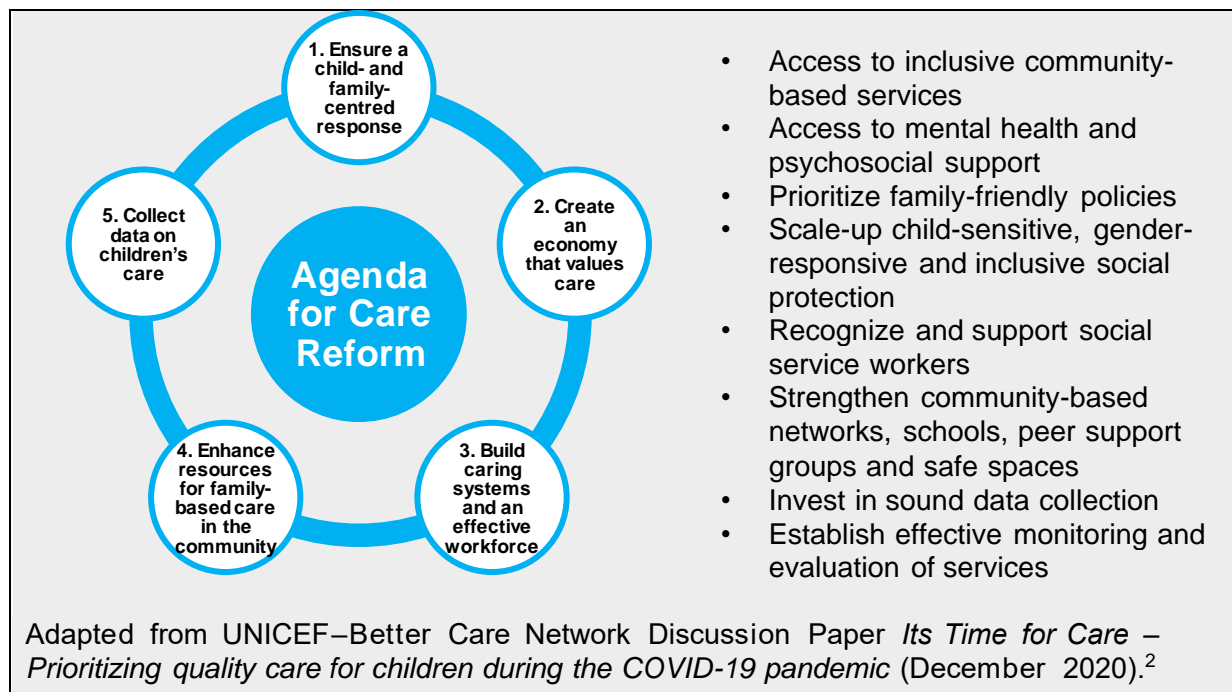# UNICEF's Written Submission to the Committee on the Rights of the Child for the Day of General Discussion: Children's Rights and Alternative Care September 2021

Introduction

Countries are increasingly investing in comprehensive care reform to support families to prevent family-child separation, promote family-based alternative care and reduce the use of residential care. Implementing care reform using a rights-based approach remains a challenge, but recent developments, including the 2019 UNGA Resolution on the Rights of the Child[1] provide a framework to accelerate progress towards this goal.

The COVID-19 pandemic profoundly impacted families and their capacity to care for children, increasing the risk of family-child separation and children being placed in institutions. Most children without parental care have at least one living parent or other relative. Addressing the socioeconomic impacts of the pandemic requires enhancing the capacities of families to provide better care for children. Countries must prioritize the following actions:

- Provide material, emotional, and social support to families to protect children.
- Prevent family-child separation by supporting immediate and extended families.
- Promote family-based alternative care and prevent institutionalization.
- Invest in holistic approaches to ensure that long-term recovery plans accelerate national care reform efforts.

Agenda for Care Reform

1. Ensure a child- and family-centred response
2. Create an economy that values care
3. Build caring systems and an effective workforce
4. Enhance resources for family-based care in the community
5. Collect data on children's care

- Access to inclusive community-based services
- Access to mental health and psychosocial support
- Prioritize family-friendly policies
- Scale-up child-sensitive, gender-responsive and inclusive social protection
- Recognize and support social service workers
- Strengthen community-based networks, schools, peer support groups and safe spaces
- Invest in sound data collection
- Establish effective monitoring and evaluation of services

Adapted from UNICEF–Better Care Network Discussion Paper *Its Time for Care – Prioritizing quality care for children during the COVID-19 pandemic* (December 2020).[2]

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[1] https://documents-dds-ny.un.org/doc/UNDOC/GEN/N19/426/12/pdf/N1942612.pdf?OpenElement
[2] https://www.corecommitments.unicef.org/kp/it%27s-time-for-care

This submission focuses on the following key themes critical for promoting a rights-based approach to care reform.

