Committee on the Rights of the Child
2021 Day of General Discussion

Children's Rights and Alternative Care

Outcome Report

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1 Introduction

1.1 Children's rights and alternative care

Family, as the fundamental group of society and the natural environment for the growth and wellbeing of all its members and particularly children, has the primary responsibility for the nurturing and protection of children. International law recognizes the right to family life. There is increasing recognition of the importance of implementing family-centred policies and programmes aimed at addressing the drivers of separation and strengthening families in their caregiving role.

Despite this, millions of children worldwide continue to grow up deprived of parental care, separated from their families, and institutionalized as a result of poverty, disability, discrimination, violence, trafficking and other forms of exploitation, the death or illness of a parent, lack of access to education, health, and other family support services, the impact of wars, humanitarian emergencies and natural disasters.

The COVID-19 pandemic has further compounded these challenges, increasing children's vulnerabilities to family separation. Over 1.5 million children are estimated to have lost a parent or other caregiver as a result of COVID-19 associated deaths, and projections are that another 4 million could do so before this protracted pandemic ends.[1] Most children who have lost a parent or other caregiver to COVID-19 have other family members and relatives who can care for them, but the impact of the pandemic on their families' livelihoods and resources central to their capacity to care has also been drastic. UNICEF estimates that the percentage of children living in multidimensional poverty has increased to 52 per cent, an increase of 100 million additional children.[2]

Many of these children are placed in a range of different alternative care settings, including family-based and residential care settings. The quality, content and duration of care that children experience in these settings varies widely. Similarly, children who are in alternative care are themselves not a homogenous group. "[They] are children with manifold and complex circumstances and needs as well as resilience and strengths," according to the UN Committee on the Rights of the Child (the Committee).[3] As a result, each child's situation demands a unique strategy for preventing family separation, for ensuring that suitable care solutions are provided when alternative care is deemed in the best interest of the child, and for timely family reunification and reintegration if a care placement has occurred.

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1 Hillis S, Unwin HJT, Chen Y, et al. Global minimum estimates of children affected by COVID-19-associated orphanhood and deaths of caregivers: a modeling study. Lancet 2021.
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01253-8/fulltext

2 Preventing a lost decade: Urgent action to reverse the devastating impact of COVID-19 on children and young people. UNICEF. December 2021
https://www.unicef.org/reports/unicef-75-preventing-a-lost-decade

3 Committee on the Rights of the Child, "Concept Note, 2021, Day of General Discussion, Children's Rights and Alternative Care," 2021.

Recognizing the deep and inherent connection between the protection of children's rights and alternative care, the Committee first determined to hold a Day of General Discussion (DGD) on this issue in September 2020. However, due to the COVID-19 pandemic the Committee postponed the DGD to September 2021. In regard to the postponement, the Committee noted that the COVID-19 pandemic is having a direct and profound impact on children and families on a global scale, and that addressing the impact of the COVID-19 pandemic on children's rights and alternative care should be central to the DGD.[4]

In its DGD Concept Note, the Committee pointed to the Convention on the Rights of the Child (1989) and the Convention on the Rights of Persons with Disabilities (2006), as well as the Guidelines for the Alternative Care of Children (2009) and the 2030 Agenda and the Sustainable Development Goals (2015) as relevant to children's rights and alternative care.

The Concept Note also referred to the DGD as an opportunity to move forward on implementation of a number of international and national agreements and actions to progress the field of children's rights and alternative care, such as the Committee's Day of General Discussion in 2005 on the topic children without parental care, the 2019 UN General Assembly Resolution on the Rights of the Child, with a specific focus on children without parental care, the Key Recommendations (2019) prepared by a global coalition of 256 organisations, networks, and agencies on the rights of children without parental care and the United Nations Global Study on Children Deprived of Liberty (2019), which included a chapter on institutions and related recommendations for States Parties.

1.2 About the outcome document

The purpose of this outcome document is: 1) to provide summaries of plenary sessions and the five working groups that took place during the DGD, and 2) to present a comprehensive set of recommendations on the key themes covered during the preparatory processes leading up to the DGD, including through hundreds of written submissions, a global survey of children and young people with care experience, and during the DGD itself.

This report contains concise summaries of the DGD sessions based on a thorough review of the video recordings of the DGD. The recommendations section draws on the DGD Background Document (see details below), the child and youth survey (see details below), and the verbal comments made at the DGD itself. Using a systematic, objective and consistent approach with the inclusive spirit of the DGD, the Committee examined all recommendations through a qualitative analysis process to narrow down those to be presented in the outcome document. Throughout this process the Committee put focused attention to ensuring that the voices of children, youth and people with lived experience of alternative care would be clearly reflected. The Committee also sought inputs and feedback on drafts from members of civil society and the Children and Young People's Advisory Team (CAT and YAT).

[4] For more details, see DGD Background Document Section 1.5: Context of the COVID-19 Pandemic.

1.3 About of the DGD

The Committee held its first-ever fully virtual DGD on Zoom on the theme of "Children's Rights and Alternative Care" on September 16-17, 2021. While the virtual nature of the DGD prevented more typical in-person interactions, it allowed for participation of over 1,000 stakeholders from around the world and far greater participation by children, young people and others with care experience than would have been possible in an in-person format. The Committee organized the DGD process with support from a broad group of civil society organisations and UNICEF (see details below).

The DGD provided an opportunity for the Committee and partners to take stock of the progress made in the implementation of relevant international standards, to examine the current situation, to identify good practices and address challenges in the use and provision of alternative care, and to develop final recommendations based on this assessment and enriched by the perspectives of children and young people with experience of alternative care systems. Further, the consultation was intended to provide a basis for launching a process to develop guidance on what constitutes quality alternative care for children and support for caregivers.

This is consistent with the twelve objectives for the 2021 DGD presented in the DGD Concept Note, summarized as follows: to create meaningful engagement for children and young people who have experience of alternative care systems; to learn from adults who had previously been placed in alternative care; to follow up the 2019 UN General Assembly (UNGA) Resolution on children without parental care; to build on the Global Study on Children Deprived of Liberty; to acknowledge the harms of care and the abuse of children in care and explore access to justice and accountability; to draw lessons from the impact of the COVID-19 pandemic on alternative care; to prevent family separation; to expand opportunities to learn from evidence about targeted support and what constitutes quality alternative care; to explore efforts towards strengthening child protection systems; to encourage rigorous research; and to explore innovative approaches to complex situations.

Additionally, the scope of the DGD, as outlined in the Concept Note, was to consider evidence-based inputs on key areas of interest, including preventing family separation; supporting family reintegration; protecting children in alternative care from violence; measures to address historical injustices in care systems; measures to improve access to justice and accountability for children in alternative care; financing alternative care; aspects of the care-sector workforce; aspects of alternative care for children with disabilities; measures to improve provision of high-quality alternative care; preventing and phasing out institutionalization; harmful aspects of institutionalization; cross-border institutionalization; monitoring of alternative care and complaints mechanisms; cross-border cooperation for and coordination of care and protection systems; refugee, migrant and unaccompanied children; children in conflict with the law; support for care leavers; meaningful participation of children in alternative care; children's right to preserve their identity; and the COVID-19 pandemic.

1.4 Participatory approach

Two key objectives of the DGD were "to create meaningful engagement for children and young people who have experience of alternative care systems" and "to learn from adults who have been placed in alternative care." In this regard, the Committee opened a number of participatory platforms during the preparatory process and during the DGD itself.

1.4.1 Civil society task forces[5]

A group of civil society organisations (CSOs) and UNICEF came together as the "DGD CSO Group" to support the Committee in the planning and delivery of the 2021 DGD. Under the leadership of its Steering Committee, the DGD CSO Group provided overall coordination of activities and management of the DGD process, including logistics, working in partnership with the Committee's DGD Working Group and the UN Office of the High Commissioner for Human Rights.

A group of Non-Governmental Organizations (NGOs) together with UNICEF formed the "DGD Content Task Force" to support preparation related to the content of the DGD, such as the DGD Concept Note, Guidelines for Submissions, the Programme of Work, the DGD Background Document, and this Outcome Document.

A group of NGOs also formed the "Child and Youth Participation Task Force," to support all aspects of child and youth participation in the DGD process, including developing ethical guidelines and procedures for the safe and meaningful involvement of children and young people, providing support to the Children and Young People's Advisory Teams (see details below), and supporting the development of a global consultation to collect the views of children and young people with lived experience of the care and protection systems (see details below). Moreover, the Content Task Force and the Child and Youth Participation Task Force worked closely together to integrate priorities, ideas and recommendations from the Child and Young People's Advisory Teams into all aspects of the DGD processes.

Several NGOs also formed a "Communication Task Force" to support global dissemination of information about the DGD processes, such as information about DGD-related activities and opportunities to engage before and during the DGD.

1.4.2 Children and young people's advisory teams and global survey of children and young people with lived experience

A Children and Young People's Advisory Teams (CAT and YAT) for the DGD was established consisting of 25 members from 19 different countries with lived experience of the care and child protection systems. Members were selected following a global call for applications, based on criteria to ensure diversity in representation in terms of gender, age, nationality and regions, disability, as well as experience of the care and protection systems.

[5] See Annex 1 for the complete list of all DGD Task Forces.

The Children's Advisory Team included children under 18 (CAT) and the Young People's Advisory Team included young people aged 18-25 (YAT). Members of the CAT and YAT provided input and recommendations on the format of the DGD, the topics to be discussed, the various DGD documents, as well as the methodology and process for the global consultation of children and young people. Members of the CAT and YAT who had physical and intellectual disabilities were also able to provide advice for how to ensure the DGD, and the processes leading up to it, were as inclusive and accessible as possible. Several of the members also participated in the DGD plenaries and working groups as speakers and co-facilitators.

