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

**Who are we?**

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

**About Udayan Ghars**

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

**Engagement with Children in Group Homes**

Udayan Care\* engaged with 20 children (15 to 18 years) who are directly under its care and protection, to gather their views and perceptions on some selected questions as provided in the guidelines to the DGD submission. With the help of social workers and 2 interns from social work background, due to COVID times, FGDS were held virtually (in groups ranging from 5 to 10 participants) and one on one telephonic conversations with a few children. All responses have been collected in the month of May 2021 and Hindi was the principal medium of communication. The interns then translated the received responses to English and the same has been consolidated and presented here. A final virtual focussed group discussion took place on May 22, 2021, with children, youth, interns and the social workers, where the draft submission was presented and discussed.

All participating children and youth were explained the purpose of the interactions and objectives of the DGD in Hindi. They were given a choice to participate or not and as we saw, a few children did express their inability to respond and this decision was respected by the organisation.

**Section A: Responses from children (below 18)**

*How can we work to ensure that children in alternative care who have been victims of human rights violations are offered access to effective legal and other remedies?*

* Good education is a must and along with education, children must be provided with love and care
* Effective counselling and skills for coping with difficult life situations, along with mental health counselling is also critical.

*“If children are taken to the court, no one should talk in a loud voice with them. People should not ogle at them every time or not pressurize them in any manner.”*

* Sessions must be held with children to teach them their rights, and be made confident enough to speak out.
* They can be encouraged to volunteer with NGOs to spread awareness on child care rights and how to report cases of sexual abuse. The process to make a complaint of abuse must be made simple and clearer
* Children must know about available Child Line number and services in their area
* Efforts should be made to trace their families, and ask them about their problems with care and concern.
* Authorities must avoid and hasten the process of shifting a child from 1 institution to another in case of any mishap so that children do not have to go through psychological trauma regularly. (this was with reference to the many short term children or those who come for overnight protective stay)
* There must be no violation of rights.

*What are characteristics of high-quality alternative care?*

* *Ensuring basic needs-education, food, shelter and health*
* *Medical check-ups*
* *Mental Health Care*
* *Good, safe and secure environment*
* *Proper Sanitation*
* *Sufficient infrastructure and resources*
* *Healthy nutritious food, balanced diet*
* *Ability to cope with problems, concerns*
* *Discipline*
* *Ability to plan for one’s future*
* *Carers must be aware of children’s’ rights & responsibilities*
* *Involvement in plans on decision for own life - often the plan is not as per what the child wants to become*
* *Talking politely to children*
* *Non- discriminate*
* *Confidence Building*
* *Knowledge to discriminate between right and wrong*
* *Legal aid when required*
* *Financial support for young adults to live independently*
* *The process should be participatory and children ,must be involved in decision making*
* *Care leaver’s should get opportunities, and they should get proper guidance*

*How would you want a policy maker to know if high-quality alternative care is being met?*

* *Good surrounding which has respectable people in it, who are always properly dressed*
* *Their physical and mental health is being taken care of*
* *Children are guided about the ways to properly plan their future*
* *They are being taught to handle the different situation on how to cope with problems*
* *They are given the awareness about voting right, other rights and responsibilities, as well as scientific knowledge. For physical exercises, equipment like yoga are extended to them*
* *To let the inspectors who come for inspection, know about all the availability in their homes. Sometimes when they come in without informing, it sometimes scares us or disturbs our daily routine*
* *Good and higher education and psychological care is treated as a priority.*
* *Monitoring provisions*
* *Exposure through workshops, mental financial support in pursuing dreams*
* *Ability of the organisation to support the child in what they want to do, how much more support is required, what more could be done to increase care provided.*
* *Policy maker can be shown the records of inspections, government visits and the suggestions given in it as well as areas where praise was received.*
* *Good care reflects that our opinions matter, our voices are heard and acted upon*

*As a child with experience of child protection systems, how would you define high-quality care?*

* *The elders should be understanding and should guide us*
* *There should be education performance parameters and measures*
* *There should be regular health checks and emotional checks.*
* *Measures should be taken to enhance their cognitive development, personality and behaviour maintenance.*
* *Ensure cleanliness*
* *A child should live happy in a healthy environment- a place where they have access to different resources for basic needs.*
* *Have all the opportunities to grow properly and participate in various activities*
* *Have mental health counselling,*
* *Focus on the interest of children*
* *Proper nutrition, sanitization, career focus with support and opportunities to be provided along with tutors.*
* *There should be no mention of the past of the child,*
* *A child should be given emotional care and mental care*
* *Proper planning of the future, allowing the child what they want to do with their life, monetary support for all children while they are at the home and especially once they are living independently after 18*
* *Carers must understand the child’s perspectives and emotions in empathetic ways by getting into their shoes.*

