

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

**Children's Rights and Alternative Care
Background Document**

September 2021

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1 Background and Context

Alternative care might give us some opportunities – but it takes away others.¹

1.1 Purpose, Objectives and Scope of the DGD

On September 16-17, 2021, the UN Committee on the Rights of the Child (Committee) will devote its 2021 Day of General Discussion (DGD) to the theme of “Children’s Rights and Alternative Care.”

A DGD is a public meeting designed to foster a deeper understanding of the contents and implications of the UN Convention on the Rights of the Child (CRC) as it relates to this topic. The 2021 DGD is intended to examine the current situation regarding alternative care and identify areas of concern regarding the unnecessary separation of children from their families and appropriate ways to respond to family and child separation in cases where it is unavoidable. The consultation will provide a basis for launching a process to develop guidance on what constitutes quality alternative care for children and support for caregivers.

The [DGD Concept Note](#) outlines twelve objectives for the 2021 DGD. In summary, these are: to create meaningful engagement for children and young people who have experience of alternative care systems; to learn from adults who have 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.

The [DGD Concept Note](#) also outlines the scope of the DGD. In summary, the DGD will 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.

1.2 Purpose, Objectives, Scope, and Methodology of the Background Document

The purpose of this background document is to synthesize and present evidence shared in the submissions received by the Committee through the public consultation process (see details on the consultation process in section 1.3 below).

The document presents a summary of the submissions. It brings forward the voices and perspectives of children and young people currently in the care system or with experience of the child protection or care system, as well as the voices of care leavers and adults with lived and professional experiences (e.g., parents, caregivers, individuals who have experienced care as children, academics, practitioners and policy makers). It also highlights key overarching recommendations stemming from the submissions. The scope of this paper mirrors the scope of the DGD itself (see section 1.1 above).

The methodology for this paper consisted of an independent consultantⁱ undertaking a review, analysis, synthesis and summarization of the submissions received by the Committee through the public consultation process (see details on the consultation process in section 1.3 below). The consultant used a standard qualitative research coding process to identify and examine key themes and perspectives arising from the submissions. The consultant made every effort possible to give equal time, attention and weight to each individual submission. The consultant weighted several criteria and constraints for determining inclusion or exclusion from this background document, such as frequency of mention across submissions, presentation of unique perspectives, provision of innovative models or examples, expression by individuals with care experience, etc. Exclusion from this background document does not mean that a particular point is not valid. Members of the Committee and the public have access to all the content provided in the submissions, even if a particular point has not been mentioned in this synthesis document.

Primary limitations of this methodology were the time constraints for the review, analysis, drafting and revision processes and relying exclusively on the submissions for all content (i.e. absence of independent research to verify submissions and fill in gaps). The nature of the document as a summary of hundreds of submissions also inevitably means that it could not capture all of the specificity, diversity and nuance of each individual submission.

It is important to note that while the document presents a wide range of quotes and perspectives of children, young people and adults with care experience, it only provides identifying information (e.g., first name, age, gender, location) when such information has been provided in the original submission. The endnote associated with each quotation provides the reference to the assigned number and category of the submission from which the quote was taken. Endnotes are also attached to examples of practice mentioned throughout the document.

ⁱ This document was prepared with support from Julia Freedson, an independent consultant.

1.3 Background on Public Consultations and Submissions

The Committee invited children, care leavers and their representative organizations as well as adults 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 received by the Committee:

Who	Quantity	Format	Common Themes
States	23	23 written	<ul style="list-style-type: none"> · 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	14	14 written	
International Organizations	4	4 written	
Non-Governmental Organizations	100	100 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	195ⁱⁱ	185 written 1 drawing 9 videos	

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

1.4 Overview of the survey of children and young people with lived experience

In preparation for the DGD, a group of Civil Society Organizations (CSOs) commissioned a survey among children and young people to get a sense of what they think about their experiences in alternative care. They conducted the global survey online from April 12 to May 30, 2021. It 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 5 and 25 from across the world participated. The CSOs analyzed 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.”ⁱⁱⁱ

The following is a summary of findings.

The report explained that emergent themes differed in relation to the regions in which participants reside. For example, those in Europe and North America tended to be more specific about their needs and what they thought should improve, while those in Africa, Asia, and Latin America & the Caribbean were broader in their answers, citing key themes such as love, safety, food, and medicine. The data also showed that some groups of children experience unique challenges in care, such as those with disabilities, girls, young people leaving care, and those who identify as Lesbian, Gay, Bisexual, Transgender, Queer, 2-spirited, and Intersex.

At the same time, data demonstrated many similarities across the world. Participants from all regions showed a desire to be listened to, respected and taken seriously by adults. Children and young people in all regions demonstrated a need for fun, free time and personal space. They highlighted the importance of building trust and having safe, dedicated time and space to share feelings and thoughts with adult caregivers, be it in foster care, residential care, or kinship care arrangements. Respondents in all regions agreed on the importance of education, socialization and feeling loved.

Children and young people put forward the following ideas for change:

- **Listening to children and young people:** Children and young people want to be heard and listened to. All too often, adults do not consider their opinions in decisions being made about their lives and this needs to change.
- **Prevention:** Children and young people want duty bearers to focus on prevention, ensuring that alternative care is a last resort after all other options for supporting families to stay together are exhausted.