The CAT and YAT also worked together remotely and online to support the design and development of the DGD 2021 global survey. The global survey, commissioned by the group of CSOs in preparation for the DGD, aimed to get a sense of what of children and young people think about their experiences in alternative care.

Conducted from April 12 to May 30, 2021, the survey included six quantitative demographic questions about gender, age, disability status, alternative care placement, and country, as well as eleven qualitative questions on a range of relevant topics. In total, 1,188 children and young people aged between 5 and 25 from across the world participated. The CSOs analysed the survey data and presented it in a report titled, Make Our Voices Count: Children and young peoples' responses to a global survey for the Day of General Discussion 2021 on Children's Rights and Alternative Care.[6]

The report highlighted emergent themes from differed regions and also noted that data demonstrated many similarities across regions, such as a need for fun, free time, education, socialization, feeling loved, building trust, and personal and space. The participants also reiterated the need for the international community to take collective action to make sure that children and young people have a safe, nurturing family environment to grow up in and to make alternative forms of care better, when children cannot live with their own families. They focused on the incumbent role of duty bearers to listen to and hear children and young people as they are the experts based on their lived experiences, and they have the highest stake in how the world moves forward.

1.4.3 Role of children and adults with lived experience of care systems at the DGD

The Committee made participation of children and people with lived experience of care systems a top priority of the DGD. Over 20 individual children and young people with experience of the care system participated as co-chairs and panelists during the DGD plenary sessions and working groups. They spoke openly and courageously about their own personal experiences of alternative care and shared a wide range of unique perspectives and calls for action. In addition, dozens of children and young people with care experience raised their voices in short videos about children's rights and alternative care aired during the Opening Plenary (see details below). Finally, many of the adults who participated as panelists in the DGD sessions also spoke from their

[6] The report and a child and youth friendly summary are available in English, French, and Spanish.

personal experiences with care and protection systems, such as their experiences as children in alternative care and as parents and care givers.

1.4.4 Public consultations and DGD Background Document

In preparation of the DGD, the Committee engaged in a public consultation process by inviting children, care leavers and their representative organizations as well as adults, including government representatives, national and international bodies and academics, to share submissions directly with the Committee in written or video format, in English, Spanish or French, according to the Committee's Guidelines. All submissions are available on the Committee's Webpage. The following is a brief overview of submissions:

Who	Quantity	Format	Common Themes
States	22	22 written	· Accountability · Care leavers · Care reform · Care sector work force · Children with disabilities · COVID-19 impact · Data and recordkeeping · Deinstitutionalization · Deprivation of liberty · Family reunification · Foster care · Gender · Indigenous children · Kinship care · Laws/policies · Monitoring of care · Participation of children · Prevention of family separation · Quality of care · Refugee, migrant, unaccompanied children · Residential/Institutional care · Family connections and identity · Violence and abuse
National Human Rights Institutions	13	13 written	
International Organizations	4	4 written	
Non-Governmental Organizations	99	99 written	
Academia	19	19 written	
Children	12	11 written 1 drawing	
Other (e.g., interagency working groups, collaboratives, etc.)	23	14 written 9 videos	
Totals	**192**[7]	**182 written** **1 drawing** **9 videos**	

[7] Note that the total tally exceeds 200 submissions, as several entities provided multiple submissions, each covering a different theme.

Based on these submissions and the findings from a global survey of children and young people, the Committee published a Background Document in advance of the DGD. The Background Document presented a synthesis of perspectives and highlighted some key overarching recommendations stemming from the broad array of submissions.

In this regard, the Background Document covered a number of emerging themes and perspectives, including prevention of family separation, kinship care, foster care, residential care, quality of alternative care, care reform, care sector workforce, monitoring of care, participation in decision-making, children at high risk of separation and care placement, leaving alternative care, data and record keeping, accountability and access to justice and several other essential areas for consideration. It also included a comprehensive section on the context of children and alternative care and the COVID-19 pandemic. The background document also included an extensive number of quotes drawn from the submissions by children, young people and adults with care experience on each of the key themes.

2 Plenary sessions and working groups

The DGD began with an opening plenary, followed by five working groups spread over one and half days and concluded with a final closing plenary. The following is summary of those seven sessions.

2.1 Opening plenary

Welcome: Ms. Mikiko Otani, Chairperson of the Committee of the Rights of the Child (The Committee)

Opening remarks: Mr. Cornelius Williams, UNICEF, Director Child Protection Team and Global Chief of Child Protection

Key remarks: **Ms. Najat Maalla M'jid**, Special Representative of the Secretary-General on Violence against Children; **Amilyn**, member of Children and Young People's Advisory Team (USA)

Plenary presentations: Ms. Ann Skelton, Co-coordinator of the DGD Working Group; **Grace**, member of Children and Young People's Advisory Team (Canada); **Pabitra**, member of Children and Young People's Advisory Team (Nepal); **Dr. Edward Addai**, UNICEF Representative to the African Union and UN Economic Commission for Africa, Chair for the Informal Working Group on Children Without Parental Care in Africa; **Ms. Anju Pun**, Nepal Country Director at Forget Me Not and representative of the Steering Committee of the Biennial Conference on Alternative Care for Children in Asia; **Ms. Regina Jensdottir**, Head of the Children's Rights Division and Coordinator for the Rights of the Child, Council of Europe; **Ms. Mariana Incarnato**, Founder of Doncel in Argentina and the Latin American Network of Care Leavers, and Representative of the Latin America and Caribbean Regional Hub.

Ms. Mikiko Otani officially opened the DGD on children's rights and alternative care and welcomed participants. She explained that it had originally been scheduled for September 2020, but was postponed due to the COVID-19 pandemic, and that this is the first virtual DGD in the Committee's history. She noted that this regrettably does not allow physical presence, but the current format allows for many more participants, especially children, young people and civil society representatives from all over the world whose participation would not have been possible otherwise. Ms. Otani also reiterated the importance and relevance of the topic of children's rights and alternative care in the context of the pandemic.

Ms. Otani also noted that preparation for this DGD involved a dynamic process of collecting voices, contributions and participation by many stakeholders, and in particular created space for hearing voices of children and young people and for learning from the views of children and young people who have experiences of child protection systems or of living in alternative care through written submissions, children's consultations and interventions in the working groups. Finally, she reiterated that the DGD is intended towards solution-oriented discussions to solve how to advance the protection and promotion of children's rights in the area of alternative care.

In his opening remarks Mr. Cornelius Williams highlighted that the COVID-19 pandemic has triggered an unprecedented socio-economic crisis and pushed a further 124 million people into extreme poverty, more than half of them children, and children living with their families and in alternative care are amongst the most impacted by this crisis. He noted how the pandemic exacerbated the root causes that drive families to separate and weaknesses of the care system and pointed to challenges for children's care and increased risks of family separation due to the impact of the pandemic on these families, including financial strain, additional barriers to education and school closures, negative impacts on support systems such as extended families and friends, psychosocial impact such as stress, and long-term illnesses and death. He called for actions in five areas of work: (1) child and family-centred response; (2) support to caregivers; (3) caring systems and an effective workforce; (4) family-based care; and (5) data on children's care.

In her key remarks, the Special Representative of the Secretary-General on Violence against Children, Ms. Najat Maalla M'jid, explained that children without parental care or at risk of losing it are among the most vulnerable groups and easily forgotten. The issues of violence against children and alternative care are inseparable as violence is a key driver of children's placements in alternative care and at the same time, many children in alternative care experience violence. The Special Representative also noted that COVID-19 magnified existing challenges in alternative care as confinement measures have increased the risk of violence, institutionalization, and deprivation of liberties of vulnerable groups of children. She also noted that the pandemic eroded the capacities of child protection and social care services to respond.

Amilyn spoke in her key remarks about her brother who has special needs and described her family's strong willingness to care, nurture and advocate for him. Yet, she said, "the reality of this world is that every child with special needs does not have access to that care, and often that child doesn't have the option to voice their opinion on what constitutes quality care." She shared her

excitement about this DGD and highlighted that it is a unique space to learn from children and young speakers with lived experiences on what needs to change and how to implement that change.

Opening the plenary presentations, Ms. Ann Skelton reiterated the purpose of the DGD is to hear from children and young people as well as professionals from all over the world. She noted that more children have participated in this DGD than ever before and that the DGD has over 1,000 participants and over 200 submissions from states, national human rights institutions, NGOs, academia, and directly from children. While the theme of alternative care was selected prior to the pandemic, she noted its impact and relevance of the pandemic for children and alternative care.

Grace and Pabitra presented the survey completed by 1,188 children and young people (from ages 5 – 25) around the world on children's rights and alternative care. They spotlighted the following points:

- North American survey participants considered children to have expertise adults should listen to; participants from Africa, Asia, Latin America, and the Caribbean believed they were less likely to be considered experts.
- Respondents focused on their desire to be listened to, to feel respected and to be taken seriously by adults. They also focused on their desire to have fun, to have free time and for adult caregivers to be patient and kind.
- Respondents overwhelmingly focused on the importance of feeling love, having dedicated time with adult care givers and socialisation.
- Respondents revealed some groups experiencing challenges include children with disabilities, girls and young women, young people leaving care, and LGBTQI+ children.

They concluded with the point that the lack of support that young people and children received needs to be addressed.

