**Submission to the Children’s Rights Committee 81st session**

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

**16-17 September 2021**

We welcome this opportunity to provide input to the Committee on the Rights of the Child. The input in a joint submission from **SOS Children’s Villages Norway, the Norwegian Foster Care Association and The Norwegian Union of Social Educators and Social Workers (FO)** and builds on good practices from our work in Norway as well as in international development cooperation programmes.

We refer to, and support, the submission from SOS Children’s Villages International.

**The Right to Quality Care**

Every child has equal rights, whether living with their own families or in any form of alternative care. The UN Guidelines for the Alternative Care of Children (A/RES/64/142), and as further reinforced by commitments to invest in a range of quality care and protection services in the 2019 UNGA resolution on the rights of the child (A/RES/74/133), recognises a need for increased investments in social services to strengthen families, to prevent unnecessary separation of children from their families but to also ensure a suitable range of alternative quality care options that meet the rights and diverse needs of all children without parental care or at risk of losing parental care.

**Quality Care in all care settings**

Positive parenting and caregiving promote a sense of secure attachment and belonging, emotional support and builds a child’s resilience, development and self-confidence. This requires that parents and care-givers socio-economic and psychosocial situation is stabilised and that they are empowered with the necessary attitudes, skills, capacities and tools to ensure quality care for the child. This includes providing a stable and loving environment for the child without violent discipline or abuse and involving the child in decision-making and supporting the child’s development, autonomy and self-confidence.

Irrespective of the specific care setting the right to quality care therefore requires safe environments, stable relationships and empowering support for all children but also encompasses a broader rights-based approach ensuring access to, for example, education and healthcare.

Children in need of alternative care have the right to quality care that recognises and treats each and every child as an individual rights holder and seek to empower the child to build self-esteem and confidence – regardless of gender, nationality, age, sexual orientation and identity.

The assurance of individualised care and attention in alternative care requires a range of quality care options that can meet, on a case-by-case basis, the diverse and varied needs of any child in need of special protection. This assurance of quality also requires a fundamental commitment to engage children at all stages of decision-making and care-planning and to ensure that actions taken are founded in a professional, multi-disciplinary and participatory determination in the best interests of the child.

The guarantee of quality care in all settings requires State investment in a properly resourced professional social service workforce of suitably dedicated, rigorously selected, qualified/trained, remunerated and monitored social-workers, caregivers and professionals. Delivering on the right to quality care requires that States invest in a system of social services that provide high quality family support services delivering tailored family strengthening responses. Further, this right requires States to ensure the availability of a range of quality alternative care options that specifically respond to the individual care and developmental needs of children; that work towards building positive relationships with carers; and that lead to successful outcomes for every child on a case-by-case basis and developmental needs of children.

***Case: Family Partners***

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*The goal of the Family Partner Project is to provide assistance to families with complex challenges by strengthening the families’ capacity to provide good care and to avoid unnecessary placements. The Family Partner project builds on voluntary high intensity intervention providing vulnerable families help on their own terms. Within the scope of the project, families are provided coaching in child-care and life skills and connects the family to relevant Government services.*

*The project model was developed by SOS Children’s Villages Finland and the Family Partner project has been adapted to the Norwegian context by SOS Children’s Villages Norway in close collaboration with Norwegian Municipalities, child-care professionals, and academia. The project is funded by The Norwegian Directorate for Children, Youth and Family Affairs, The Research Council of Norway, FERD Social enterprise and the private corporation Heimstaden AB. After the pilot phase in three Norwegian Municipalities, a full-scale randomized control trial will be carried out to assess the effect of the intervention. Further, formative dialogue research is carried out.*

**Recommendations:**

* States must invest in family and community-based alternative care for children deprived of family environment while giving due weight to the child’s best interests
* States must invest in appropriate family strengthening services in order to strengthen parents’ ability to care for their children.
* Alternative care options must ensure a suitable physical and enabling emotional environment with properly trained carers

**Siblings**

6 out of 10 Norwegian children living in foster care in Norway, do not live together with their siblings. Sibling separation on placement in any form of alternative care, particularly when predicated on a lack of capacity in service provision only serves to fracture family unity and exacerbate the trauma of separation from parents. Additionally, it particularly overlooks the important emotional bonds where, for example, older children can be regarded as key attachment figures nurturing and caring for their younger siblings.[[1]](#footnote-1)

At a moment in life of traumatic transition sibling relationships, with a shared common history and close emotional bonds, are a vital source of continuity and comfort not to mention a sense of belonging and identity.[[2]](#footnote-2) In addition to the clear emotional impacts of a failure to preserve sibling relationships in alternative care we also note the significant practical implications that such actions have on limiting the potential for family contact and for future reintegration.

The UN Guidelines[[3]](#footnote-3) clearly state that siblings should not be separated when placed in any form of alternative care unless such separation is clearly determined as necessary to serving their best interests. The 2019 UNGA[[4]](#footnote-4) resolution on the rights of children without, or at risk of losing, parental care, broadly promotes Government investment in care reform and quality alternative care provision aligned with the Guidelines, overlooked sibling relations is a concern.

Family unity as a right applicable to all human beings naturally encompasses the need to fully consider dependency in sibling relationships in all decisions affecting the lives of children.