Promoting parental care and preventing unnecessary family – child separation

The Convention on the Rights of the Child recognizes the central role of families in the care of children. It is important to address root causes of family separation, and the challenges to promoting parental care – including poverty, lack of access to inclusive and community-based services, limited parental support, stigma and discrimination, weak gatekeeping, and misperceptions that institutions offer better quality of care and education.

Several initiatives are being implemented to address these root causes. In **Indonesia**, the Family Hope Program targets vulnerable families with cash assistance to access community-based child education and health services. In **Armenia**, UNICEF supported the government to provide cash support for children with disabilities as a complement to government cash assistance programmes. In the **United Kingdom**, families are affected by limited family-friendly policies, the availability and affordability of childcare, stigma for requesting flexible work arrangements,[3] and poor uptake or ineligibility of the parental leave scheme.[4] In response, the Government launched consultations in 2019 and committed to investing in policies that support working families.[5,6]

Protecting children without parental care

Protecting children without parental care faces numerous challenges, such as: the absence of strong policies, legislation and implementation systems; lack of political will and leadership care reform; and absence of multisectoral approaches – as well as, challenges in implementing standards of care; operationalizing inspection systems; and establishing registration, monitoring and oversight systems.[7] Preventing placement in institutions can be hindered by mistaken beliefs, stigma and discrimination – particularly for children with disabilities; lack of processes for early identification and referrals of children at risk of separation; and by care facilities that are resistant to change and actively recruit children.

Several countries have undertaken steps to assess the situation of children in alternative care, to promote family-based alternative care over residential care and are implementing deinstitutionalization strategies.
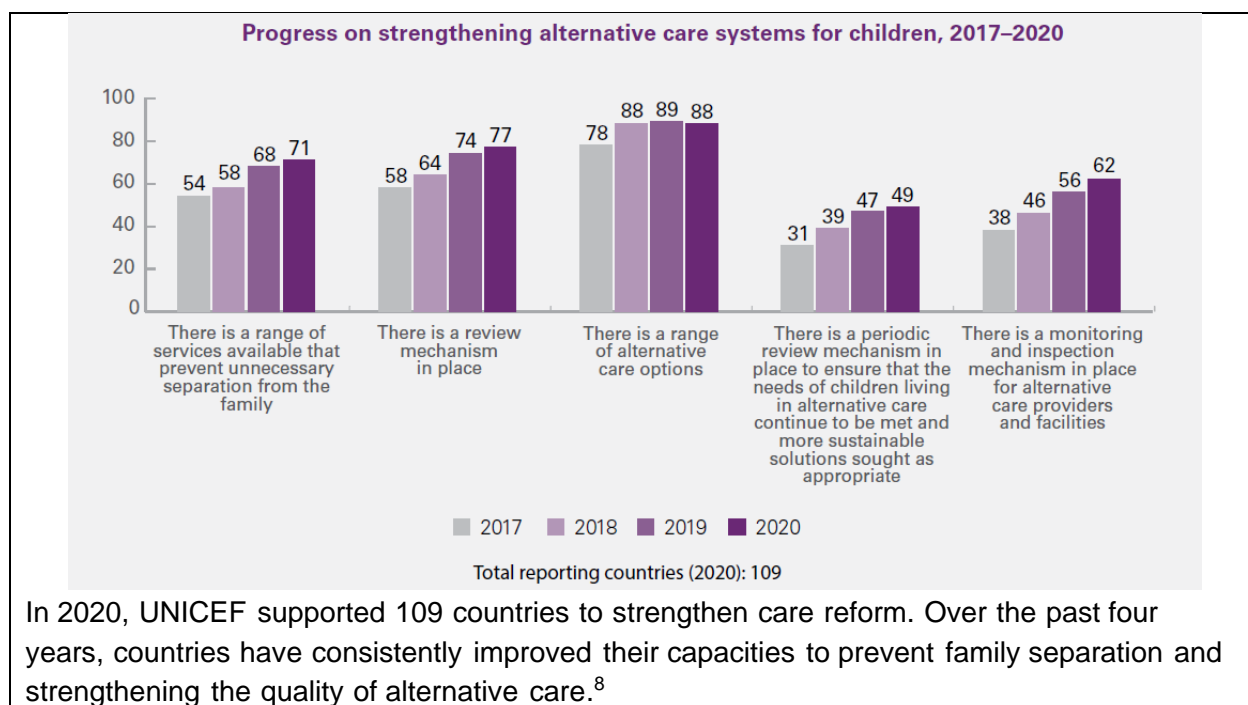
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[3] https://publications.parliament.uk/pa/cm201719/cmselect/cmwomeq/358/35808.htm
[4] House of Commons, Women and Equalities Committee. (2018). *Fathers and the workplace*. https://publications.parliament.uk/pa/cm201719/cmselect/cmwomeq/358/358.pdf
[5] HM Government. (2019). *Good Work Plan: Proposals to support families.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819041/good-work-family-support-consultation.pdf
[6] HM Government. (2018). *Good Work Plan.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/766167/good-work-plan-command-paper.pdf
[7] https://undocs.org/A/74/231

