**Udayan Care’s Submissions to the UN Committee on the Rights of the Child on the** **2021 Day of General Discussion** (DGD) with focus onChildren’s Rights and Alternative Care

**About Udayan Care**

“Udayan”', in Sanskrit, means “Eternal Sunrise”. We bring sunshine into the lives of underserved sections of society that require intervention. **Registered in 1994** as a Public Charitable Trust in Delhi, Udayan Care works to empower vulnerable children, women, and youth in **27 cities across 15 states** of India. We began with thorough research on existing models for children in need of care & protection and programmes that exist for disadvantaged young girls, women and youth, and contextualised, innovated and scaled our programmes to suit our vision, “Where Young Lives Shine’!.

**Udayan Ghar Aftercare Programme**

The need for quality, alternative care for ‘children without Parental care’ in India is an urgent human development concern at this time. Orphaned and at-risk children, on the verge of separation from families, or already separated, suffer from abuse, neglect, malnutrition, ill health, emotional trauma and lack of education. As different forms of alternative care are still at a nascent stage and the established alternative at this moment is residential care, which may not always adequately meet with Standards of Care as prescribed by our Juvenile law- The Juvenile Justice (Care and Protection) Act, 2015 and its Rules (2016). That’s why Udayan Ghar model was conceived, under which 12 children as a unit live together within the community, in a group housing set up, where family restoration and family strengthening is the first choice. Those with us enjoy fullest possible development trajectories. There are 17 such homes, run under LIFE (Living In Family Environment) model.

**Engagement with Youth (above 18 years)**

Udayan Care\* engaged with 20 young persons with lived experience of care (19 to 21 years) who are still being supported for Aftercare and independent living by Udayan Care. All responses have been collected in the month of May 2021 with all youth participating in the virtual focussed group discussion took place on May 22, 2021, with children, youth, interns and the social workers to discuss and input into the draft submission.

All participating youth were explained the purpose of the interactions and objectives of the DGD and participation was purely voluntary.

**How to you define high quality care for children and Care Leavers. Give examples**

* A care where young adults receive all resources, especially education and extra-curricular activities along with freedom to grow.
* A place which provides them exposure, safety and also builds their skills
* It also should include basic resources like food, clothing
* More care should be given to the ones who lost their jobs and care that continues till they become completely independent financially.
* If a youth has a mature understanding, is able to take his or her decisions and is not dependent on others, it is an indicative of high quality care
* Job readiness- Preparing for an interview, making resume, well confident i.e., job readiness.
* It is important to teach them inter-personal skills, transition preparedness, resilience, and they should know their self-worth & preparing for future challenges.
* Family like /family based care should be a priority where child lives in a family environment
* Aftercare facility should also be small size (5-7 YAs) where learning about cooking, buying, etc. should be provided. Small groups ensure better care, one to one interaction and is also manageable.

**How can we ensure that children and young people are fully and meaningfully involved in decision-making on prevention of family separation and the provision of high-quality alternative care? What are examples in your context of the participation of children in decisions relating to alternative care?**

* The child should be explained why they are going to a care home
* Children should take opinion of elders at the home, and the elders should listen to our wants
* Decisions should not be done without their consent. For example, when we are choosing our college course, we should be first asked about it. What usually happens is, that we are given 2-3 options and we are to select a course from it.
* Setting a criteria for children to assess the aptitude Entrance Test/Aptitude Test. Modifying the criteria for options for college enrolment/selection?
* Sometimes we are sent to our families just because they exist. But many times, they are not ready to take us back and we feel that we are forced. Our opinion should be taken.
* On the other hand, sometimes a child wants to go back to the family but is not allowed. They should be sent back and legal and financial help should be provided there. Thus, choice of all three should be taken, child, family and elders at the care home.
* With respect to family, it should be checked properly whether the family can support the child or not. E.g., three sisters living in one of the home, where one was restored and the other two were restored to their father. The father did not have enough capacity to support the girls, yet it was decided that the father should take care and the sisters were restored back.
* Children have given an example as many times parents are responsible for separation and the child suffers. They are unable to share their feeling with their parents and thus, they rely on friends for support.
* Counselling sessions with parents as well as with their children and trust building sessions between family members should be arranged.

**What are the factors, in your context, that contribute to the institutionalisation of children, and how can they be addressed to prevent it?**

* Reasons include death of parents, sometimes wrong decision by the CWC/DCPU, inability of the family to take care of the child, no support from government to poor families
* Other reasons include lack of education, poor family environment, financial crisis, child marriage, delinquency, child labour, non-acceptance of child by parents, poor resources and neglect.
* The above issues can be solved through counselling parents, education for all, observational learning, family planning etc.
* Some have a family, together as a unit they can support the child, but they have seen cases where children are raised in institution and thus opt for sending their children in search of quality care.
* The focus is more on Casework rather than Case Mgmt. and how much they are able to do family’s capacity building
* Support from government to the families on both monetary and psychological terms, consulting child if it wants to be in family or not is important
* Case Follow ups so that placement does not break and there is continuity. Handholding for sometimes is also required. Most of the times, it takes years to get any update even when we know where the family is staying,
* Parents who lack financial resources believe if they give birth to more babies, it will mean more hands at work and hence more income. Thereby, sessions with parents on family planning is crucial, so that this wrong concept can be dealt with in poorer sections of society.
* Process of restoration etc. should be more planned and re-entering of the child to care home can be prevented by counselling the family, encouraging the family to keep the child.
* Prevention can be done by talking to young adult, listening and responding to their concerns, providing support while the child is in the family

**What measures and responses should have been applied to mitigate additional protection risks in the context of the COVID-19 pandemic?**

* Awareness Generation- Follow all the orders and precautions that are given by the authorities. Informing the children/YAs why the orders are being issued/followed.
* Lockdown should be put, however, it should also be ensured that children’s needs do not suffer because of it
* There should be an alternative to examinations as this will be the second year when we are not getting results and our future is at stake.
* Unnecessary transfer of children or moving from care home to Aftercare should be properly panned
* Social workers could go for inspection to each and every household so that child labour is prevented
* Social media platform can be used to spread awareness as more information is shared, more protection is increased. Victims of domestic violence should be confident enough so that they could cope as per situation.
* Connectivity with different institutions and organisations who can work together by creating linkages between organisations (two or more NGOs)
* Having a back-up plan for development and safety of children/YAs along with resources to enhance skills of people taking care of children/YAs
* Availability of doctor round the clock to address/attend to medical emergencies.