In his presentation Dr. Edward Addai of UNICEF shared concerns by the Informal Working Group on Children Without Parental Care in Africa on three major trends in Africa. These are the increasing number of children without parental care, the fragmentation of the provision of alternative care and the trend of overinvestment in, promotion of, and use of residential care institutions for the provision of alternative care. Dr Addai also shared proposed actions required to transform the care system in Africa, including, "making [children] visible" (especially children with disabilities many of whom are hidden in institutions); focusing on prevention, early detection and rapid response; prompt reintegration into families and communities; and intentional in seeking children's opinion and voices of those with lived care experience. He also mentioned the need for stronger legislation, innovation and strategic partnerships.

Ms. Anju Pun of Forget Me Not – Nepal highlighted the importance of this DGD and noted several areas of concern related to alternative care in Asia including mental health of children growing up in institutions, orphanage trafficking and advertising of children on social media, limited focus

on support to families and lack of data management systems. She also shared promising practices from the region such as use of technology, social service schemes, budget allocations for transitional care services, and prevention of institutionalization after natural disasters. Ms. Pun highlighted recommendations from the Biennial Conference on Alternative Care for Children in Asia Care Experienced Reference Group, including preventing separation through greater investment in families; prioritizing a strong social welfare workforce; implementing the Global Compact for Migration; improving quality, family-based care options; addressing links between trafficking, volunteering, tourism, and orphanages operating as businesses; prioritizing mental health and psychosocial support for workers, carers, children, and young people; and improving data collection and monitoring mechanisms. She concluded with a proposal to convene regional forums to discuss how best to respond to the call for change highlighted in the DGD.

Ms. Regina Jensdottir of Children's Rights Division, Council of Europe raised three focus areas identified during a regional exchange 1) putting an end to abuse within alternative care settings; 2) addressing measures put in place for children with challenging behaviours; and 3) addressing challenges related to children sent to alternative care settings across national borders. Ms. Jensdottir also presented several recommendations related to these themes, including safeguarding the rights of children in the context of alternative care; development of family- and community-based programmes to support children with challenging behaviours and to prevent family separation and unnecessary placement in alternative care; and coordination and responsibilities by both the sending and receiving countries to safeguarding the rights of the child who is taken out of the jurisdiction of the residence.

In the context of Latin America, Ms. Mariana Incarnato of Doncel and the Latin American Network of Care Leavers noted that separating children from their families automatically makes them vulnerable and raises additional problems for the child. She pointed to lack of data and information on children in residential care and after leaving alternative care as a violation of children's rights. She also pointed to children remaining indefinitely in the care system as a violation of their right to access justice. Mentioning a range of root causes of separation, Ms. Incarnato noted that the solution should not be to uproot the child from the family. She also said Latin America has many examples of negative consequences of poor-quality alternative care and raised other challenges in the region, such as lack of regulation of care setting and discrepancies in the quality of care. Finally, Ms. Incarnato provided recommendations from the Latin American Network, such as asking children how they are and how their caregivers are treating them and strengthening capacities of care providers. She concluded with a plea for urgent action.

Ms. Ann Skelton wrapped up the opening by summarising the main themes highlighted in the Background Document from the written submissions, including prevention of family separation; not using poverty as a reason for placing children in alternative care; the value of kinship care and questions about how formalized it should be; positive accounts and challenges of foster care; lack of consensus on the use of several forms of residential care; calls for ending child institutionalization; need for defining what constitutes quality care; need for care reform; value of care sector workforce; monitoring and oversight; and access to justice for children in

alternative care. She concluded by highlighting the importance of children's participation in all aspects.

Opening plenary video presentation

A video presentation premiered during the opening plenary featured families, advocates and children in alternative care around the world sharing their perspectives. For example, participants in the video explained that child rights in the context of alternative care are important because:

- *[Children] are the future of our world. And if they have access to all rights, they can make this world a better place to live.*

- Yara, Afghan Asylum Seeker, Greece

- *Rights help us guarantee a dignified life for all children and a healthy development.*

- Samanada, Guatemala

- *Children's rights are important as they give a foundation for a what a child needs for a happy and fulfilling childhood so they can have the best chances later on and be ready to lead the life they want to.*

- Tiegan, Youth Advocate, United Kingdom

Other participants shared their views on how protection of children's rights in the context of alternative care can be improved, such as:

- *All children must receive quality care, we should give them opportunities to sustain their future as we show them direction in life. Education will give them the opportunity for employment.*

- Antonina Anyango Kinship Carer Kenya

- *Every child should not be going into institutional care for children. I'm looking forward in 10 years where the deinstitutionalisation becomes applicable and real all over the world.*

– Eric Kubwimana, Care Leaver and Advocate, Rwanda

- *I think there is more need in monitoring and supervision of alternative care system.*

-Soniya Lagun, Nepal

- *To strengthen the protection of children's right regarding alternative care we must strengthen the legal framework for our public policies and take into account the different realities of children that need this kind of care.*

- Oliver Castañeda Correa, Federal Attorney, Protection of Children, Mexico

2.2 Working group 1: Ensuring all children grow up in safe and nurturing families - strengthening families and communities to prevent separation (with lessons from the pandemic)

Chairperson: **Mr. Bragi Gudbrandsson**, Co-coordinator of the Committee's Working Group on the DGD

Participants: **Maisha**, Member of the Children and Young Person's Advisory Team (Bangladesh); **Aimé** (Rwanda); **Sagar** (India); **Ms. Kaydence Drayak**, Co-Director of Teen Advocacy and Young Advisor for the Children's Commissioner of Scotland; **Mr. Victor Giorgi**, General Director of the Inter-American Institute for the Rights of the Child; **Ms. Lourenza Foghill**, Director of Hope and Homes for Children, South Africa; **Mr. Bisser Spirov,** Bulgaria Country Director**,** Lumos; **Dr. Gill Main**, Associate Professor at the University of Leeds in the UK; **Ms. Kristina Stepanova,** Head of the Family and Child Rights Protection Group of the Ministry of Social Security and Labour, Republic of Lithuania.

Maisha from Bangladesh opened the panel by describing her experience in residential care and her current preparations for attending university soon.

Aimé from Rwanda spoke about his experience living in an institution. He shared that he was born with cerebral palsy, placed in alternative care as a younger child and reintegrated back with his family at age 13, after five years in an institution. During that time, he was fortunate to have seen his family frequently, but he realized that other children did not have the same opportunity. He noted that he feels more supported and happier since returning to his family. "I was missing my family so much. For that reason, I never wish for any child to live in an institution," Aimé said. He also said that he believes families of children with disabilities need support and encouragement.

Having left home in his adolescence, Sagar from India, spoke about the support he received from an NGO to help him get on track to begin university. Sagar explained that fighting between parents, drug addiction, physical and psychological abuse and violence in the community are major factors that drive children to leave home. In response, he shared eight steps to help children and their families cope with stressful situations and violence in the community." As part of these steps, he shared his belief that the government should identify and connect families at risk with government welfare schemes. He also suggested the formation of child protection committees in communities to listen to and support children and for information sharing. "The family is an important part of children's lives. This is why the government, the community, the NGOs should work together to prevent families from breaking down," he said.

Speaking from her personal experience in alternative care and from her leadership role as Young adviser in the Children's Commissioner of Scotland, Ms. Kaydence Drayak explained that her sister was taken into care as a child because she was sleeping on the sofa and the authorities deemed that it was "not a proper bed." However, the reason was that two other sisters needed

space because of their special needs. She said that in this case the material wealth of the family should not have been considered as more important than her sister's right to be raised in her family by people who cared about her. "What is most important to us is that we're being raised in a family where people actually care about us not whether or not we are rich." Based on this experience Ms. Drayak called for children and families to be included in decision-making processes regarding alternative care placements.

Mr. Victor Giorgi of the Inter-American Institute for the Rights of the Child shared the perspective that the family environment is the best space for care and protection of children, though he recognized that some families may have limitations in providing the best interest of the child. He noted that families can take different forms, structures and roles and that families should remain the main duty bearers, while governments should have systems to safeguard families and mitigate the risk of family separation. Mr. Giorgi presented the three levels of protection policies needed, including universal policies for all families (e.g., parenting programmes on model behaviour and non-violent disciplining); policies for individual families at risk of separation (e.g., economic and housing support); and, reintegration policies focused on family and community-based options.

Reflecting on the South African context, Ms. Lourenza Foghill of Hope and Homes for Children explained that the negative impact of COVID-19 has increased poverty and food insecurity, particularly for families that already faced difficult socio-economic conditions, and described challenges in South Africa's protection system. To address this, she explained that her organisation has launched a model to coordinate, equip and resource community networks and specialist providers with the goal of returning "agency back into the community." She noted that "families become more resilient and change adaptive through being active actors in managing their own ecosystem through access to services, reducing dependency on government for immediate intervention". In this context, she recommended that governments should prioritize similar prevention models to support good practices, provide specialist service delivery in communities, engage and support active citizenry and track outcomes.

Through his experience of working in alternative care settings, Mr. Bisser Spirov of Lumos shared the belief that many separations of children from their families could have been prevented. He called for a global system to guarantee the right of every child to live in their own family. He provided three recommendations for the prevention of unnecessary separation of children, such as ensuring families' access to services, ensuring that vulnerable children and families are visible in the welfare system, provision of timely support to families to overcome crises, increased cooperation and collaboration between different actors and expansion of prevention networks and communication channels.

Dr. Gill Main of the University of Leeds emphasized the underlying principle of meaningful participation of children, young people and parents in all aspects of alternative care. She also pointed to the importance of relationships in children's lives — noting that siblings are often separated in alternative care. Dr. Main stated that the current system needs to be overhauled and provided several examples. For example, Dr. Main said that child protection intervention

should be redesigned with an equal emphasis on the relationships which children themselves identify as important. Social workers must be trained to be poverty aware and "to better differentiate between the harms that might be done by parents and the harms being done to parents and to children by the State." Children and families need to be engaged as co-creators in redesigning the system, "as the most important experts in the alternative care system".