Progress on strengthening alternative care systems for children, 2017–2020

	2017	2018	2019	2020
There is a range of services available that prevent unnecessary separation from the family	54	58	68	71
There is a review mechanism in place	58	64	74	77
There is a range of alternative care options	78	88	89	88
There is a periodic review mechanism in place to ensure that the needs of children living in alternative care continue to be met and more sustainable solutions sought as appropriate	31	39	47	49
There is a monitoring and inspection mechanism in place for alternative care providers and facilities	38	46	56	62

Total reporting countries (2020): 109

In 2020, UNICEF supported 109 countries to strengthen care reform. Over the past four years, countries have consistently improved their capacities to prevent family separation and strengthening the quality of alternative care.[8]

In **Myanmar**, children were placed in residential care due to limited understanding of negative impacts, absence of family-based options, and lack of family support. In response, a National Forum was launched to raise awareness of the importance of family care and the negative impact of institutionalization. In **Rwanda**, UNICEF partnered with the Government to implement a comprehensive care reform strategy that includes, among others, tools to support deinstitutionalization of children with disabilities and developing and maintaining a wide foster care network. Since 2012, new institutional placements have ceased, and over 3,000 children and adolescents have been placed in families. In **Nicaragua**, UNICEF partnered with the government to reunite more than 2,800 children in institutions with their families; supported by special protection measures for children placed with foster families. In **Uganda**, care reform programmes include parenting skills training, family counselling, and psychosocial support, alongside household economic strengthening interventions.

Strengthening child welfare and protection systems and services

Despite policy reform, weak child protection systems lead to poor implementation of reform efforts. Limited financial and human resources mean social service workers do not have required skills; care providers lack adequate resources; inappropriate guidelines; and weak coordination between local, regional, and national levels.

As key priority, UNICEF supported national efforts to enhance the social service workforce in 148 countries in 2020. In **Cambodia**, UNICEF supported the government in recruiting social workers to reintegrate children from residential care. In **Kazakhstan**, UNICEF helped develop a training for civil servants, immigration officers and social workers, including on alternatives to detention and reunification for children in migration processes. In **Ghana**, UNICEF worked with

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[8] https://www.unicef.org/media/102461/file/Global-annual-results-report-2020-goal-area-3.pdf

authorities to integrate alternative care priorities into development plans. Plans with such priorities increased from 8% in 2016 to 90% in 2018. In **Gabon**, the Government linked universal health insurance with child protection to enable direct transfer of child allowances and school tuition fees. The intervention improved birth registration and elementary school retention, and reduced child labour, while limiting legal transit centres stays for children. In **Mexico**, UNICEF supported the Government to adopt an alternative care model aimed at ending detention of migrant children, and piloted associated programming across several states, including support to strengthen case management processes.

COVID-19 and Children's Care

COVID-19 has increased the risks of family-child separation, placement of children in alternative care, as well as the protection risks for children already in alternative care – both during the immediate crisis, and in the long-term.

In response, UNICEF supported 87 countries to provide appropriate alternative care arrangements to more than 711,000 children without parental or family care during the COVID-19 pandemic. In **Angola**, UNICEF supported child friendly services for 2,170 children without parental care in the province most affected by COVID-19; and supported registration of separated and unaccompanied children to facilitate tracing and reunification. In **Tanzania**, UNICEF and partners trained over 2,000 foster families, enabling placement and care of 2,130 unaccompanied and separated children from refugee camps, and provided the families with hygiene kits and mental health and psychosocial support during COVID-19. For children in residential care, coping with the pandemic and its psychosocial impact is a traumatic experience. In **India,** UNICEF supported 138,270 children with mental health and psychosocial support services and staff, including and counsellors were trained on psychosocial first aid and grief counselling. In **Ukraine**, quarantine measures led to 42,000 children being sent home from institutions without review of family conditions. UNICEF and the Office of Ombudsman advocated with the Government to adopt immediate measures, including regular monitoring and joint solutions.