ⁱⁱⁱ The report and a child and youth friendly summary are available in English, French, and Spanish on the DGD dedicated page on the Office of the High Commissioner for Human Rights’ website under Documentation at: <https://www.ohchr.org/EN/HRBodies/CRC/Pages/Discussion2020.aspx>

- **Good quality alternative care:** Make sure parents have access to counselling, mental health support and respite services; prioritize keeping siblings together and keeping children and young people within their own culture; and keep children and young people safe from harm.
- **Leaving alternative care:** Children and young people must be psychologically and practically supported after life in alternative care so they can live happy lives in adulthood.
- **The ongoing impact of COVID-19:** A lot of children and young people have been affected by the COVID-19 pandemic and special attention needs to be given to this.

In conclusion, the children and young people 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.

1.5 Context of the COVID-19 Pandemic^{iv}

The COVID-19 pandemic has had a devastating impact on children's care globally, with a particular impact on children living in families already facing multiple challenges, children in alternative care, and those who had left care or were transitioning from it. The pandemic and the related social and economic restrictions have increased the risk of family separation, children losing parental care and children being placed into alternative care.

Children in vulnerable families and in alternative care, including kinship care, are also at increased risk of violence, harm, neglect, and exploitation, (e.g., child marriage, trafficking, illegal adoptions, child labour etc.) as a result of the pandemic. This is due to various causes, such as increasing poverty, increasing intra-family violence, loss of access to healthcare and mental healthcare, strain on care providers, death of a parent or caregiver, and general stress, isolation and psychological burden on children and families. The pandemic has also exposed structural weaknesses in the child protection and welfare systems.

Increased financial burden on families due to loss of livelihoods has spurred a breakdown of family structures and reduced some families' capacity to care for their children. In some instances, children have been rapidly sent to residential care facilities without preparation or due process. In other instances, children have been sent home rapidly from residential care facilities due to closures. Loss of livelihoods, income and health for some of the family members who traditionally take on the main responsibility for alternative care has also reduced

^{iv} The descriptions presented in this section and in Section 2 are strictly based on submissions received by the Committee.

opportunities for placement of children into kinship care — a preferred form of alternative care.

In some cases, the pandemic has had a detrimental impact on the performance of care workers; they have faced unusually stressful and high workloads, and in some cases lack of personal protective equipment and cleaning supplies. Staff in some residential facilities have lacked the skills (e.g., technological skills), equipment, or training to support children’s online education, remote communication needs and other aspects of care. Lockdown restrictions have reduced or eliminated the ability of social workers to visit children in residential facilities as well as foster and kinship homes. As a result of the financial and psychological stress brought about by the pandemic, some foster caregivers are no longer able to accept placements, reducing further the number of available foster families in several countries.

Some children have also faced increased domestic violence at home, at a time when social workers have had reduced ability to visit at-risk families and conduct needed assessments. This has also coincided with reduced availability of needed child protection, family strengthening and other services.

Care homes are known for protocols, being bureaucratic. Children there haven't had the support and friendliness we need in this scary time when some kids are really anxious about COVID. (Tiegan, 19 years old)²

Children living in residential care have faced immeasurable difficulties, such as:

- Restricted or cancelled visits and contact with parents, family, and social workers
- Reduced access or cancellation of needed services and support
- Insufficient access to digital technology needed for education, communication, etc.
- Reduced or cancelled access to educational and recreational opportunities
- Mental and emotional strain due to isolation, fear of the virus and other causes
- Rapid, unmonitored family reintegration (e.g., due to closure or suspension of institutions, foster programmes, etc.)
- Delayed assessments, appeals, court hearings, etc.
- Violence, harm, neglect, exploitation and abuse.

Children with physical and intellectual disabilities have faced a loss or reduction in many essential services. Children with disabilities, particularly girls, have also faced increased risk of violence, abuse, and sexual and gender-based violence in institutions due to lack of monitoring, support services and other restrictions wrought by the pandemic.

Leaving care during the pandemic has created extremely fragile situations for many young people aging out of the care system. Many did not receive support following their discharge or received reduced or insufficient support. This has made it more difficult for them to find jobs,

continue their education, obtain a healthy diet and maintain safe and stable housing and access to the internet and digital devices. It has left many to live with unnecessary stress, isolation and mental health challenges.

While some care systems have buckled under the strain of the global pandemic (e.g., rapid closure of institutions, cessation of services, failure to classify social workers as essential workers), others have demonstrated earnest and innovative efforts to prevent family separation and protect the rights of children in alternative care. The following are some indicative examples:

- Facilitating direct payments to families and provision of other basic needs³
- Establishment of helplines and practical support for foster carers⁴
- Providing technology and support to ease the challenge of virtual school needs⁵
- Use of technology to enable remote monitoring and oversight⁶
- Providing supported emergency deinstitutionalization of children (e.g., for children with disabilities, children experiencing rapid closure of residential care)⁷
- Opening policy-level dialogues to address the impact of the pandemic on children in alternative care and improve assistance⁸
- Development of protocols and training related to foster care, family reintegration, adoption and family visits in the context of the pandemic.⁹

2 Children’s Rights and Alternative Care: Emerging Themes and Perspectives

The following is a summary of the key themes and perspectives that emerged from the review and synthesis of submissions received by the Committee. To the extent possible, these summaries capture the main themes and perspectives shared across the submissions, incorporate examples of promising practices for addressing challenges and the voices of children, young people and adults with care experiences.

2.1 Prevention of Family Separation

My mum was a young mum, so I feel like maybe, if someone tried to support her, instead of just taking her kids off her, it could have been different.
(Paige)¹⁰

Efforts to prevent family separation described in the submissions include:

- Changing laws, policies, judicial measures and initiatives to increase families’ access to services¹¹
- Promoting social justice and non-discrimination¹²

- Increasing social safety net programming that supports individual families and children¹³
- Promoting family reunification and reintegration as soon as possible after separation.¹⁴

Some submissions highlight the importance of early warning mechanisms to identify and respond to children at risk of separation due to poverty, mental health issues, child abuse or other reasons. They explain that this approach strives to prevent family separation at the earliest stage possible by providing interventions that can help the family solve problems before they become entrenched.