Providing the case example of the Republic of Lithuania, Ms. Kristina Stepanova of the Ministry of Social Security and Labour shared that Lithuania is working to limit the number of children in care systems through a series of reforms implemented over the last several years. Ms. Stepanova explained that the result of these efforts has been strengthened child rights protection, a unified assessment of any violations and creation of multi-disciplinary mobile team services to support families in crisis. She further explained that preventive services, such as training on parenting skills are provided to all families in municipalities. Day care centers that work mainly with children and families at risk have also helped to prevent child separation, particularly during the remote learning phase of the COVID-19 pandemic. Finally, she shared the recommendation that prevention of child separation requires provision of services "to all families not just families at risk" and constant assessment for potential development of additional services.

During the questions and answers portion of the working group, panelists covered several important points. For example, Ms. Foghill reiterated the importance of using an evidence-based approach for advocacy and the need for governments to reallocate budgets from institutional care to prevention and building sustainable communities. Dr. Main stressed the need for authorities to "do a lot more" before making the judgement that a child is not safe in a family home and to pay more attention to relationships that are important to children when children are removed.

2.3 Working group 2: Addressing the care needs and rights of children who are separated, unaccompanied or without care

Chairperson: **Mr. José Ángel Rodríguez Reyes**, Committee Member

Participants: **Keylor**, Member of the Children and Young People's Advisory Team (Costa Rica); **Yara**, (Afghanistan); **Peter** (Tanzania); **Ms. Roxana Pardo** (Argentina); **Ms. Susan Alamai**, Senior Probation and Social Welfare Officer of Tororo District in the Government of Uganda; **Ms. Angela Marshall**, Senior Child Protection Technical Advisor for the Syria Response Office, Save the Children; **Mr. James Kofi Annan**, Member of the NGO Challenging Heights in Ghana; **Mr. Milan Dharel**; Executive Director of the National Council for the Rights of the Child in Nepal.

As a Member of the Children and Young People's Advisory Team, Keylor explained that the pandemic has strained the capacities of the child protection system in Costa Rica, as in other nations and acknowledged the work of governments trying to keep children with their families and to reunite those separated.

Yara from Afghanistan spoke from her experience as an unaccompanied minor. She explained that she was temporarily reunified with family members in Sweden but when she was 18, was forced to go back to her foster family in Greece. She said, "that was heart-breaking [for me because] I lost my home, my family once again. [It left me thinking,] how are people and government[s] so strict and inhuman. Children […] have rights and we have obligations to protect them." Yara said that there is a need for more understanding, compassion, and acceptance of children with these types of experiences.

Based on his personal experience, Peter from Tanzania — speaking on behalf of children without care in Tanzania including refugee children, street-connected children, trafficked children and children with disabilities — shared his belief that what works better for street-connected children is being loved, valued and respected, being given access to basic needs (such as food, water, clothing, and shelter) and accessing social services (such as health services, education, and protection). He reiterated that governments should allocate enough budget to meet children's needs and respect and protect their rights.

Ms. Roxana Pardo of Argentina explained that she lived in alternative care since she was a young child and based on her experience said, "[institutions] don't listen to us, they don't know what our needs are and they don't ask us questions about how we are doing, and this doesn't happen just to me." She said that leaving care is equally "a big shock." In institutions we are always told that we are alone and that we have to solve everything ourselves." To improve this situation, she called for new strategies, new ideas, and new methodologies based on what has worked well in other countries. She also called for increased resources and for professionals to be trained to listen to children and for follow up and support to those preparing to leave care.

As the Senior Probation and Social Welfare Officer of Tororo District in the Government of Uganda, Ms. Susan Alamai explained that she has been coordinating the care reform agenda at the district level, facilitating the integration of children from residential care facilities within the district, and setting up family-based alternative care and independent long-term living options for several years. From this perspective she named several key considerations for these processes, such as ensuring that children without parental care are promptly reintegrated into their families and communities through family tracing, careful planning, follow up and monitoring; avoiding secondary separation by preventing premature placement of children back into their families without examining the factors that led to separation in the first place, and providing holistic care services, including a core package of health, nutrition, education, child protection, social protection services, and skilled workforces should be available for all children. Ms. Alamai also called for government investment in capacity building, strengthening of the social welfare workforce and development of volunteer management policies and frameworks.

In regard to the context in northeast Syria — where an estimated 15,000 children are unaccompanied and separated due to family separation resulting from the death of parents and carers, child marriage, or recruitment by armed forces or groups — Ms. Angela Marshall said Save the Children supports care arrangements that include kinship care, foster care, supported independent living, child-headed households, and interim residential care. She also explained

that the organization advocates for family preservation and family-based alternative care options to be considered first and that kinship care continues to be the most common form of alternative care registered by their teams. However, in this context, they have used interim residential care as a temporary and last resort for some children, such as when family-based care options are not available or when other options would put children at greater risk. Ms. Marshall mentioned repatriation as a primary pathway out of the interim care centers and said that the lack of policy guidance on residential care options makes it more difficult to regulate, measure, monitor and eventually close them.

Mr. James Kofi Annan of the NGO Challenging Heights explained that the government of Ghana has adopted laws to protect the rights of children, clearly defining how children are to be cared for and treated to ensure that parents support them better and take responsibility for the child's wellbeing. In cases where the State takes responsibility for the child's care, the Government has established two centres that provide basic services as well as protection from further harm and violence. NGOs also work collaboratively with the authorities to protect children. For example, Challenging Heights has established a rehabilitation and recovery center to support victims of trafficking, domestic violence, and forced marriage and reintegrate them back into safe care arrangements. Based on this successful collaboration, Mr. Annan recommends using models such as this for national scale-up.

In the context of Nepal, Mr. Dharel of the National Council for the Rights of the Child cited constitutional considerations and laws intended to protect the rights of the child as well as specific efforts to prevent unnecessary separation such as social security schemes (e.g., educational support, child support and cash allowance and response measures), reintegration of children from institutions into their families, and reuniting missing children, children in labour and children who had been trafficked. Based on this, he recommended prevention of family separation through social protection systems and local child protection services, a robust campaign that "changes public norms, mentality and traditional thoughts," and collaboration between development partners and government systems. To conclude, he reiterated the importance of child participation.

During the questions and answers portion of the working group participants spoke about the importance of living with a family, not living in an institution, having access to shelter, food and love and the feeling of protection. They also mentioned that in cases where parents are detained, service providers should ensure continued relationships with parents or closest relatives. Participants also addressed the problem of temporary residential care becoming permanent citing the importance of time limits on placements, the need to increase family tracing and reunification efforts, and the need to advocate for and promote family-based care. Finally, participants addressed peer-learning to promote promising practices and successful models, while also noting that a one-solution-fits-all approach is not realistic.

In their closing remarks, Keylor and Mr. Rodríguez Reyes pointed to central themes that arose during the working group, such as the importance of considering the child's needs holistically, ensuring that alternative care arrangements benefit the child, the need for support for families,

family reintegration as "the way for the future," the need for consistent and coherent strategies to prevent separation, and the importance of learning from the successes of other countries.

2.4 Working group 3: Access to justice and accountability for children and young people in alternative care, their families, and adults who grew up in care

Chairperson: Mr. Benoit van Keirsbilck, Committee Member

Participants: **Munashe,** Member of the Children and Young People's Advisory Team (Canada); **Ms. Sinet Chan**, Member of Board of Children's Trust (Cambodia); **Mr. Marcel Lemnaru**, self-advocate from the Republic of Moldova; **Ms. Megan Moffat**, Vice-Chair of Who Cares? Scotland; **Mr. Bruce Adamson**, Chair of the European Network of Ombudspersons for Children; **Mr. Jorge Cardona**, former member of the Committee; **Mr. Hector Kaiwai**, Director of Wai Research and **Mr. Joseph Andrews**, staff of Wai Research; **Ms. Cindy Blackstock**, Executive Director of First Nations Child and Family Caring Society of Canada; **Ms. Dorottya Huszár**, Head of the Department of Ministry of Human Capacities, Department of Child Protection and Guardianship of Hungary.

As a member of the Children and Young People's Advisory Team, Munashe said he wants to raise his voice and speak for children who have a unique perspective and face similar challenges as he has faced. Recognizing that the system is not perfect, he posed questions as an opening to the session. This was intended to reflect and seek solutions to help children in alternative care have better experiences. He asked, "What are the lessons learned from national inquiries and redress schemes addressing historic violations of rights faced by children in alternative care… [and for how we address] structural discrimination and racism that lead to over-representation of children in extreme poverty, indigenous children, children of colour and LGBTQI+ children in alternative care?" He also asked, "What do we know works to ensure states' responsibility and accountability in addressing children's rights violations in the context of alternative care?"

In reaction, Mr. Benoit van Keirsbilck highlighted the point that access to justice and accountability are challenges for children separated from families and those in institutions. In terms of accountability, he mentioned lingering questions about what constitutes quality care and lack of supervision and monitoring of child rights in alternative care. For example, he gave the example of children not being able to challenge their placement when first entering an alternative care setting or not having access to independent complaint mechanisms.