***Case: “Under the Same Roof”***

*In a mapping carried out by SOS Children’s villages Norway, we found that 6 out of 10 siblings in foster care settings did not grow up together, despite the right for siblings to grow up together is clearly stated in Norwegian Government policies. The key insight from the mapping, was that many foster parents lack adequate housing space to accommodate siblings.*

*As a response to this challenge, SOS Children’s Villages Norway has developed a model on foster care for siblings in close cooperation with local and national authorities. The Government provide appropriate housing for the siblings and the foster family. SOS Children’s Villages Norway provide guidance based on yearlong experiences from working with small family units and work with professionals to meet any comprehensive needs of the siblings in the units. The model has several advantages. The project is delivering tailored responses to the siblings and the foster families. Further, the model increases the pool of potential foster parents as the Government is providing the adequate housing. In case of break-up of the foster family, the children may continue to live in the Government owned house until a new foster family is identified and move in with the siblings, ensuring principle not to be separated in line with para. 17 of the Guidelines. The model is expected to provide long term positive impact for the siblings and the local child protection services as recruitment of foster parents and managing of break-ups puts great stress on available resources.*

**Recommendation**

* States must ensure, in legislation and policy, that the separation of siblings is prevented and that suitable quality alternative care options are in place
* States should document that all necessary actions are taken to prevent separation of siblings under alternative care

**Mental Health and Psychosocial support**

All children have a fundamental right to adequate health care, including mental health. This is enshrined in the UN Convention on the Rights of the Child, elaborated in the Committee on the Rights of the Child's General Comment 25 and confirmed through the UN's sustainability goals.

Mental illness is one of the largest and fastest growing diseases worldwide, and may have devastating effects on individuals, families and communities. Causes of mental health challenges are complex and often develops in early childhood. The It can be related to abuse, neglect, or violence, but also family separation and unstable family environments. Many children lack access to mental health care and psychosocial support, with potentially devastating long-term effects. Further, 3/4 of those affected by mental illness in the world live in developing countries or in countries in crisis or conflict.

According to WHO, the Covid-19 pandemic has severely exacerbated mental health and

wellbeing of children and their families[[5]](#footnote-5). Emotional difficulties among children and adolescents are exacerbated by family stress, social isolation, with some facing increased abuse, disrupted education and uncertainty about their futures, occurring at critical points in their emotional development. Mental health challenges can also be linked to other crisis, including armed conflict and other emergency situations, isolation, increased violence and absence of health facilities. Violence can also take a lifelong toll on children’s emotional health as well as physical health and social development. If exposed in early childhood, experiences of violence can even hamper a child's brain development.

Children living in alternative care settings need to be provided proper and suitable individual mental care and psychosocial support to repair and overcome any trauma inflicted on them.

**Recommendations**

* States must ensure children in without parental care or at risk of losing parental care access quality mental health services and psychosocial support
* States should invest in children’s mental health and psychosocial support as part of their international development cooperation and humanitarian response

**Data**

Children in alternative care setting or live without parental care, are prone to be overlooked in statistical data collection, which increases the risk of being left behind in policies and access to services. Comprehensive statistical data on children who have lost or risk losing parental care, or live in alternative care settings, is necessary to enumerate children in need of special protection and support. Further, relevant statistical data provides tools for monitoring and evaluation of alternative care and family strengthening responses.

In order to ensure children in alternative care settings are protected and safe, States should establish national databases and collect data on all cases of violence against children, abuse, neglect and sexual exploitation, and develop a monitoring and evaluation system to help determine how child protection systems can effectively ensure all children are included and accounted for.

***Case – Tracking Progress Initiative***

*The “Tracking Progress Initiative” is an online diagnosis tool which gives national actors the opportunity to assess how far the country has come in implementing the Guidelines. With relatively small investments, national technical working groups are established with representatives from relevant Ministries, civil society, academia and the target group themselves, for the assessment of national childcare systems, and identify gaps and further investment needs in order to inform prioritization. Assessments have successfully been conducted in a number of countries and has proved to be a cost efficient mean to fill the data gap on children in alternative care in these countries.*

**Recommendations:**

* States should invest in data collection systems that covers all areas of the Convention and that collects data on child protection systems disaggregated by age, gender, disability and other socioeconomic background including refugee children and children in alternative care settings.
1. van Ijzendoorn et al, cited in « Early Childhood in Focus 1 : Attachment relationships: Quality of Care for Younger Children » Bernard van Leer Foundation (2007) [↑](#footnote-ref-1)
2. Because we are Brothers and Sisters, SOS Children’s Villages International, 2012 [↑](#footnote-ref-2)
3. UN Guidelines for the Alternative Care of Children (A/RES/64/142, para.17) [↑](#footnote-ref-3)
4. UNGA Resolution on the Rights of the Child 2019 (A/RES/74/133) [↑](#footnote-ref-4)
5. UN: Policy Brief, Covid-19 and the need for action on Mental Health: [un\_policy\_brief-covid\_and\_mental\_health\_final.pdf](https://www.un.org/sites/un2.un.org/files/un_policy_brief-covid_and_mental_health_final.pdf) [↑](#footnote-ref-5)