Submissions also addressed gatekeeping (the process of referring children and families to appropriate services or care arrangements^v) as a tool for diverting children from unnecessary initial entry into alternative care and reducing the numbers of children entering institutions. Submissions that address this issue focused on the need for developing comprehensive gatekeeping mechanisms (judicial and administrative), improving legislative and policy frameworks that mandate gatekeeping protocols, and undertaking inter-sectoral reform to enhance gatekeeping procedures.

2.1.1 Causes and Impact of Family Separation

Many submissions provided extensive detail about the causes of family separation (which, in many cases, are also closely linked to the causes of institutionalization). Poverty, discrimination, natural disasters, armed conflicts, family conflicts, poor parenting, maltreatment of children, domestic violence, drug and alcohol abuse, and lack of access to community-based services for children with disabilities are often cited as primary drivers. Other drivers include discriminatory laws and policies, climate change, societal and political violence, COVID-19 and parental absence (e.g., due to migration, imprisonment, etc.). Many submissions go further to explain that the failure of States to provide families that are vulnerable to separation with needed support can result in unnecessary separation and subsequent institutionalization of children.

Submissions also cited systemic causes for institutionalization of children, such as historic and systemic racism, unplanned births due to lack of access to sexual and reproductive healthcare, illegality of abortions, and using children as commodities to attract funding from donors, volunteers or tourists (commonly known as “voluntourism”).

The impact of family separation can be devastating for children, parents, extended families, communities, and society. Separation can cause negative impacts on children’s health due to emotional stress and loneliness, loss of a child’s culture, tradition and language, and increased risk of physical, emotional and sexual abuse and exploitation.

2.1.2 Family Strengthening

The vast majority of submissions addressing prevention describe family-strengthening approaches, such as:

^v <https://bettercarenetwork.org/library/principles-of-good-care-practices/gatekeeping>

Type of support	Examples
Technical support related to the care of children	Accompaniment, access to care centres, general parenting support, mental health support, family counseling, attention to health problems, positive parenting training, peer and solidarity networks, capacity building of caregivers, sexual and reproductive health care and education
Material support	Welfare programmes, food security programmes, housing, economic support ^{vi} , anti-poverty programmes, digital access
Specialized support	Additional technical, material or other support for parents with disabilities, parents of children with disabilities, single mothers, families living in poverty, families affected by alcoholism or domestic violence, indigenous families and others facing systemic injustice and discrimination

Submissions also highlighted the importance of providing family-strengthening services that are accessible and equitable and based in the community. They indicated the benefits of involving communities in awareness-raising and educational initiatives on prevention of family separation. This can help families feel more comfortable reaching out for support, reduce stigma and discrimination, and inform public opinion about social services.

2.1.3 Family Reunification and Reintegration

Promoting family reunification and reintegration prevents long-term separation of children from their families. Addressed by a number of submissions, reunification and reintegration involve reuniting the child with the family and rebuilding family relationships. This involves initiating or maintaining contact between the family and the child and helping families address the problems that initially led to the separation and/or other arising issues.

Submissions mentioned some circumstances that make reunification more challenging, such as national laws and policies that allow the process of admission of children into state care to quickly lead to legal termination of the child and family relationship, national laws and policies that do not promote family reunification and humanitarian contexts contributing to wide-scale family separations.

Submissions provided insights into factors that are considered fundamental to making family reunifications and reintegration more successful:

- Continued contact between the child and the parents
- Parental support programmes
- Robust case management processes
- Increased economic and emotional stability of parents

^{vi} E.g. cash and voucher assistance, basic income, subsidies, financial advice, income generating opportunities, support for job marketability.

- Support for children preparing for reintegration
- Continued follow-up and support for the family following reunification.

2.1.4 Voices of Children, Young People and Adults with Care Experience

- *By law, the measure that separates us from our family environment cannot exceed 180 days, but this in general is not fulfilled...for this reason, we demand that all responsible agencies work together so that we can once again live in a family environment.*¹⁵
- *[Children’s answers to the question:] “What helps children and youth live safely and happily with their parents so that they do not need alternative care?”*¹⁶
 - *It helps us to live in a safe way the economic and psychological stability of the parents, and that they have to be well prepared to be able to give a good upbringing.*
 - *Family love and understanding, always being positive with us.*
 - *The safe environment and understanding of home and adults as family members.*
 - *With proper education and guide us with love and respect.*
 - *Always be attentive to what they tell us and how they say it, but also to what they do not tell us.*
 - *Adequate education from adults with patience and dedication.*
 - *Living in environments with rights and the love of a father.*
 - *The understanding of adults.*
- *We should teach our parents how to care for their children and ways to handle their own children. (Boy in Kenya who used to live on the street)*¹⁷
- *Going into alternative care takes away the power we have over our own lives.*¹⁸
- *Taking us out of our communities harms everyone and harms our culture.*¹⁹
- *Communities could be a source of support – but often they are a source of stigma for us.*²⁰
- *More could be done to keep families together rather than tearing them apart in alternative care.*²¹
- *In our experience the reasons for removing us from our families are not always right.*²²
- *If support was given to families, children might not need to be put in alternative care.*²³