In her remarks, Ms. Sinet Chan of Children's Trust in Cambodia and an orphanage survivor spoke of severe neglect, sexual abuse and being treated like a slave, despite regular visits from foreigners who "would make generous donations." As an adult, she realized that she had been in a situation of "child trafficking and exploitation, including being for profit." Speaking on behalf of herself and others with similar experiences, Ms. Chan said explained that like her, many care leavers have lived through exploitation, abuse, neglect, and have been used for profiteering in care. She said, "While our stories are deeply emotional, one thing care leavers share is that we

don’t share our stories for pity. We want change, we want justice.” She explained that between 2005 to 2010, the number of orphanages in Cambodia increased by more than 75 percent, and the number of children living in orphanages nearly doubled. Nearly half of the orphanages were unregistered and admitted children unlawfully, and many were exploiting children for-profit despite laws that criminalize these acts. Many perpetrators have gone unpunished and continued to run unregistered orphanages. She called for several actions, including for States to criminalize unregistered orphanages, ban all orphanage’s tourism, end impunity for offenders, and provide free legal services to victims.

“People in care are not intrinsically broken, the system is,” according to Ms. Megan Moffat of Who Cares? Scotland. Reflecting on an independent care review conducted with voices from young people, Ms. Moffat explained that the system is a financial drain and has negative impacts on children’s lives. She said that care experienced people are more likely to die younger. She called for governments to invest in fixing the alternative care system and offer lifelong support to people who have lived through alternative care.

Mr. Marcel Lemnaru, a self-advocate from the Republic of Moldova, said he lived in alternative care for 20 years and four years ago moved to supportive living. He explained, “Now living in the community, my life has meaning. I am important and protected, but I lost my childhood in institutions.” He continued “I think children with disabilities do not have [equal] access to justice, […] for children living in care no one is involved in establishing their legal status.” As a result, children are deprived of their rights which can lead to lifelong struggles. Based on his case, Mr. Lemnaru recommended States to stop new admissions of children with disabilities in residential institutions and to strengthen alternative services. He also called for providing legal identity for all children and ensuring that children with disabilities are mainstreamed in all policies, services, and budgets.

Also emphasizing the cost in human lives, Mr. Bruce Adamson of the European Network of Ombudspersons for Children discussed the need for accountability, referring specifically to justice, acknowledgement and redress for human rights violations children experience in alternative care. To achieve this, Mr. Adamson called attention to the need for effective monitoring through data collection and inspections, effective remedies through independent complaint mechanisms and legal aid support, and effective corrective actions. Mr. Adamson called for a system change and for States to focus on child centered complaint processes and redress systems for justice, along with research and data collection and the need to resource these changes. He concluded by “[recognizing] the leadership of young human rights defenders” and calling on States to remain engaged to fulfill their duty to investigate and prosecute individuals and ensure effective remedies.

Mr. Jorge Cardona, a former member of the Committee, provided some examples of effective redress processes and noted the most successful outcomes were with mixed approaches between judicial and administrative processes. For example, he highlighted public apologies and reparations — including satisfaction, guarantees of non-repetition and compensation — as best practices. Mr. Cardona reiterated that access to justice and accountability should be considered

as part of the full agenda of alternative care — not only in regard to the right to seek redress by victims, but also in regard to other issues, such as raising awareness on institutionalization and transforming the system towards family and community-based care.

Representing the indigenous research centre, Wai Research, Mr. Hector Kaiwai and Mr. Joseph Andrews described their work on the Māori-led inquiry into Oranga Tamariki, an indigenous national inquiry in New Zealand into the State services under the Ministry for Children. Mr Kaiwai shared some of the findings from the inquiry, noting that indigenous families came forward seeking justice and calling for an inquiry on the unnecessary separation of indigenous children. He also highlighted the importance of ensuring children's access to their culture and identity. He said "Children have shared that they were eventually able to get over the abuse that they endured, but they were never able to get over being taken away from their families."

Speaking on behalf of indigenous children in Canada, Ms. Cindy Blackstock of First Nations Child and Family Caring Society of Canada pointed to some of the challenges to access justice when the State is the responsible for the rights violation. To address this, she highlighted the need for a range of actions such as provision of independent, free, and credible legal advice, measures by States to adopt the UN Declaration on Human Rights Defenders into domestic law, measures to ensure the involvement of young people in cases brought against the State for systemic human rights abuses, measures to support young people's organizations to participate in national and international mechanisms and establishment of follow up mechanisms to inquiries and on State Party reporting mechanisms to hold States accountable.

Ms. Dorottya Huszár of the Ministry of Human Capacities and the Department of Child Protection and Guardianship of Hungary highlighted progress achieved in Hungary in various areas, such as the government's emphasis on supporting families, including those with children with disabilities. Ms. Huszár described legislative measures aimed at keeping families together by ensuring that children receive the resources and services needed for physical and mental development. She also highlighted temporary homes for families in times of adversity, a legislative act to prioritize foster care and supported living and the assignment of a child protection guardian to all separated children who acts as a legal representative of the child and ensures that the best interest of the child is constantly considered.

Reflecting on the discussions, Munashe remarked that what really surprised him was that "we're still facing the same problems since 40 years ago and hopefully that won't happen anymore and I just hope that in the next 20 years we will look back to 2021 and see how much change we've made and how much progress […] when it comes to accountability and justice."

Mr. Benoit van Keirsbilck, concluded the session by highlighting a few questions posed during the session, such as, "What are the consequences of COVID-19 pandemic on the situation?" and "What needs to be changed in terms of legal or policy practice to be able to access justice while they are in care and not when they leave care?" He also reiterated the practices of appointing a child protection guardian and providing support to children leaving care.

2.5 Working group 4: Delivering appropriate quality alternative care services

Chairperson: Dr. Rinchen Chophel, Member of the Committee

Participants: **Zaara**, Member of the Children and Young Person's Advisory Team (Mali); **Nicoleta**, (Moldova); **Mr. Rados Keravica**, Board member European Network for Independent Living; **Mario** (Bolivia); **H.E. Nivine El-Kabbag**, Minister on Social Solidarity of Egypt; **Ms. Lizzie Thompson** and **Ms. Saffron Rohan**, Centre for Excellence for Children's Care and Protection at the University of Strathclyde in Scotland; **Jakeb, self-advocate** (United Kingdom); **Ms. Kate Bundle**, Chief Executive of Grandparents Raising Grandchildren in New Zealand; **Mr. Jorge Arriola and Ms. María José Meneses**, foster care parents (Guatemala); **Ms. Barbara Aber**, Catholic Relief Services Regional Family Care Advisor for Eastern and Southern Africa

Zaara, a member of the Children and Young Person's Advisory Team from Mali, welcomed participants and provided an introduction to the session by posing several questions to the participants, such as How can we provide quality alternative care services for children? What does quality care mean for children and young people? What are the lessons learned from support for foster care? What can governments do?

In her presentation, Nicoleta from Moldova said that services for children should be "identified, developed and individualized [for] each child [so that services can] make a positive change to the child at risk." Accordingly, services should be developed within the community so that they can be paired with other existing services and what the family is doing at home. She pointed out that this "collaboration is a key element of the process and to have a sustainable and long-standing result, we should also focus on the collaboration with the family." Importantly, she called for services to focus on making the child feel protected, appreciated and heard because "many times the staff [providing services] are replacing the family". She also called for children to participate in decision-making, monitoring, evaluation and consultation processes.

Speaking from his experience as a young person living with disabilities and an advocate for children in the context of disability rights, Mr. Rados Keravica, of the European Network for Independent Living, emphasized that children with disabilities disproportionately face separation from their biological families and are at higher risk of being placed in institutional care — which has detrimental effects on their growth and development. As a result, he called for reallocation of funds to dismantle all forms of institutional, residential care settings, large or small, including group homes. Mr. Keravica further called for harmonization of human rights standards to protect children's right to grow up in a family and to ensure that government service providers and donors take unified action to promote the right to family life.

Having spent 19 years in alternative care, Mario called for stopping institutionalization of children and young people and recommended a family environment as the ideal model for alternative care. In terms of quality care, he clarified that many of the children do not seek a materialistic type of care, but want care with a human face. He said many children lose that bond and attachment to a caregiver because of the high turnover of personnel in the care centers. To

address this, he recommended that staff who work directly with children in alternative care remain consistent and in case of changes to ensure a smooth transition. He also highlighted the lack of preparation to transitioning out of care with young people being simply "expelled" from the care system. Speaking about his own experience, Mario pointed out that he was "lucky" and that this is the problem with alternative care. All revolves around being lucky and it shouldn't be so."

H.E. Nivine El-Kabbag, Minister on Social Solidarity of Egypt described some of Egypt's efforts to support children without parental care, such as increasing the eligibility of caregivers under the kafala system, deinstitutionalization of children, working with community-based organisations to follow up and monitor children in alternative care settings, establishing a new entity to oversee all alternative care processes and ensure transparency, developing a multisectoral and integrated approach to care and building capacity to ensure that children receive the best care possible.

From the Centre for Excellence for Children's Care and Protection at the University of Strathclyde in Scotland, Ms. Lizzie Thomson and in absentia Ms. Saffron Rohan presented on quality alternative care for brothers and sisters. She described a key law in Scotland that says siblings must live together when in care, as long as it is safe to do so, and if not, they should live near each other and have opportunities to spend time together and build lifelong relationship. To implement this new legal change, Ms. Thomson and Ms. Rohan provide national guidance to practitioners. As a consultant with lived experience, Ms. Rohan offered a unique perspective and noted that policy work can benefit from allowing those who are most affected to play a role in shaping policy.

Jakeb, who grew up in the care system, highlighted the difficulties facing LGBT young people in alternative care, such as feeling safe when coming out to foster parents and homophobia by care workers. He called for providing a safe environment in the alternative care system for young people to explore their orientation and/or gender identity and to listen to their needs and requests, such as respecting pronouns as they go through their self-discovery journey.