*What in your views are examples of measurements of high-quality alternative care?*

* *Provision of Aftercare 18 facilities.*
* *Provision of mentor parents in the homes*
* *Academic performance of children*
* *A child’s way of communicating i.e. their behaviour*
* *A child’s personal hygiene, communication skills and body language and hygiene- sanitary napkins for girls*
* *Care leavers security of living*
* *Availability & access to technology*
* *Good environment, freedom, quality food, access to leisure and enjoyment*
* *Having proper stationary to study*
* *Presence of people for listening to children and also listen to their choices and work in that area rather than telling us to opt for a line just because we are good at it.*
* *Getting full support for their future dreams and planning for future career*
* *Platform for sharing/telling concerns of children and young adults.*
* *Not spreading information about one child with everyone as it creates a perception which continues to be even when child wants to change.*
* *Facility of health support, mental and psychological support, and continuous emotional check*

*What are the practices that should be avoided in order to ensure high-quality care is provided?*

* *After 18 years of age, children to be allowed to be in care homes till they are financially stable.*
* *Don’t take decisions on their behalf. Sometimes, when this happens with children, it actually disturbs them mentally.*
* *Forced restoration should be avoided*
* *Violence or discrimination should not be there.*
* *The youngsters should be educated regarding the child protection rights and other legal rights*
* *Use of abusive language, sexual abuse, groupism, discrimination, and favour to anybody, judgemental attitude, bad tone should be avoided.*
* *There should be no abuse in the homes, (child quoted Bihar Home incident), not having an open space for discussion, not asking the child what they want, forcing certain decisions, giving different treatment to different children, supporting some children in Aftercare while restoring others to the family).*
* *A child referred to a recent adoption process that was done and he felt that the adopted child was not ready for the same and based it on some facts he knew about the adoptive family.*

*What measures and responses have supported or undermined the provision of quality alternative care in the context of the COVID-19 pandemic?*

***Support systems***

* *Provision of online classes to continuity in education*
* *COVID helplines*
* *Arogya-Setu App which provides knowledge about the case loads, medical facilities, internet facility*
* *Regular meals, proper masking and sanitization*
* *Arrangement of sessions regarding COVID- awareness, precautions and healthy living*
* *Advertisement related to awareness can be conducted by the government, and there must be food storage capacity*
* *We have learnt use of technology in a more advanced way*
* *Masks and sanitizations were provided and free COVID tests for all the Care Leavers were organised*
* *Doing yoga, provision of safe space and continuity in the basic needs helped*

***The undermining factors*** *were –*

* *There has been difficulty in fund collection*
* *Lack of proper hygiene*
* *Unavailability of equipment to do online classes*
* *Non-provision of safety measures in adequate way especially in rural areas and for poor*
* *Little/no access of classes by children/YAs living alone due to technological barriers, teachers in the rush to complete the syllabus without caring if children are understanding or not.*
* *Lethargy, as children stated that online classes are not good at all as there are no sports.*

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

* *Continuing taking precautions*
* *Provision of sufficient oxymeters, ventilators and oxygen cylinders*
* *Knowledge about other related coming diseases*
* *Provision of Aftercare*
* *Creation of jobs and career plans*
* *Ensuring about rights and duties (to young adults)*
* *Planting more trees and nurturing them*
* *Ensuring not to pollute water bodies and environment*
* *Stop Spreading rumours*
* *Following the Government guidelines*
* *There must be specific rules and regulation and the children should be keep in touch. No one should feel lonely.*
* *Safety workshops should be conducted.*
* *The masks should be disposed safely.*
* *There must be reuse of old stuffs, promotion of playing indoor games.*
* *Avoid panic situations and helping the needy people during this pandemic*
* *Go out only when absolutely necessary.*
* *Some are facing problems with online classes. More equipment needed.*
* *Timely check of the adopted kids. To provide online support to the adopted kids to provide them with psychological support. Providing daily check-ups of the finance that have been extended to the adopted kids’ parents.*
* *They suggested proper use of masks, sanitizers.*
* *Vaccines to be given to the needy one and Vitamin C tablets should be given for immunity.*
* *There must enough presence of oxygen.*
* *There has been education crisis and a huge pressure of how to complete the entire syllabus.*
* *There is so much waste generation due to masks, etc. and many don’t have access to it.*
* *Moreover, so many children are living together in the home, there is no arrangement that if one child gets infected, the risk increases, so how to handle.*
* *We should regularly watch news for being up- to-dated.*

**\*About Udayan Care**

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