- *Poverty should never be a reason children go into alternative care – give families money!*²⁴
- *Helping families stay together should be the priority – alternative care is a last resort*²⁵
- *When my sister got taken into care, one of the issues they had against my mum was that she was sleeping on the sofa. They said, 'That's not a proper bed', but who's defining a sofa as not a proper bed?*²⁶
- *There's so much pressure: 'A parent should be able to look after their child 24/7, until they're 18 at least'. But no parent can do that, let alone a parent with a disabled child, because they are human, and they only have a certain amount of energy and motivation. (Tiegan, 19 years old)*²⁷
- *I would have changed that process, and brought in additional services to have given a timescale for things to have changed, and been given that opportunity. And I would also have introduced family into it, because that was never an option within my circumstances or some circumstances; it was just not even said, let alone done. (Francesca)*²⁸
- *For a family to be separated, there's already, like, significant conflict in there. There needs to be a plan for what happens if that conflict returns.*²⁹
- *Even where we knew it was the right decision it is still a big change for us. We are separated from our family, we have to get used to living with new people, and we sometimes have to go to a different school. These are big changes.*³⁰
- *It was hard not knowing if you're going to see your family, if your friends would understand.*³¹
- *We don't want people to blame our parents – often they did nothing wrong!*³²
- *Being placed in alternative care has torn our families apart and ruined our relationships.*³³
- *Many of us have found it very hard to leave our families and we missed them a lot. Not just the people but our pets too. We often lose our friends as well and have to make friends all over again. Sometimes we lose our activities too and sometimes we lose our belongings including our treasured possessions.*³⁴
- *Being placed in alternative care can feel like we and our families are being discriminated against.*³⁵
- *One of our rights is to family life – and alternative care takes that right away from us.*³⁶

- *I didn't have anyone follow up and they were just pretty much waiting for me to do something stupid again, right? Like, they were just sitting there, waiting for that call so that they could come and take my child instead of coming to support me.*³⁷

2.2 Kinship Care

*Don't break the family connection that we need. (Liliana, Colombia)*³⁸

Kinship care is the full-time care of children by family members other than parents (e.g. grandparents, aunts, cousins) or close friends. Kinship care arrangements vary across cultures and contexts.

Submissions highlighted that the CRC upholds the right of children to remain within their extended family. They also noted that kinship care is the most widely accepted and practiced form of alternative care because of the stability and continuity it offers, often allowing children to remain in relationships with their parents, communities, friends, and schools, and to remain connected to their culture and identity; this often leads to better life outcomes than traditional foster care, residential care or institutionalization.

Submissions also raised challenges related to kinship care, such as:

- Limited attention by global decision and policy makers
- Lack of regulation and oversight
- Discriminatory treatment and stigma of children in kinship care by some States and societies
- Inadequate and inequitable financial assistance and other forms of support for kinship carers (including emotional support and peer support)
- Inequitable access to services for children in kinship care
- Cases of neglect, discrimination and abuse by kinship care providers.

Finally, submissions shared perspectives on both sides of the debate about potential formalization of kinship care. Some submissions noted that kinship care should remain informal because formalizing it would create a heavy burden of regulation and monitoring and could jeopardize traditional community coping strategies.

In support of formalization, some submissions pointed to positive outcomes for children in kinship care and noted that the absence of support for kinship caregivers may limit their ability to provide the highest quality of care — despite their willingness to do so. Other submissions called for more evidence on kinship care arrangements to further determine the need for formalization.

2.2.1 Voices of Children, Young People and Adults with Care Experience

- *The successes I have had are thanks to my godmother, with whom I developed an affectionate relationship and she was always by my side and continues to be so. (Rosa, 24 years old, Brazil)*³⁹
- *Being a kinship kid isn't easy. Sometimes, other kids pick on me because I live with my nan, and not my parents like they do...It can become frustrating having to explain over and over again...*⁴⁰

2.3 Foster Care

*All foster carers should have a book with pictures of their house, family and any pets, and local schools or better still a short video, so that we have some idea where we are going to live and who will be there.*⁴¹

Many submissions identified foster care as a critical form of family-based alternative care that provides generally safer, more protective, and individualized care which is preferable to the use of residential care. In some contexts, foster care systems are more formalized than in others and provide a range of more specialized foster care placements to address specific needs, such as therapeutic and treatment foster care. Submissions also point to different understandings and models of foster care that are culture and context specific, including the use of kinship foster care and the Kafala system in Islam. Submissions relating to foster care, however, point clearly to the need to promote and strengthen the foster care system and highlight some key challenges in that regard. These include, for example:

- Insufficient public investment in foster care systems, particularly in comparison with public and private funding allocated to residential care;
- Lack of societal awareness about the foster care system and the need to promote a foster care 'culture';
- Lack of uniform and consistent standards and quality criteria in the foster care system (e.g. dramatic differences in the training, payment and requirements for foster care providers globally);
- Insufficient number of foster care families and significant challenges recruiting those willing and able to care for children with complex requirements, as well as the limited availability of religious, cultural and linguistically diverse foster placements for children;
- Lack of oversight, monitoring, and evaluation of effectiveness of different approaches, with a need for more research to better understand how various models support better outcomes for children's care and development;
- Lack of support for foster care providers fostering children with disabilities, chronically ill children, children with emotional and behavioural challenges, etc.;

- Insufficient resources and lack of flexibility to meet the needs of individual families and children;
- Lack of financial support, preparation, training and other forms of support;
- Lack of participation of children in the placement process.