**What measures can be taken to ensure there is a well-trained multi-sectoral workforce in your context or area of work? What makes them effective?**

* Ensuring minimum required educational qualification
* Addressing and overcoming all types of stereotypes
* Ensuring proper mental health understanding in care home. Providing adequate resources for effective communication, social psychological needs.
* Free/Basic Cost training programme for the Young adults/ Care Leavers (Career /Job Readiness/Interview Skills)
* Training the care-staff on the precautions as so much work that is done online. E.g. booking vaccination slots, helping in education resources etc. Staff should be trained to know the challenges the home is facing with children specific issues
* Staff should be more understanding about the concerns of children
* Training on Case Management, Increasing Efficiency of the people working directly by addressing burnouts and providing them reasonable standards of pay.
* YAs should be taught basic living skills and not spoon-fed, especially with issues related to making ID Cards, etc. Knowing Independent living skills and critical skills towards adulthood.

**What support do care-leavers need? What do policy makers need to understand about care-leavers?**

* All children moving out of Ghars, did not have a stable source of income and they are not trained on finding a new job themselves
* Many of the Care Leavers are homeless, some of them are not getting two meals a day and are not able to cope financially and need immediate support
* Policy makers should provide monetary and psychological support and should keep in touch with the Care Leavers
* There should be an assessment system to assess who needs support and some sort of concession for Care Leavers.
* Care Leavers opinion and participation is important
* Support in Documentation – making Aadhaar cards, & other different types of government cards
* Acceptance in society
* Continuity of young adults getting support from the organisation they are from
* Allowing to visit the children at the Ghars which is the only family we have

**Based on the experiences in the context where you work, what kind of support, guidance and processes would be helpful in the future?**

* Support in becoming independent and in a timely manner. Often we turn 18 years and that time discussion about future is held with us
* Many children and young adults are not aware of what is happening, especially those staying with families and in hostel, etc. Psychological support from the government is required for all.
* Introduction at the place of work where the young adult is placed should be done and youth should be briefed in advance about what is the work culture and the challenges we can face there
* More work is required in the area of making us independent as we are suddenly asked to leave carehome out without stable job.
* More opportunities should be given to the young adults, more workshops which will help us to understand the world better. Sometimes we are lost when we go out of the Ghar.
* Education should be given more importance and we should not judge a child by marks rather through his or her intellect. There should be more focus on child’s interest and focus should be on a holistic overview of educational opportunities.
* More open discussion on career planning with child / YAs
* Ensuring to visit the family/friends once YA leaves and they should not be contacted only when there is work
* Provision of adequate resources for recreation

**What needs to be done to address the continuing impact of the pandemic on children’s care, including children in alternative care, as well as to prepare for potential future public health as well as social and environmental crises?**

* Raise a collective demand from the government to support the Care Leaver. They often seem to be ones who are neglected by the system and sometimes the organisation as well.
* Ensure that basic hygiene and sanitization is maintained
* Have more activities and interactions with young adults so that we feel supported. We should not be called only when we do a mistake or when there is some work from us
* Inculcate practice of growing trees and also keeping surroundings clean
* More hospital facility and vaccination availability is required as many are still struggling to get it
* Create an environment where there is unity which becomes our strength rather than always pointing out our mistakes
* Adopted child should be taken care of; they should be kept in touch virtually through video calls or phone calls.
* Care Leavers should be motivated and different types of task should be given to them so that they remain busy among themselves.
* Care Leavers should work towards preventing pollution.

**\*About Udayan Care**

Udayan Care, a non-profit NGO in India, has the vision of “regenerating the rhythm of life of the disadvantaged” since 27 years. Contrasting to other large residential care institutions, as prevalent in India, Udayan Care has developed small group homes called Udayan Ghars (hereinafter referred to as ‘homes’) based on a unique L.I.F.E. model (Living in Family Environment) which delivers care and protection to a maximum of 12 children per home as a unit, and in some larger spaces, 2 units of children are accommodated. Children are positioned in these gendered separated homes through orders from the statutory body, Child Welfare Committee (CWC), based under the Juvenile Justice Law. At present there are 17 homes across four states of India. Each home has a carer team including a group of 2-5 long-term volunteers called Mentor Parents, at least 2-3 full-time residential caregivers, a social worker, a part time mental health professional team, comprising of a child and adolescent Psychiatrist, psychologist and counsellor, and a shared zonal coordinator, as well as managerial, supervisory staff at the Head Office. All homes are situated in middle class communities, drawing the support and strength of local communities, leading to positive peer impact, where full-time managers work centrally with the aim to provide financial, psychological, education and legal support and training to children (Modi. K. & Hai. K., 2018). **Udayan Care also carries out an Aftercare programme which bridges the gap for young adults of the ages 18 to 21 that are just leaving their Udayan Ghars, by providing continued rehabilitative services combined with community, group or scattered housing along with empowering these youth to complete their education, become job ready and well prepared for independent living.**