Focusing on kinship care, Ms. Kate Bundle of Grandparents Raising Grandchildren in New Zealand said, "Three out of 100 children live in alternative care in New Zealand and 80% of them live with their grandparents. 85% of all children in alternative care are in non-state kin-care placements due to family breakdown." Yet, kin-care providers are less likely to have access to financial support, therapy and educational opportunities. Ms. Bundle provided several recommendations for change, including better access to legal aid for caregivers, law reform to ensure equity between kin and foster carers, law change to ensure children qualify for support from the time of care placement and the need for a clearer legal pathway to guardianship if needed, increased training for social workers and increased resources to provide children with therapy and counselling services, disability supports, and learning tools.

Mr. Jorge Arriola and Ms. María José Meneses, shared some of the challenges they faced as foster care parents to a seventeen-year-old and her twin babies. They mentioned, for example, that their extended family did not agree with their decision to foster and that their social circle did

not fully understand their role to the children in their care. On the other hand, they explained that they benefited from training to become eligible as foster parents and received support from the alternative care community. Illustrating the importance of providing financial support, they spoke about the financial challenges they faced and how the community stepped in, e.g., to pay for healthcare of children. They called for support for foster families to overcome stigma and build support from the community and for foster parents, "to love their children unconditionally, without expecting anything in return."

Speaking about Eastern and Southern Africa, Ms. Barbara Aber of Catholic Relief Services shared that within the region countries have taken steps to domesticate the UN Guidelines on Alternative Care and to standardize and improve practice. Ms. Aber noted the need for a more holistic approach to the provision of quality alternative care throughout the region. She also recommended strengthening gatekeeping mechanisms by applying the principle of necessity, identifying the most appropriate care option when needed, prioritizing family-based care, and ensuring that the children's views inform decisions about care. She concluded that all these actions must be integrated within the broader child protection framework. "Mainstreaming family care into national social protection systems and programmes will ensure holistic, integrated and sustainable approaches for the care of children."

During the questions and answers portion of the working group participants addressed a range of questions. In response to a question about quality care in residential settings and in foster care they explained the importance of getting to the root cause of problems that arise in foster care or other settings, such as the absence of specialized support for children and families. They also addressed the need to follow each child's journey, avoid delays in placement decisions, the importance of permanency of care and the importance of States recognizing the value of kinship care and of keeping siblings together, the need to reintegrate children into families and the need to end institutionalization of children. In response to a question about kafala care, one panelist explained that authorities should ensure that alternative care fits the context of where it is being implemented while also ensuring that the process is regulated and supported, and that clear guidelines are in place.

In concluding, Jakeb reiterated that more attention is needed to the stability of social workers who also need to be trauma-informed, and that "These young people need love and we should not be afraid to include that into […] policies."

2.6 Working group 5: Transforming the system towards family and community-based care

Chairperson: Ms. Velina Todorova, Committee Member

Participants: **Teresia**, Member of the Children and Young Person's Advisory Team (Kenya); **Rahab** (Kenya); **Tupua Ulrich** (New Zealand); **Matheus França** (Brazil); **Ms. Rosemary Kayess**, Chair of the Committee on the Rights of Persons with Disabilities; **Ms. Karin Hermansson**, National Board of Health and Welfare in the Department for Knowledge Management for the Social Services of Sweden; **Ms. Mary Burton**, Advocate for Manitoba advocating and supporting Cree Families ; **Ms.**

Linda Reynolds, Minister for Government Services and Minister for the National Disability Insurance Scheme of Australia; **Ms. Jo Rogers**, Head of Strategic Development for Partnership for Every Child in Russia and Associate Consultant for Oxford Policy Management

Teresia, a member of the Children and Young Person's Advisory Team from Kenya welcomed panelists and opened the session. In doing so, she described her work on care reform and working closely with caregivers and children and young adults in care. Ms. Velina Todorova presented the topics and areas of discussion for the session.

The first speaker Rahab, also from Kenya, explained that she was raised in alternative care without any contact with her biological family. Though she has now left, she continues to struggle with identity issues and has not been able to find her biological family despite many attempts. Based on her experience, Rahab believes that there is a need for early interventions, safeguarding and providing social services to help keep children and families together and to avoid unnecessary institutionalization of children. She expressed support for the State's efforts towards deinstitutionalization. Yet, she explained that she continues to hear from children who are reunited with their families for their first time that they do not feel the connection or acceptance that they longed for. To address this, Rahab called for a "mindful, empathetic and considered" support to children who are transitioning to family-based care to avoid re-traumatising them. Rahab also challenged the Committee and governments to ensure that the process of deinstitutionalization should include better support for children, particularly children with disabilities and care leavers.

Also speaking from his experience in alternative care, Tupua Ulrich of New Zealand affirmed that the most important thing is "to listen, hear and embody the words of young people and children". He explained his position that in New Zealand the alternative care system is fundamentally flawed and that there is a fear among parents to reach out for help because they fear the state's response will be to remove their child. He said, "The state is doing a disservice […] each time they remove a child or young person from their family and fail to invest in supports to improve the family situation and help them overcome whatever barriers or obstacles are preventing the family from functioning in a safe and healthy way." He reiterated a societal call for devolving resources back into communities and tribal indigenous groups. To transform the system, he said it is essential to put the voices of young people and people with experience in the care system at the center.

The Chair of the Committee on the Rights of Persons with Disabilities, Ms. Rosemary Kayess, spoke about the responsibility of governments to uphold human rights principles in the context of care for children with disabilities. She explained that reform towards family support and alternative family -based care for children with disabilities must start with a thorough understanding and implementation of the human rights principles and standards contained in the Convention on the Rights of Persons with Disabilities. In this regard, Ms. Kayess said "the CRPD recognizes that residential care facilities or group homes, regardless of their size, configuration or quality of care are no substitute to the right to family life. Family-like institutions

are still institutions." She continued by stating, "We need to recognize that alternative care for children in institutions, including within smaller residential care facilities, or group homes, is a denial of the right to family life and a form of discrimination."

To transform the system towards family and community-based care, Ms. Kayess called for States Parties to develop and implement deinstitutionalization strategies, including in regard to small care facilities and group homes; to redirect efforts, resources, and funding to support families to maintain strong and cohesive family environments; to establish and provide alternative family care; and, to ensure the provision of individualized age-appropriate information, support and programmes. She concluded by saying, "For children, the core of the right to family life entails the right to grow up in a family."

Ms. Karin Hermansson of Sweden's National Board of Health and Welfare in the Department for Knowledge Management for the Social Services provided the case example of Sweden's family centred social care system. She explained that social services support families to ensure their children's needs, care, and security are met, and to ensure that families are not separated and can resolve issues within the family context. She also explained that if a child must be separated, it should be for a short period only, reunification should be the focus and families should have means for keeping in contact during the separation. Ms. Hermansson also noted that Sweden emphasizes foster homes rather than institutions and works to keep siblings together or coordinate communication when it is not possible. When reunification is not considered to be in the best interest of the child, she explained that Sweden's social service evaluates placements every six months and after three years they evaluate whether a child can return home or if the foster family should become the child's legal guardian.

As an advocate for Manitoba supporting Cree Families in Canada, the child of a residential day school survivor and a survivor herself who aged out of the care at 18, Ms. Red Sky Woman of the Beaver Clan (English name Ms. Mary Burton) addressed the role of parent advocacy in system change. She explained that there are many benefits for families when parents learn how to navigate systems and how to access much needed resources within the welfare system. She said that parent advocacy helps the parents feel empowered to help their families and when they overcome challenges it provides a good role model for their children. These parents also feel empowered to help other parents through parent advocacy. She called for seeing parents as an important part of the solution, rather than the problem. Ms. Red Sky Woman also spoke about "the child welfare system…not working and [being] racist." Quoting recent census data, she said 52% of children under 14 years of age in foster care are Indigenous, despite comprising only 7.7% of the child population in Canada. "In order to begin solving the challenges families face we must first include parents' voices in the conversation and one valuable and proven way to do this is through parent advocacy".

Matheus spoke about child services in Brazil based on his experience living in an institution until age 18. He said that there are programmes for care leavers such as support with housing, individualised plans and mentorship programmes but they are not used efficiently and so the biggest fear among his peers was how they would manage after leaving the institution, such as

providing for themselves, trying to understand their rights and figuring out who would protect them. For these reasons he emphasized the need for support from the government and caregivers for people aging out of the care system.

Focusing on foreign funding of institutions, orphanage tourism and volunteerism, Ms. Linda Reynolds, Minister for Government Services and Minister for the National Disability Insurance Scheme of Australia called for recognition of the key drivers of institutionalization and for efforts to combat the trafficking of children globally, especially those who are vulnerable because they have been denied parental care. Ms. Reynolds highlighted three significant contributing factors: foreign funding, orphanage tourism and also voluntourism. She shared some of the key findings of the Australian parliamentary inquiry including recognizing orphanage trafficking and tourism as a form of modern slavery. "Australians have to take an active role and responsibility for stopping foreign funding of these institutions, to be much more careful on our external donations, and also to make people aware that you have to do due diligence- and if institutions are not good enough for your children, they are not good enough for other people's children". She noted actions taken following the inquiry including the enactment of the Modern Slavery Act which looks into supply chains, the classification of residential care for children, orphanage tourism and child sponsorship as high-risk activities for charities and non-for-profit organisations and individual proactive actions required to ensure their donations and volunteering are done responsibly. Ms. Reynolds concluded that the challenge ahead is to reunite millions of children with their families and to prevent more children from being separated.

Ms. Jo Rogers of Every Child in Russia and Oxford Policy Management discussed the need for more data on alternative care and interventions that will help assess needs, evaluate effective methods and understand outcomes for care leavers. Equally, she called for better planning and monitoring of interventions.