Submissions also provided some examples of promising programmes and policies related to foster care, such as a new national law to regulate placement of children in foster families with the child's best interests as the overriding consideration;⁴² a new national policy to provide additional financial support to families raising foster children;⁴³ and a nationally supported programme that offers intensive support to foster carers over a nine-month period.⁴⁴

Several submissions raised the issue of professionalizing foster care. Some mentioned progress in this direction, such as a national policy moving towards making foster care a formal profession by introducing compulsory insurance and other obligations to make foster care a formal profession, and a policy moving all foster parents into a uniform employment relationship with the State. Others point to increasing criticism of the foster care system and the insufficient scrutiny and standards that result in inadequate child protection.

2.3.1 Voices of Children, Young People and Adults with Care Experience

- *Moving over two weeks and meeting foster carers first helped.*⁴⁵
- *In my opinion, the two fundamental aspects of foster care are stability and clarity. I have come across many cases of children who have been moved to multiple different accommodations and families many times. Thus, this causes them to lose confidence in themselves and others. Clarity with the family of origin sharing the educational guidelines is necessary... (17 years old)*⁴⁶
- *Having a really good placement, whether in foster care or in a children's home or residential school is also very important. Things like getting our own pocket money, making new friends and having our own space made it easier for many of us.*⁴⁷

2.4 Residential Care

*We come from poor families that have suffered exclusion. Living in institutions does not improve our life conditions nor that of our families. Sometimes it makes it worse. (Genoveva, Mexico)*⁴⁸

Submissions favor investments and reforms intended to eliminate the institutionalization of children and redirect resources towards family-based alternatives and services. They call for a range of actions in this direction, such as a gradual closing of institutions, particularly larger institutions, a moratorium on institutionalization, time-bound and budgeted national

deinstitutionalization plans, ending the establishment and registration of new institutions, and ending investment to enhance or repair existing institutions.

Many submissions emphasized the negative emotional, physical, behavioral and developmental impact of residential care on children, particularly focusing on the adverse impacts of long-term institutionalization on children's development and well-being. Some submissions described care institutions as widely characterized by regimentation, poor social environment, neglect and abuse, and leading to loss of identity, over-representation in the criminal justice system, impairments that lead to disability and poor educational, psycho-social, health, economic and other long-term outcomes.

On this basis, a number of submissions directly state that institutionalization of children is never justified and can never be considered in the best interests of the child. These perspectives point to a range of negative outcomes for children in residential care, and children getting "forgotten" in the system once they are placed in an institution.

Several submissions specifically and strongly oppose institutionalization for all children with disabilities (including physical and intellectual disabilities) and call for an end to this practice. They underline in this context States' obligations to implement children's right to family life.

Other submissions, however, point out that there are circumstances under which temporary or emergency use of residential care for children must remain an option. They describe specific conditions when this might be the case, including some form of residential care placements being used as a measure of last resort, for emergencies, for a predetermined and limited duration, as a response to self-inflicted threats of a child, to prevent separation of siblings, and to care for children who are suddenly without parental care. Several submissions also made the case for exceptions in the event of a national humanitarian emergency accompanied by large numbers of internally displaced or unaccompanied children in need of alternative care, and where the availability of kinship care or foster care placements cannot meet the immediate needs.

Whilst the submissions highlight a broad consensus on ending child institutionalization for all children, they clearly reflect important debates on whether this includes all forms of residential care, or whether there is a role for temporary, high quality, small scale residential care organized around the rights and specific needs of the child in a setting as close as possible to a family, and with the aim to reintegrate the child within the family or an alternative permanent family solution.

In that context submissions uncovered varying perspectives regarding the use of small group homes (SGHs). Some submissions explained that short-term use of this form of residential care can reduce exposure of younger children to risky behaviors and trauma within some foster care placements and argued that high-quality residential care should be considered. It is worth noting that they described high-quality residential care as consisting of 2-4 children of similar

ages living together with high staff-to-children ratios, and emotionally responsive care givers with whom the children can create a bond.

Some reported evidence of positive outcomes from therapeutic residential care centres; others rejected findings of positive outcomes of these centres and argued that family-based settings are always preferable.

Some submissions raised concerns about the lack of international agreement about the definition of a group home, mostly because there is no agreement on what number of children constitutes a “small” group. Others question the nature, quality and independence of the evidence available on the appropriateness and longer-term outcomes for children of this type of residential care.

Several submissions also questioned the use of the term ‘family-like’ in this context, highlighting that both sociological research into the family and research that captures children’s views on family identify a range of key characteristics that cannot be reproduced even in a high-quality small group setting, including the lifelong connections, bonds, attachment and obligations in life-time membership of a family. Others point to the confusion that this term creates for practitioners and policymakers who might assume that some residential care options are family-based when they are not.

Finally, some submissions advocated for turning larger institutions into SGHs as part of the process of phasing-out institutional care. Others objected to any use of SGHs stating that they retain many of the same features of larger institutions (e.g. rules that discourage emotional attachment between staff and children, lack of privacy, absence of conditions for improving social skills, etc.) that adversely affect children’s development and cause segregation and social exclusion, especially for children with disabilities.

The importance of the effort of the joint Working Group of the Committee on the Rights of the Child and the Committee on the Rights of Persons with Disabilities to harmonize international guidance on this and to ensure protection of rights under both conventions was also underlined in the submissions.

As alternatives to institutionalization, submissions call for increased investment in family reunification and reintegration, developing additional non-residential based forms of care (e.g., family-based care), and expanding community-based services. Several submissions also call for the development of clear international guidelines for progressive national deinstitutionalization strategies.

