

Submission on Children's Rights and Alternative Care,
Day of General Discussion 2021

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Date: 13th June, 2021

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I Introduction

This document is based upon practitioners' experiences on alternative care in private institutions of our NGO alliance, which encompasses 7 areas of concern: under COVID-19 pandemic, definition on characteristics and measurements of high-quality alternative care, the factors that contribute to the institutionalization of children, situation in Taiwan of young people involved in decision-making, measures and responses supported or undermined the provision of quality alternative care in the context of current pandemic situation, and the support practitioner need for achieving high-quality alternative care.

II Characteristics of high-quality alternative care

High-quality alternative care is not only to provide children's basic needs along with establishing good habits and gaining the survival knowledge, but to support the children for their development in the future. In 2020, Children's Right Alliance Taiwan (CRAT) conducted a round-table participated by 45 front-line practitioners on alternative care, which was to define the essences of high-quality alternative care within the relationship between children's rights and social workers' responsibilities.

III Measurements of high-quality alternative care

Measurements of high-quality alternative care can be divided into eight sectors according to the round-table conclusion:

1. **Right to Education:** a wide range of consultant sessions provided from the government or the institutions according to each child's career plan.
2. **Right to Recreation:** in order to guide children for self-identity, increasing various recreational and experiencing activities accordingly is essential.
3. **Right to Privacy:** to protect children's belongings not being stolen, the CCTV in the public area and facing the locker is vital.
4. **Right to freedom of expression:** Arrange certain percentage of inner-institutional conferences and meetings chaired by the children themselves in order to encourage conversations between social workers and children; meanwhile, establishing an effective mechanism to receive complaints for those who express themselves outside of the institution and prevent them being persecuted or encounter any kind of revenge because what they have

said. (which has happened previously.) ¹

5. Special needs:

A. fulfilling children's special needs by providing expert's support in medical, educational and learning aspects.

B. evaluating children's needs by the social workers who have psychological background and experiences and supply the support accordingly.

6. Self-dependent life style: Via creating a self-driven schedule, learning legislations and regulations, training for acquiring licenses for work, and spending more time outside the institutions, children's equipped for living independently.

7. The supports from the government, whether to the social workers, or to the policy implementation, is the most important and urgent: including special fundings for special kids, improving practitioners working conditions such as working hours and loading management, and to simplified the administrative requirements and executive process with government, namely, getting rid of red tape, which can be really helpful for effectiveness.

8. Training to ensure practitioner's professional development: our institution provides personalized regular training, yet the empirical tasks demonstrate that these are far from enough. Therefore, we also form a teammate system, pairing a senior social with a less-experienced one in order to provide the needs and guidances on time and on scene.

IV Practices that should be avoided or eliminated on high- quality alternative care

1. Right to Education and Recreation: institution should avoid giving common remedial instructions or activities which lack of diversity, or held the events that are to thank/please the donors.

2. Right to Privacy: Institution should avoid disclosing children's personal informations to anyone outside of the system.

3. Right to Freedom of religion: Institution should not demand children to attend to(or convert to) the religious events as the institution and children's believes are not the same.

4. In order to encourage self-dependent life style, the institutions should not intervene children's life as a whole, and not to adopt the military and authoritarian methods on daily life in the institutions.

¹ Many city in Taiwan has already involved youth representatives in the decision-making process, yet an empirical study shows that institutional children as youth representatives have been punished because of what they said in the conference of city halls.

V Institutionalization of children

Taiwanese government has devoted itself into de-institutionalization since 2017, inspired by the first Concluding observations of ex-members of CRC (special session in light of Taiwan's political status), since then the private institutions can no longer take care children without via government's process, namely, only cases which have been through judicial process or local social department's evaluations can be assigned to the institutions of alternative care. The number of cases under methods of alternative care is in the following table:

Table 1 Data of alternative care in Taiwan from 2015 to 2019

Year	Foster Care	Family-type care	Institutional Care
2015	177	1,662	3,475
2016	248	1,622	3,319
2017	278	1,621	3,148
2018	280	1,605	2,985
2019	-	1,550	2,795

The percentage of children under private institutions' care as table shows above, is more than 60 percent, which is serious above average in line with both Committee's instruction and Taiwanese independent monitoring mechanism. Additionally, the uneven distribution of budget on different city directly generates the problem of cross-county or cross-city institutionalized placement for children².

VI Young people involving in decision-making in Taiwan

Ensuring that children fully and meaningfully involving in decision-making on the provision of high-quality alternative care is not easy, including decisions to their individual placement in Taiwan mostly depends on different institutions. In the institutions of our alliance, we involve children on decision-making on a daily basis; while encountering important issues, we would invite parties with professional experiences and child him/herself to discuss together. Moreover, children can monitor the case-closing meeting of their own as well.

² On 2018, there were 5424 children in the alternative care system, whereas 1249 of them were on cross-city/cross-county placement, including 1079 children(86.39%) in the private institutions.(Chao Shan-Chu et al., 2021)

For those under age of 3, mostly adoption cases, are harder to be involved at the initial decision-making stage, therefore, the form of involving children in their own case will be shifted to regular following-up visits by practitioners during the trial-run adoption; observations on the dynamic between the adopter and adoptee, and on whether they build a bonding relation.

Particularly in one of our institutions, where the children are from 10 to 17 year-old, we encourage kids to express themselves whenever their status change, for example, to those who need to stay longer within the institution, we often accompany them to the court hearings to present their own wills in front of the judges.