UNICEF, together with the Better Care Network (BCN) and the Alliance for Child Protection in Humanitarian Action, established and co-chaired an inter-agency task force which issued practical guidance for immediate response measures[9], and comprehensive guidance.[10] In December 2020, UNICEF and BCN issued a discussion paper[11] that outlines a five-point agenda for care, and offers a comprehensive, multisectoral roadmap to guide immediate response and the long-term investments required to make children, families and communities more resilient today and tomorrow.

Improving data collection and regular reporting

Accurate and reliable data on children without parental or family care and those in alternative care are essential to design and implement care reform. Despite its importance, many countries still lack accurate statistics on the number and profile of children in alternative care settings, and

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[9] https://www.unicef.org/media/68506/file/COVID-19-Alternative-Care-Technical-Note.pdf
[10] https://www.corecommitments.unicef.org/kp/bettercarenetwork.org
[11] https://www.corecommitments.unicef.org/kp/it%27s-time-for-care

official records capture a fraction of the actual number of children in alternative care, often missing children in privately run residential care, kinship care, or informal care arrangements. There is an urgent need for countries to invest in efforts to collect useful, accurate and comprehensive data.

UNICEF has developed the first-ever comprehensive package[12] to collect data on children living in residential care settings. It includes a protocol for gathering data; data collection tools; and comprehensive implementation guidelines covering all aspects of data collection, from study design to dissemination of the findings. The package outlines two phases of data collection: Phase 1 includes the census of facilities and the enumeration of child population living in these facilities and Phase 2 is the follow-up survey on selected measures of well-being for a representative sample of children in residential care. In **Ghana**, UNICEF supported the government and the Ghana Statistical Service (GSS) to conduct a national survey of children in Residential Care in 2019 using the protocol. The data highlighted the living conditions of the residential facilities and the profile of the children and helped galvanize the Government's efforts to accelerate care reform. In **Thailand**, UNICEF has supported the government to begin using Primero case management tool, with the aim of linking to other agencies and integrating shared data. In **Uruguay**, UNICEF and civil society partners conducted a study[13] on children living in residential care, to enable a better understanding of the situation of children residing in protection institutions. A 2019 study[14] in **India** found that high proportions of care-leavers were unaware of available support, did not receive assistance with housing or health insurance, and faced recurring emotional distress.

Ensuring full participation of children without parental or family care

Children have the right to express themselves freely, to be consulted and have their views considered in accordance with their evolving capacities, and to access to all necessary information and be able to communicate in their preferred language. Countries should establish mechanisms for the effective participation of children in planning, implementation, monitoring and evaluation relating to matters that affect them. Children often don't actively participate in decisions regarding their own care, especially those in residential care, which, in turn, does not promote an environment for them to communicate freely. Caregivers in families and in care settings often lack the skills to actively encourage child participation, while children from child-headed households may lack the opportunities to participate.

UNICEF's recently launched Guidelines "Engaged and Heard"[15] are intended to support the design of meaningful and equitable Adolescent Participation and Civic Engagement. In **Botswana**, efforts are made to consult with childcare centres, aiming to hear the voices of the children under their care. In **Thailand**, a coalition on child rights and alternative care works towards promoting voices of children, including those who leave care. In the **Latin America and the Caribbean region**, UNICEF supported research that generated learning and recommendations to develop public policies to support the transition of adolescents and youth

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[12] https://data.unicef.org/resources/data-collection-protocol-on-children-in-residential-care/
[13] Estudio de población y de capacidad de respuesta en Sistema de Protección 24 Horas de INAU | UNICEF
[14] https://www.udayancare.org/upload/Reports/2019-20/Full%20report_%20Beyond%2018.pdf
[15] Engaged and Heard! Guidelines on Adolescent Participation and Civic Engagement | UNICEF

from the alternative care system to autonomous life in Argentina, Bolivia, Brazil, Colombia, Mexico and Peru.

Key Recommendations

UNICEF recommends the following key actions to accelerate care reform efforts towards strengthening families and preventing unnecessary family-child separation, promoting family-based alternative care, and ending institutionalization of children. These recommendations are based on UNICEF's experience across countries and are aligned with the Key Recommendations for Care Reform[16] developed in leadup to the 2019 UNGA Resolution on the Rights of the Child, as well as the UNICEF – Better Care Network discussion paper on care reform in response to the COVID-19 pandemic.