Several submissions focused on national-level progress towards phasing out institutionalization of children. Others pointed to challenges in deinstitutionalization efforts, such as:

- Lack of public policies to guarantee the deinstitutionalization of children
- Continued investment and reliance on institutional care in many contexts
- Failure of social and welfare policies to prioritize prevention strategies

- Re-institutionalization due to COVID-19
- Failure to include children with disabilities in deinstitutionalization schemes.

2.4.1 Voices of Children, Young People and Adults with Care Experience

- *Orphanages should have more technical studies because not everyone can go to the university.*⁴⁹
- *The difference which this institution gave is this: The support which the visiting staff gave to the families, the time we went to the health clinic, [the support given] to look for work, to help with school even for children who had already left. (Minas, 19 Years Old, Brazil)*⁵⁰
- *I feel so alone in the institution, a visit is very missed and would make a big difference and I felt alone. I had no one to talk to about what was happening (Lynx, 22 years old, Brazil).*⁵¹
- *Family life gives us access to our identity – alternative care can rob us of that.*⁵²

2.5 Quality of Alternative Care

*For some of us, alternative care was where we were abused – not at home with our families.*⁵³

2.5.1 Characteristics of High-Quality Alternative Care

A high volume of submissions shared perspectives on the issue of quality of alternative care. While their descriptions often related to technical aspects of care, in essence they agreed that all children in alternative care must enjoy the same protection of their rights as other children, and that all children, including those in alternative care, yearn to grow up in safe, loving and stable environments. Many submissions highlighted the critical international legal framework outlining the rights of children provided by both the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities, as well as the Guidelines for the Alternative Care of Children.

The following is a summary of key characteristics of high-quality alternative care, as presented by the submissions:

Relationships

- Provides safe, stable and caring environments, preferably in family and community-based settings where children live with family members, close friends or within their own communities whenever possible;

- Maintains ties with parents, families, siblings, communities, schools, friends, tribes (when it is safe to do so);
- Promotes a warm, loving and safe relationship with caregivers;
- Enables strong, trusting, lasting connections with social workers;
- Engages kind, loving, flexible, trained, diverse caregivers and other personnel (e.g., shares a child's cultural background, language etc.);
- Helps to create an external support system for children;

Environment

- Maintains the identity of the child (e.g., language, culture, religion etc.);
- Takes the perspectives and opinions of children into account;
- Shares information and keeps open channels of communication with the child;
- Provides equality of care and honours children's diversity;

Support and opportunities

- Meets minimum quality standards for health, nutrition, clothing, shelter and non-violence;
- Provides holistic support for each individual child's development (e.g., economic support, emotional support, educational, etc.);
- Provides individualized choices and opportunities for each child;
- Provides robust educational and other development opportunities;
- Provides life skills, planning and other supports for young people leaving care;

Operations

- Is temporary in nature and promotes family reintegration (when safe);
- Includes regular monitoring and provides safe and accessible complaints channels for children;
- Utilizes a not-for-profit model of operation.

Submissions by children and those developed with the participation of children tended to focus on the importance of pre-placement visits, maintaining connections with family, friends, communities and schools, peer-to-peer support, placement with siblings (when safe), supportive, stable, loving relationships with caregivers and social workers, equal treatment for all children and the absence of violence, abuse and neglect.

Submissions also brought to light varying perspectives related to standardizing quality care, with some submissions indicating that whilst quality standards should be implemented for all children in all forms of care settings, it is important to ensure these recognize the need for individualized services and care for each child based on their unique needs.

Several submissions remarked on the absence of a collective agreement on a set of definitions and understandings to specify the conditions of quality care and noted that this lack of common understanding poses challenges for a variety of actors engaged, such as donors, service providers, children, families and others.

2.5.2 Siblings

Research demonstrates that positive sibling relationships can provide a source of resilience for children facing adversity and offer continuity and stability at a time of change and uncertainty. Submissions highlight sibling relationships as fundamental to children's development, mental health and social and relational skills and emotional security. They also explain that separation of siblings can create feelings of grief, loss, guilt, alienation or even trauma.

A majority of submissions on the topic of siblings, including those from children themselves, emphasize the importance of keeping siblings together whenever it is safe to do so. At a minimum, many submissions call for continuity of sibling relationships when the children are not able to live together. A small number of submissions expressed concern about a blanket policy on keeping siblings together, noting that this arrangement may not always be in the child's best interest and reiterated that this decision should be determined on a case-by-case basis rather than by blanket policy.

Many submissions call for actions related to keeping siblings together, such as:

- Taking a broad view of what constitutes a sibling relationship
- Discussing the decision with children and taking their views into account
- Promoting legislation, policy and practice that encourages siblings to be able to stay together (in contexts where it does not yet exist)
- Supporting research on the benefits of joint placement of siblings.

2.5.3 Characteristics of Low-Quality Alternative Care

Submissions presented a long list of characteristics of low-quality alternative care that should be avoided to prevent the exposure of children to violence, abuse, and other forms of harm – and also to ensure that they are able to fulfill their rights and thrive. These include:

Inappropriate placements

- Placing a child primarily for economic or material benefits
- Placing a child at a distance from their home and/or in an isolated setting away from community
- Lack of planning for care placements
- Multiple placements for a child

Health and safety

- Failure to meet the child's basic health and safety needs
- Unclean and unsanitary conditions
- Lack of privacy for children
- Insufficient qualifications of carers
- Punishments that infringe upon the rights of the child
- Violence, abuse, exploitation, including sexual abuse

Services and support

- Inaccessibility of services (e.g., social work support, aftercare support, therapeutic services)

- Failure to provide and prioritize educational opportunities
- Failure to provide individualized care
- Insufficient support for children transitioning out of care

Operations

- Weak monitoring and regulation
- Unnecessary institutionalization
- Failure to ask children their opinions and take their views into consideration
- Failure to provide safe, accessible grievance procedures.

