where

no other options for family-based care exist. *Residential care* should always be organised for the shortest possible time and centred around the rights and specific needs of the child, in a setting as close as possible to a family.

7.6. Avoiding the use of residential care is a challenge in humanitarian responses. In Syria and Iraq, for example, stigma and complex cultural dynamics makes identifying family-based alternative care options almost impossible. Children on the move transiting through Greece or children born from rape or to unwed mothers in Cox's Bazaar have also needed to be placed in interim residential care[7] because kinship families were not available, foster care was not well established, and the potential risks to children in family-based placements was significant. In Nigeria, Niger and Senegal, during COVID-19 children were forcibly removed from the streets and moved by the governments into interim care centres. In response, Save the Children provided guidance for interim care centres as well as child safe programming and safeguarding with interim care centres, with calls not to create new residential care facilities unless there is absolutely no other option.

7.7. If advice to Member States does not include guidance on residential care options, it makes it much harder to regulate, measure, monitor and eventually close such establishments. We therefore welcome guidance to improve the temporary nature of residential placements, better gatekeeping mechanisms, and a continued emphasis on making residential care the exception.

7.8. While referenced in the UN Guidelines, Save the Children does not support the use of the term *"family-like"* care as it can confuse practitioners and policy makers into assuming that some residential care options are family-based case when they are not, even where efforts to mimic a family are made.

8. Recommendations

8.1. Significant progress has been made to prevent separation and advance deinstitutionalisation, but more must be done to realise a world where all children thrive in a safe family environment where their rights are respected, protected and fulfilled.

8.2. Save the Children calls on member states, UN agencies, and civil society to ensure:

8.2.1. **Investment in child welfare and child protection systems, including a skilled social welfare workforce.** Member states must work to improve child welfare systems, including by building the competencies of the social welfare workforce and connecting community structures to the national child protection system. A strong, qualified, gender responsive and resourced workforce can support case management, develop care plans based on the best interests of the child, and work to support children and families at risk of harm.

8.2.2. **Residential care must remain a last resort for the shortest amount of time.** Residential care must be regulated, and every child placed in care should go

[7] Defined as lasting no longer that 12 weeks for children over the age of three unless accompanied by a caregiver.

through a gatekeeping assessment prior to placement. Save the Children welcomes efforts to ensure that funding for alternative care supports family-based care.

8.2.3. **Children and young people are consulted about their care and encouraged to be part of policymaking**. Children with experience of alternative care must be consulted in placement decisions, but also in shaping policies and measures around the quality of care.

8.2.4. **Improved data collection.** Increased support is needed for accurate data collection and monitoring disaggregated by age, ethnicity, gender, and disability[8] to better understand children's care arrangements. More effort to count children in all settings and analyse trends for better targeting and reform is needed.

8.2.5. **Access to services within communities.** To prevent unnecessary separation, Member States need to invest in services to support children and families within their own communities, including through inclusive education, rehabilitation services and other forms of support.

8.2.6. **Improving alternative care placement options.** Member States could benefit from partnerships with civil society to conduct more research on how foster care is practiced in different contexts, to share learning, and improve foster care identification, training, and support, especially for fostering children with complex requirements.

8.2.7. **Continued work to combat stigmatizing attitudes and harmful beliefs, which place children at risk.** Stigma and discrimination based on disability, sexuality, gender, ethnicity, immigration, and caregiver marital status continue to play a significant role in which children are placed in care.

[8] Including the disability status of their caregivers.