Implement a child- and family-centred response to the COVID-19 pandemic. As part of the socioeconomic response to the COVID-19 pandemic, Governments must ensure all children and families can utilize high-quality essential primary healthcare, nutrition, childcare, early childhood development, social protection, and safe, inclusive and equitable educational opportunities, including distance learning. Governments should increase access to mental health and psychosocial support services – especially targeting the most vulnerable families and children, including low-income caregivers, single parents, grandparent-headed families, families with children or caregivers with disabilities, informal sector workers, and those without stable living situations.

Implement international standards. Governments should strengthen national legislation and policies to protect the rights of children without parental care and prioritize the primary role of the family in protecting children and providing care. Countries should implement international standards for: the protection of children at risk of family separation, children without parental care and those in alternative care; cross-border child protection frameworks; and universal and inclusive civil registration and identity systems to register all children from birth.

Address the root causes of family-child separation. Governments should work towards addressing the root causes of family-child separation by: tackling social norms that contribute to family separation; addressing the impact of poverty and social exclusion; and establishing programmes that help children remain with their families and in the community. Advocacy and awareness programmes should be initiated to address discrimination and negative stereotypes about children and/or parents with disabilities. Inclusive community-based services, such as inclusive education for children with disabilities, should be prioritized.

Promote family-friendly policies and expand social protection coverage. Governments should prioritize family-friendly policies and other measures, such as parenting programmes aimed at strengthening and supporting parents and families. Governments should scale-up child-sensitive, gender-responsive and inclusive, social protection programmes linked to inclusive community-based services.

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[16] https://bettercarenetwork.org/library/social-welfare-systems/child-care-and-protection-policies/key-recommendations-for-the-2019-unga-resolution-on-the-rights-of-the-child-with-a-focus-on-children

Strengthen systems and an effective workforce. Governments should increase investments in child protection systems and prioritize strengthening the social service workforce that directly serves children and families. Legislation and capacity-building measures to enhance capacities of administrative, judicial, and social service personnel for effective gatekeeping and best interest determination should be implemented. Governments should designate specific social service workers as essential staff throughout and beyond the COVID-19 response.

Regulate and focus on the quality of alternative care. Regulation, licensing, and monitoring mechanisms for alternative care should be empowered and strengthened by providing necessary technical and financial resources. Ending human rights violations against children in alternative care is fundamental and Governments should implement accountability mechanisms for such violations. Governments should establish and implement standards and systems to improve and monitor the quality of care.

Strengthen full and meaningful participation of children. Governments should establish mechanisms and provisions to ensure the full and meaningful participation of children and young people without parental care in decisions about policy reform, and about their own care arrangements, including decisions related to the child's individual care arrangements, and establish safe, child-friendly, accessible and confidential complaint mechanisms in all alternative care settings. Countries should also establish and strengthen monitoring mechanisms, such as a children's ombudsperson, that hear the views and concerns of the child directly and monitor the extent to which the authorities listen to, and give due weight to, the child's views.

End institutionalization of children. Governments should initiate proactive steps to end the institutionalization of children by implementing comprehensive plans that support structural reforms, redirect investments towards strengthening and supporting families, generate advocacy and awareness to address social norms, prohibit setting up new institutions, and strengthen gatekeeping mechanisms, among others.

Increase support to children in vulnerable situations. Governments should enhance the support for children in vulnerable situations by: prioritizing the prevention of all separation of children on the move from their parents or caregivers, and ending all immigration detention of children; ensuring prompt access to services and appropriate alternative care for unaccompanied and separated children; prioritizing deinstitutionalization of children with disabilities, eliminating the placement of children in alternative care based on disability, and promoting the availability of quality, community-based, accessible services and family-strengthening programmes.

Institutionalize to support care-leavers. Governments should outline policies to ensure that children and youth leaving care have access to an appropriate safety net of services and support, including financial support and linkages to educational and employment opportunities. To mitigate the impact of COVID-19, cash and cash plus support should be provided to care-leavers to tide the crisis on account of the socio-economic and psychological ramifications of the pandemic.

Reprioritize investments in care. Public and private donors should support efforts to: strengthen families and prevent family-child separation; enhance alternative care and implement care reform in line with international standards; train the social service workforce; strengthen social protection for vulnerable families; provide family- and community-based alternative care services; transition children from institutional to family-based care and to train and support caregivers and care-leavers.

Invest in data collection. Governments should collect data on children's care at regular intervals, including as part of the COVID-19 response. Such data need to be gathered using ethically and methodologically sound tools and methods, and should include information on children's living arrangements, the type and conditions of care arrangements, the quality of care they are receiving, and their well-being outcomes. Investing in effective monitoring and evaluation of services for vulnerable families and children without family care should become a priority, and such evidence needs to be used to guide policy-making and well-informed public discourse. All data collection should ensure privacy protections and appropriate data sharing firewalls while also making data publicly accessible.