2.5.4 Violence and Abuse

Children living in all forms of alternative care face violence and abuse, according to submissions. Yet some submissions noted that violence and abuse of children in alternative care remains uninvestigated and unpunished in some cases, making it difficult to fully understand or assess the scope of the problem.

Many children enter the care system because of violence, abuse and neglect in their homes. Sometimes children who then enter alternative care are then re-victimized and re-traumatized by those who are supposed to provide a supportive and protective environment. Submissions describe residential homes, institutions and other forms of alternative care that do not have adequate measures in place to prevent physical, emotional or sexual abuse of children.

Forms of neglect and abuse in alternative care ranges widely, such as denial of medical care, nutrition, clothing and sanitation, as well as physical and verbal abuse, psychological punishment, sexual violence, forced labor and other forms of exploitation. Use of physical restraints, violent punishments, and lack of privacy (including use of cameras) are also reported. Girls, particularly those with disabilities, are vulnerable to sexual abuse, denial of reproductive rights, and forced abortion and forced sterilization in institutions, according to submissions. Reports include girls being forced to share clothes and lack of support for menstrual health and hygiene.

All the submissions on this topic called for an end to violence and neglect of children in alternative care. One submission suggested that there may be circumstances in which use of restraints against children may be legitimate and proportionate, and requested further discussion of the conditions of such exceptional use of force towards children.

Submissions also highlighted promising efforts to expose, address and prevent violence and abuse of children in alternative care. The following are several examples:

- A national historical inquiry into abuse in alternative care⁵⁴
- A national-level audit of shelter homes⁵⁵
- A national hotline for children experiencing violence⁵⁶
- Specialized training for national police.⁵⁷

2.5.5 Voices of Children, Young People and Adults with Care Experience

On Moving into Alternative Care

- *Some of us had to move without our belongings and that was hard. Others have spoken about not being able to say goodbye to their carers and one young person told us they went to school then got moved after school.⁵⁸*
- *For many of us it was hard having to live with strangers, and some found them “scary people” at first. It was especially hard if you didn’t really know what was happening and you had no one to talk to about how you are feeling. Some of us found that there was nobody looking out for us emotionally and felt that people didn’t understand what we were going through and thought it was okay to treat us differently from others.⁵⁹*
- *There was a lot of pressure put on me all at one time. There was a lot of change and meeting new people. The hardest part was probably meeting new people.⁶⁰*
- *Having to come into care or having to move placements means a lot of change and that creates a lot of feelings for us. For some it is a relief to be getting away from bad things; for others it’s a wrench to move away from our families or from carers we liked and had a relationship with.⁶¹*
- *Missed playing Xbox, missed my family, didn’t know when I would see my family, missed my pets.⁶²*
- *It’s scary not knowing where you are going or who the people are that you’re moving in with, especially if you don’t really understand why you are having to move.⁶³*
- *It helped visiting the place before moving there, knowing who you’re staying with, understanding what is going on, having people to support you.⁶⁴*
- *We need to understand why we are going into care and what the plans are for us, especially for contact with our family. Where we have a close relationship with our family we need to be able to talk to them on the phone and know when we are going to see them. That’s especially true when we are separated from our brothers and sisters.⁶⁵*
- *All [homes] should provide a photo book or a video that we can see before we move there so that we know what to expect.⁶⁶*

On Communication and Family Connections

- *Good communication is very important to us. The more we know what is going to happen and when, the better it is for us. We need to feel that we are listened to and that our views are taken into account.⁶⁷*

- *I have been in the shelter for three years without visiting home or my family visiting me. I tried calling them but they [have been] making promises they can't keep.⁶⁸*
- *It helped having met my social worker before the move, having my own room, having my teddies, having my own clothes. The fact that I knew who I was moving in with well.⁶⁹*
- *It was hard not seeing my friends, not seeing my Mum, Granny, Cousins and Aunts and Uncles.⁷⁰*
- *Because our families are very important to lots of us, we need to know when we will see them. It's hard when we're not allowed to see our parents and it's even harder if our parents refuse to see us. It's sad when we have to say goodbye to our close friends, too. Some of us had to leave carers that we were close to and that's hard as well.⁷¹*
- *And even if alternative care is necessary, let us keep in contact with our family!⁷²*

Sibling Relationships

- *Getting separated from our brothers and sisters is a big worry for us and if that happens we need to know that they are okay.⁷³*
- *The thing I was hoping was to bring my brothers and be together, and it really happened.⁷⁴*
- *When I look back at my childhood...I am most grateful that I was not separated from my little brother...this anchored us both.⁷⁵*
- *When siblings leave their family home, they must never be separated. There is already enough suffering in going away from their parents.⁷⁶*
- *The bond that connects us is so strong nobody can break it...that connection, I wouldn't want it to somehow break. I would really miss it.⁷⁷*
- *Siblings take care of each other because they support and motivate each other.⁷⁸*
- *...finding out where I was going next helped and because I knew the carer and my sister lived there.⁷⁹*
- *You have to try to keep children together as much as possible. It would have been better if they had kept us (sisters) together. Child services never asked us what we wanted. (Gloria, 16 years old, Netherlands)⁸⁰*
- *If we stay at our school we can keep our friends and the teachers that we know. We have mostly found them really supportive. Sometimes we can see our brothers and sisters if they go to the same school.⁸¹*