During the questions and answers portion of the working group participants primarily addressed the issue of institutionalization and residential care for children with disabilities.

Ms. Kayess reiterated that the "family unit is the best environment for children […]." She corrected the common misconception that children with disabilities need a specialist care system, citing that evidence has shown that with the right support these children can live in family environments, and doing so can avoid causing trauma for children with disabilities who are wrongly placed in alternative care. Ms. Rogers pointed to some examples of medical institutions providing support to parents in their role as caregivers to their children with disabilities, which enabled the children to move back with their family.

Similarly, Ms. Linda Reynolds shared information about Australia's National Disability Insurance scheme, which provides people with severe disabilities extra support from birth throughout their lives. She explained that this programme allows them to live in a house, have an opportunity for independence, and assist families in providing support so they can live with their families.

Teresia closed the session by sharing that she did not receive all the necessary support while in

care and after turning 18, and as a result she continues to struggle with her identity as a young person who experienced care. She called for stronger collaboration with young people preparing to leave care and with parents or guardians who will be receive them.

2.7 Closing plenary

Chairperson: Ms. Mikiko Otani, Chairperson of the Committee

Recap of working groups: Mr. Rinchen Chophel, Ms. Velina Todorova, Ms. Mikiko Otani, Mr. Bragi Gudbrandsson, Mr. José Angel Rodríguez Reyes, Mr. Benoit van Keirsbilck

Closing remarks: **Conner**, Member of the Children and Young People's Advisory Team (Canada); **Ms. Ann Skelton**, Co-coordinator of the Committee Working Group on the DGD; **Valeriia**, Member of the Children and Young People's Advisory Team (Ukraine); **Mr. Peter McDermott**, Chief Executive Officer of Lumos

In the closing plenary the chairperson of each of the DGD's working groups provided a summary of the discussions that took place in the working groups. Conner, a member of the Children and Young People's Advisory Team from Canada, called for keeping the child rights and alternative care agenda moving forward with the wisdom gathered at the DGD and called for a "tangible mechanism of enforcement to require all Member States to uphold their ratified obligations to young people". He also called on policy makers to remember the voices of young people expressed at the DGD and through the Global Survey.

In the final remarks of the plenary, Ms. Ann Skelton, Co-coordinator of the Committee Working Group on the DGD, highlighted key themes that ran throughout the DGD. First, she pointed out that adequate funds are essential for providing the necessary support and assistance to families and children. In this regard, she affirmed that going forward the Committee will push States to shift funding and resources accordingly and make greater investments.

Second, Ms. Skelton spotlighted the issues of justice and accountability, reiterating the Committee's commitment and pointing out that children and young people can hold governments to account by working with national human rights institutions, children's commissioners and through courts, when necessary. She also drew attention to the Committee on the Rights of the Child's communications procedure and to commissions of inquiry and urged children, young people and civil society to lobby for ratification of the Convention's Optional Protocol.

Third, Ms. Skelton pointed out that children and young people who participated in the DGD emphasized that there should not be a one-size-fits-all approach to alternative care. She elaborated on this by saying that each solution needs to be tailored to the needs of the individual and that care and protection systems should be agile, prevention-oriented, and responsive to the lived reality of children and young people. In this regard, she confirmed the Committee's

willingness to engage with other treaty bodies including the ongoing work with the CRPD Committee and to work with all partners to provide future guidance on what constitutes quality care for children and strategies on care reform including guidance on measures to prevent family separation.

Finally, Ms. Skelton said that “the voices of young people and children with lived care experience have been central in this DGD” and called for meaningful and impactful participation of young people and children in every decision that affects them.

In conclusion, a representative of Save the Children read a statement by Valeriia, a Member of the Young People Advisory Team from Ukraine in which she thanked all the children and young people who participated and noted that the DGD marks “only the beginning of our journey.”

Mr. Peter McDermott of Lumos reiterated that this DGD had an unprecedented engagement of children and young people and that, “our cooperation does not stop here. It’s important that […] we continue to reflect on what are we going to do differently as a result of this day and to ensure our continued work together…[to] drive progress in preventing family separation, and where it can't be avoided in making sure children receive the care that respects their rights and meets their needs.”

3 Recommendations

I. Introduction

On the basis of the discussions at the day of general discussion, the Committee on the Rights of the Child endorses the recommendations set out below, with the aim of providing guidance to States parties and other relevant stakeholders to protect children's rights in relation to alternative care. The recommendations are addressed mainly to States, as primary duty bearers, but also the role of other actors engaged in aspects of alternative care systems, including national human rights institutions, civil society, parents, caregivers and the Committee, was also considered.

II. Recommendations to States

A. Ensure that all children grow up in safe and nurturing families

1. All families should have the support they need to provide safe, nurturing and loving environments for children

- States should adopt comprehensive policies and programmes, prioritizing universal social services, that strengthen, enable and support families to care appropriately for their children.
- States should prioritize non-discriminatory social services focused on early identification and enhancing parenting skills and interventions for families at risk of separation, and ensure such families have timely access to necessary social and support services that promote inclusion and participation in the community.

2. Childcare and child protection systems should be overhauled to be focused on family-based care

- States should strengthen national, regional and international standards, frameworks, legislation and guidelines, and their implementation, so that they are focused on strengthening families and preventing separation of children from their families, except when separation is in the child's best interest.
- States should address the root causes of separation of a child from his or her family. States should work to combat stigmatizing attitudes and harmful beliefs, which place children at risk of separation from their families. Children should never be placed in alternative care for reasons such as poverty or disability or the sexual orientation, gender, ethnicity, migration status, race, religion or marital status of the caregiver.
- In order to guarantee the return of children to their families, States should provide specific assistance to families to enable them to resolve the

difficulties that led to their children being placed in alternative care and support them in providing positive parenting.

- States should establish family-based and community-based services and programmes, including through financial support to families, that support children, including children with disabilities, to remain with their families and in the community and allocate adequate funding to such services and programmes. Children and adults should be provided with information through a variety of accessible channels and have direct access to the available services and programmes.

3. Children, young people, parents, caregivers and others with experience in aspects of alternative care should receive support to share their perspectives and meaningfully and safely participate in system reform

- States should develop and implement safe and accessible mechanisms to ensure that children, young people, parents, caregivers and others with experience in aspects of alternative care are able to consistently and meaningfully engage with decision-makers and have their views taken into account in care-related decisions and processes related to policymaking, including deinstitutionalization policy.
- States should promote education on children's rights for children and young people with experience of the care system to enable them to know and advocate for the fulfilment of their rights, including regarding their care, and prioritize education on children's rights for adults.
- States should provide children with age-appropriate and disability-sensitive support to ensure that they understand all relevant information and are able to express their views.
- States should promote and support the participation of parents and caregivers in decision-making concerning child protection.

B. Address the care needs and rights of children who are separated, unaccompanied or without care

1. Protect the rights of children who are separated, unaccompanied or without care

- States should establish non-discriminatory national policies to protect the rights of children who are separated, unaccompanied or without care, including refugee, asylum-seeking, migrant and undocumented children, children who are victims of trafficking and children in street situations and give focused attention to children from particularly marginalized groups.
- States should provide all children who are separated, unaccompanied or without care with a core package of integrated social services, including health care, mental health and psychosocial support, nutrition, education,

housing, financial support and legal aid, without discrimination, and ensure that they have access to various family-based and community-based alternative care options, including kinship care, foster care, *kafalah* and adoption.

- States should establish policies to ensure that separation of a child from his or her family is temporary and for the shortest possible duration, family reunification being the goal when separation has already occurred, unless it is deemed by a competent authority not to be in the best interests of the child. When family separation is long-term, the alternative care arrangement should give the child a sense of security, continuity, stability and belonging, by providing certainty about the child's living arrangement and caregivers.
- States should develop and support family-based care options that can be used as a primary response during emergencies and humanitarian crises and a comprehensive regulatory and monitoring system for temporary shelters that may be used when family-based care is unavailable.
- States should establish or strengthen cross-border information and coordination systems for family tracing and safe reunification, improve the monitoring of cross-border placements and ensure international and regional cooperation in cross-border work related to children and alternative care.
- States should develop national strategies for the inclusion of refugee, asylum-seeking and unaccompanied migrant children in national child protection systems in a non-discriminatory manner. They should include refugee, asylum-seeking and migrant children in alternative care, by granting access to essential services, ending all immigration detention of children, refraining from adverse border control policies, facilitating family reunification and ensuring the provision of legal counsel.

2. States should have comprehensive and non-discriminatory national reintegration strategies for children and families

- States should establish and subsidize comprehensive, consistent and coherent national strategies to support the reunification of children with their families, and their reintegration therein, including through timely and regular assessments, family tracing, monitoring and follow-up services.

C. Ensure access to justice and accountability for children and young people in alternative care and their families and adults who grew up in care

1. States should be accountable for violations of children's rights committed in the context of alternative care and should act to prevent future violations

- States should establish mechanisms, including national inquiries, commissions or arbitration or restorative justice processes, to investigate and recognize the current, ongoing, recent and historic harm caused by care

systems that were developed on the premise of systemic policies of discrimination, structural violence, marginalization and colonization relating to disability, ethnicity, gender or religion and affecting indigenous communities and others.

- Such mechanisms should work to acknowledge wrongdoings, reveal the truth, provide access to information, including concerning identity, hold accountable those responsible, provide comprehensive redress, including monetary and non-monetary reparations to survivors, and fundamentally transform systems to prevent future violations.
- States should adopt national laws or policies to support the meaningful participation in redress mechanisms of children in care or individuals formerly in care, to hold States accountable for harm in the context of care, including their participation in the periodic reviews of reports under the Convention on the Rights of the Child or processes under the Optional Protocol thereto on a communications procedure.