VII Measures and responses have supported or undermined the provision of quality alternative care in the context of current pandemic situation

1. Measures and responses Government has taken concerning our institutions

At the very beginning, no one knows how to deal with COVID-19, which is nothing like any of previous experiences such as Enterovirus or Influenza, yet the government did provide us guidelines for this pandemic, though it was for the “long-term care center” which dedicated to provide high-quality care for elders, that has huge differences from our practices, in terms of care-target and measures to be taken. These disappointed policies made us believe that people who involved in the alternative-care policy-making did not know and understand our tasks at all.

“For so long the government of Taiwan take private institution for granted”, one of our chief social worker said, “ even when it comes to COVID-19 outbreak, they only demands us to straighten our cleaning protocols and tighten the curfew time with visit limitations in our institution. The only thing government offers us are some face-masks for adults (none for children), and reducing interest-rate when we have to borrow money from banks. Furthermore, the government only interested in gathering information about our institution concerning the children we’ve been taken care of. When we told them that the problems we now are encountering which are really urgent, the government has no response or reaction for improving our situation at all. They only put all these data which we provided on CRC State Report this year, it might give an impression that the government’s only concern is to fill in the blank on their report, rather than to provide real help and solutions for us.”

2. Difficulties on implementing policies influence on high-quality alternative care

The central government makes decisions and expects the local government to execute them, without providing any details of instruction and so on, whereas the local officials were conducting these policies poorly and without any other effective monitoring system on the alternative-care arena in Taiwan.

In addition, the lacks of communication and flexibility between the central government and the local officials are causing confusions and even more red tapes for the private institutions to deal

with, besides the overloading daily tasks. For example, last year, according to our central government's instruction, it is routined for the private institution to take all the children to the hospital for an annual health examination, while the CDC told our co-workers not to bring the children to the hospital unless we have a very serious case, or COVID-19 related case. The health examination has to be postpone for two months, yet the local officials detected this delay and informed us that there is a delayed health examination and that we violated the rights of the children under our care.

Same type of conflicts between routined rules and new policies during pandemic has emerged, causing the institutions more stress and time to find solutions. It is, time and energy consuming, on top of that, every city has different laws and regulations that make us disoriented and frustrated, and it can easily undermine the relationship between government and the private institutions on alternative care, which is extra dangerous when it comes to critical times such as fighting the COVID-19.

3. Dilemma of the expenses for children needing alternative care arrangements

Our organization has calculated the expenses on children with needs of alternative care, the result shows that to obtain a high-quality alternative care, for one child he/she needs about 50,000 NTD to 70,000NTD per month, the amount varies depending on their special needs. Yet, not only the government of Taiwan it not willing to support these kids financially, but also claims that they did everything they could to take responsibilities on taking care of these children.

This is almost scandalized that the private institutions are taking our government's place to fulfill the responsibilities towards giving children in need their alternative cares. Moreover, as for the expenses, these private institutions have to "apply for" governments aid, which are normally not even half of the expense (about 21,000 NTD per month) the children need.

This scandal forces social workers on alternative care of private institutions throwing themselves out to raise funds and organizing events to please the donors with children's performances and their own stories exposed in the public, which are irrelevant and even toxic for the children. This is fairly not ethically and reasonably proper.

Our major concern under the pandemic, there is no trust between private alternative-care institutions and our government, and it is damaging the society as a whole, yet no one has the solution.

4. Situation in our institution during the pandemic

It was no-news that Taiwan has not yet been through critical pandemic outbreak until this year (2021) since the government had well political judgement towards emerging potential COVID-19 cases in China in the end of 2019.

Until the begging of this May, our lives in the institution was as it were before COVID-19, yet there has been some precautions to be followed³, which issued by the CDC of Taiwan, and they did overload the social workers, for example, the need of increasing time and vehicles to drive our children to school and back home. Normally we'd put 4 to 6 kids in one car to school, yet after the CDC's demanding on "one vehicle for one kid", we were on the road from 5 AM and to be back from school with every kids around midnight.

Our institution is located in rural area⁴, though every practitioners in our institution understands the importance of following the rules and solidarity under COVID-19, yet we were at the edge to reaching our limits.

On the 18 May, Taiwanese government declared that we were into the critical phase considering the pandemic situation heating up, and schools were to be closed, which was such a relief for us, that we can stay put and not drive around just to get our kids to school and back home.

Still, new challenges have been brought to us after schools' closing. We don't have steady WIFI for every room, and we need more space, computers, air-conditioner and most of all, professional care-takers to accompany every kids to meet their needs relating to online-schooling.

Another challenge we have encountered were after the national examination of all 15th-grade students after the 18th ay this year, we have some kids leaving to another city to take to exam and cannot go back to live in the institution without a 14-day quarantine by the regulation, but we don't have enough rooms, nor enough practitioners to taking care of these kids while they are conducting a 14-day quarantine by their own.

VIII Support practitioner need for achieving high-quality alternative care

After May 18 this year, Work from Home is for some, but clearly not an option for our practitioners. The chief of alternative care Center Madame Hsu pointed out that she brought her children to work, yet it affected deeply on the dynamic among the children who live inside the alternative care institution. She said:" Some of them would feel being less-important than children of my own, and question about children of mine, who can going inside the office room, where it is not opened for children of institution. Another problem is that those suffering from PTSD such as previous experience of domestic violence, were triggered by the family image - the risks of 'bringing my children to work during pandemic period' triggering institutional kids' trauma experiences while no solution has been provided by our government

We need a support system for our own children, we also need a plan B for dealing with immediate crisis, from both central and local governments, and for institution itself, they need to have a group B to be well-prepared for upcoming crisis.

³ In the dormitory-type institutions, such as ours, the site has been re-assigned into several sectors, which have to be totally separated from one to another, including people and equipment, in order to prevent a total fallen undertake scenario of having a COVID positive case.

⁴ our institution is far away from city center, and it takes us about 40 minutes walk to the nearest food store.