2. Child-friendly justice systems should be available for children who have had contact with the alternative care system

- States should ensure that all children in alternative care have access to safe, independent, effective and child-friendly complaint procedures with age-related and disability-related accommodations and should systematically publish data on complaints and actions taken to address them.
- States should develop mandatory and independent monitoring systems to prevent, receive reports of, investigate and address, in a timely manner, suspected cases of violations of children's rights in the context of alternative care.
- States should implement policies that require systematic support for survivors of abuse, neglect and other forms of exploitation and ill-treatment in the context of alternative care, including access to education, housing, health care, mental health services and support for seeking redress.
- States should remove systemic barriers to justice for children, including limited prescription periods, restrictive legal capacity and standing rules, in civil, criminal and administrative settings and provide independent, free, accessible and high-quality legal services and mechanisms.

D. Deliver appropriate quality alternative care services in line with human rights standards

1. Every child in alternative care should receive suitable high-quality care, in line with human rights standards, without exception

- States should establish or strengthen gatekeeping mechanisms to ensure that all decisions regarding the placement of children in alternative care are based

on necessity and to ensure that, when placements are necessary, decision-making thereon reflects the most suitable option for the individual child, takes the child's views into account and prioritizes family-based care within the community.

- States should provide alternative care services that are in line with international law and meet international standards, including the delivery of safe, non-discriminatory, individualized and holistic care, including mental health care, by upholding children's right to participate in alternative care decisions, ensuring the preservation of children's identities and family and community relationships, eliminating abuse, neglect and other forms of ill-treatment and paying particular attention to all children at heightened risk of discriminatory treatment.
- States should increase the regulation of private service providers, by establishing systems for effective independent monitoring and mandatory registration and accreditation systems based on international standards.
- States should adopt legislation and regulations to eliminate orphanage tourism and volunteering in orphanages, prevent incentives driving institutionalization and family separation and ensure adequate offences and penalties to prevent and enable the prosecution of violations of children's rights in alternative care, including orphanage trafficking.

2. Alternative care should uphold children's family, community, identity and cultural relationships and networks

- States should ensure that siblings remain together, whenever possible, when they are in alternative care settings, whenever it is safe to do so and consistent with the views and wishes of the children. At a minimum, siblings should have regular contact with each other, when it is safe and consistent with their wishes.
- States should develop and implement policies that protect children's right to preserve and restore their identity and ensure access to their care records. Policies should focus on ensuring that alternative care providers support children to maintain ties with their culture, language, religion, and/or cultural history and to maintain and sustain meaningful relationships with members of their family, community and peer networks and other relationships that children themselves identify as important.
- States should ensure that child protection policies reflect the structural disadvantages and intergenerational effects of the historic removals of indigenous children from their families and communities and take into account the experiences of indigenous children currently or previously in care. Any placement should be with a member of the child's family, as defined by local custom and practice, or community as the first priority.

3. Strengthen the social service workforce

- States should substantially increase investment to ensure the availability of a trained, qualified, accredited, mandated and supported social service workforce to work directly with children and families and across sectors to prevent family separation and oversee the quality of alternative care, in line with human rights standards.
- States should expand the social service workforce, improve the working conditions, minimize staff turnover, create stable placements and relationships between children and care workers and increase support for workers' mental health and well-being.
- States should establish and implement mandatory reporting of violations of children's rights by social service workforce personnel and anti-retaliation legislation and policies.

4. Care leavers should benefit from comprehensive support

- States should develop and implement policies to ensure comprehensive, planned, ongoing and individualized financial, emotional and practical support to care leavers and their networks.
- States should develop and implement policies that guarantee children transitioning out of alternative care the right to meaningfully participate in decision-making about their futures.

E. Transform the alternative care system towards family-based and community-based care

1. When alternative care is necessary, children should have access to high quality family-based and community-based care

- States should overhaul alternative care systems to expand, increase and prioritize reliance on family-based care options.
- States should establish policies that recognize kinship care and provide equitable access to capacity-strengthening and practical, financial and emotional support for kinship care providers.
- States should undertake efforts to expand and professionalize the foster care system, make foster care more accessible and appropriate for more children, including those with complex support needs, and strengthen oversight on appointment of foster carers, regulation and monitoring of placements and research on beneficial foster care practices.

2. Strategies to ensure deinstitutionalization, including for children with disabilities, should be a worldwide priority

- States should redirect and increase budget allocations to provide adequate funding for preventive policies and services.

- States should develop and implement time-bound and adequately budgeted national deinstitutionalization strategies. They should emphasize redirecting resources from institutional care towards family-based and community-based care, by increasing access among families to the social and financial support needed to appropriately care for children, including children with disabilities, at home and within the community, ensuring access to community-based universal health care, education and targeted, inclusive, non-stigmatizing services and managing the transfer of children from institutions into family-based and community-based settings.
- States should ensure that national and international funding mechanisms, cooperation assistance and private funding are not used to support the institutionalization, abuse, exploitation of children or other infringements of children's rights and should regulate non-profit and corporate sectors to prevent such violations.
- States should develop robust monitoring systems for routine data collection on children in alternative care, including children with disabilities and care leavers, following strict ethical and privacy standards, and routinely publish and use such data to inform care reform processes and monitor placements.

F. Support children and prevent family separation in the context of public health emergencies

- States should implement a child-centred and family-centred response to public health emergencies and increase support and services aimed at mitigating the health and socioeconomic impacts of the health emergency on children and families at risk of separation and children without parental care, including by ensuring access to health care, including psychological support, nutrition, childcare, early childhood development, social protection, and safe, inclusive and equitable educational opportunities, including distance learning.
- States should recognize child protection services as emergency life-saving services and social service workers as frontline workers, to ensure continuity of care for children during public health emergencies, which includes the provision of necessary resources to social service workers to deliver services while ensuring their own safety and well-being.
- States should learn from and build on innovative practices developed in the context of the coronavirus disease (COVID-19) pandemic to support children and prevent family separation.

III. Recommendations to stakeholders

A. National human rights institutions

- National human rights institutions should establish and support monitoring mechanisms to prevent, receive reports of, investigate and adequately

address cases of violations of children's rights in the context of alternative care, including historic harm, and support children and adults with experience in alternative care to report on, and seek redress for, such violations.

B. Civil society organizations and other actors engaged in aspects of alternative care systems

- Civil society organizations and other actors engaged in aspects of alternative care systems should, together with State authorities, strengthen coordination and the provision of prevention support across sectors, including through networks, partnerships, integrated services and communications to strengthen families.
- Civil society organizations should participate in the periodic reviews of reports of States parties under the Convention on the Rights of the Child and use other national, regional and international mechanisms, including the Optional Protocol to the Convention, to review the quality of care, in line with human rights standards, and hold States parties accountable for violations committed in the context of care.
- Civil society should ensure the participation of children human rights defenders, including children with care experience, in their advocacy work on alternative care and should support them in reporting, and seeking redress for, rights violations.

C. Parents and caregivers

- Parents and caregivers should participate in child protection decision-making and provide peer support and networking that help parents and their children, including
  those with disabilities, to navigate the system, engage with professionals and develop community solutions that reduce overreliance on alternative care.
- Parents and caregivers should support children and young people to express their views regarding care and take their perspectives into account.

D. Committee on the Rights of the Child

- The Committee should, through its monitoring role, provide explicit guidance to States parties on practical steps to be taken to implement international human rights frameworks and commitments, including measures to strengthen prevention of family separation, building integrated systems for child protection and strategies for deinstitutionalization with specific time frames and adequate budgets.
- The Committee should continue to work collaboratively with the Committee on the Rights of Persons with Disabilities and other human rights treaty bodies, United Nations agencies, national human rights institutions, international organizations, research centres, civil society organizations,

parents and care-experienced children and adults to receive and exchange knowledge in the field of the alternative care of children, including in relation to good practices regarding the following:

(a) Family strengthening and support for care at home, especially for children with disabilities and children in situations of poverty;

(b) Care of children in situations of migration;

(c) Care of children in emergency situations, including public health emergencies;

(d) Justice and accountability mechanisms;

(e) Quality alternative care, in line with human rights standards

(f) Deinstitutionalization;

(g) Care and protection system reform;

(h) Transformation of systems through a focus on financing.

Annex 1: Participants in civil society task forces

Members of DGD Content Task Force
Better Care Network (Co-chair)
Catholic Relief Services
Centre for Excellence for Children's Care and Protection (CELCIS)
Changing the Way We Care (CTWWC)
Child Identity Protection (CHIP)
Child Rights Connect
Child Rights International Network (CRIN)
Disability Rights International
European Network for Independent Living (ENIL)
Family For Every Child
Hope and Homes for Children
Inclusion International
International Disability Alliance
International Movement ATD Fourth World
International Social Services (ISS)
Lumos
Network of LatiniNA American Fostering Families (RELAF)
Maestral
Save the Children (Co-chair)
SOS Children's Villages International
UNICEF
Validity Foundation

Members of the Children and Youth Participation Task Force

Family for Every Child (Co-chair)
Hope and Homes for Children (Co-chair)
Lumos (Co-chair)
SOS Children's Villages International
Save the Children
Consortium for Street Children
Child Rights Connect
Inclusion International
Better Care Network

Members of the Communication Task Force
SOS Children's Villages International (Chair)
CTWWC
Better Care Network
Martin James Foundation

Members of the Logistics Task Force
Lumos (Chair)
Family for Every Child
Martin James Foundation