On Treatment in Care Arrangements

- *Some of us ended up with no school for a period of time and one of us has experienced of their school records not being transported to the new school. Many of us find it hard to have to come out of school for meetings. It means that we can miss classwork and it also leaves us having to answer our classmates' questions about where we have been. Moving school made things harder.⁸²*
- *We often also have to get used to different food and some of us have found there is a lack of privacy in our placement. And some young people feel that their carers expect them to be perfect, which can be hard to live up to.⁸³*
- *I think it's important for kids who have come from difficult situations to not, sort of, be left to their own devices, especially when you're in a strange and new environment. I think that the constant follow-up is really important and it kind of helps you adjust to the environment as well.⁸⁴*
- *I feel happy because I am always surrounded with love...the care I am given and the support.⁸⁵*
- *...when you don't make them feel like they are not with their biological family, when you treat them like your biological child.⁸⁶*
- *There are people who make you feel like a number and there are others who do not.⁸⁷*
- *The quality of care is very different depending on the institution you are in. (Tatiana, Argentina)⁸⁸*
- *We demand that the quality and equality of the care we receive in the Homes be guaranteed. It does not matter in which province or in which Home we had to be, all our rights must always be guaranteed: to be treated well, to go to school and be able to finish it, to know the record of our institutional life, to the attention of health without over-medicalizing, preparation for independent life, among others.⁸⁹*
- *We need those who cares for us to accompany us in our growth, to treat us according to our age, and to allow us to know our environment and the society where we live; that they respect our decisions about our bodies and the way we dress. However, institutions sometimes hire people who should not work with children and adolescents. Other times, staff rotate too much, and that makes it difficult for us to bond with them.⁹⁰*
- *At the same time, we are discovering our tastes and interests, and we want to develop them. We need opportunities to continue studying beyond basic education, such as vocational, artistic and professional education.⁹¹*

- *Shoes, food and clothes were lacking because there were too many girls.*⁹²
- *I am happy to live in an orphanage. I have clothing, I can study and a roof over my head.*⁹³
- *I was happy when I left the orphanage because I was freer to do my culinary arts internship.*⁹⁴
- *I participated in a programme at the time ... in partnership with the Juvenile court to take the young people to the countryside...it was very important and we felt recognized. (Lynx, 22 years old, Brazil)*⁹⁵
- *People say alternative care is about protecting us – but we think it infringes lots of our rights.*⁹⁶

Violence, Neglect and Abuse

- *For some of us, alternative care was where we were abused – not at home with our families.*⁹⁷
- *That was one question that no one ever asked me growing up – ‘Do you feel safe?’... Maybe if someone would’ve just asked me that as a child, a lot of things, I believe, could have been different in my life.*⁹⁸
- *...at times, we were beaten by different staff with sticks and hose pipes. Emotionally, we all desired to run away because of the abuse . . . It drove me to want to die. (Tanzania)*⁹⁹

2.6 Care Reform

[Adults should] create an environment that enables us. Always respect our rights: at all stages, in all decisions. Give us support tailored to our individual needs. Make sure we know more about rights, and that society does too. Make sure people who work with us know our rights...¹⁰⁰

One of the main issues that surfaced in submissions was the need for comprehensive care reform that would systematically address the challenges of alternative care through a system strengthening approach. Submissions described system strengthening as a process that would overhaul policies, programmes and financing of care to promote strong, well-coordinated and well-resourced child protection systems and avoid myriad dangers for children that are linked to fragmented systems.

Submissions also identified a need to establish social service systems that would provide children in alternative care with core packages of health, nutrition, education, protection and other relevant support. They emphasized the need for universal health and education services for all, as well as specialized and targeted services for children and families facing challenges. Several submissions noted that these packages would need to pay special attention to children with disabilities and children dealing with other vulnerabilities.

When addressing care reform, submissions considered a change in the culture of care systems as an essential aspect of reform. Based on this, they called for States to bring about far-reaching reforms, including:

- Prioritizing the prevention of family separation;
- Phasing out institutionalization;
- Promoting and investing in family-based alternatives, including kinship care;
- Establishing dedicated bodies within governments that are designated to oversee the care reform process;
- Holistic support to children in alternative care that focuses on the individual child;
- Ending privatized alternative care systems;
- Increasing regulation, licensing and monitoring of care;
- Increasing multi-sectoral approaches in care systems;
- Professionalization of the care sector workforce;
- Increasing equity for children with differing gender identities, disabilities and other vulnerabilities;
- Leveraging traditional child protection structures at community level.

*(Note that many of these topics are addressed in detail in dedicated sections of this paper.)

Some submissions also drew attention to the inappropriately adversarial nature of care systems in many contexts that are focused on removing children from family instead of providing the support and services needed to enable these care givers to fulfill their caregiving role more appropriately as required under international law. Some also highlighted the importance of learning the lessons from several Commissions of Inquiry into historical and current abuses in the care system, by ensuring child protection and alternative care services do not perpetuate the harm caused by colonization and discrimination, but instead work to address pre-existing inequalities. Submissions called for a significant cultural and policy shift away from damaging child protection practices to supporting families in adversity, parents, caregivers, and children together.

The exclusion of children with disabilities from care reform movements was also highlighted in the submissions, notably the lack of inclusion of people with disabilities in decision-making, stigma and assumptions. Submissions also cited the prevailing use of a medical model that views disability as something that needs to be 'fixed,' instead of adopting a social model of

disability which recognizes that the global community must welcome and accommodate people living with impairment, instead of changing people to accommodate society.

Submissions also called for broadening the set of actors that are acknowledged and engaged in ensuring high-quality alternative care for children. This means reaching beyond the care sector workforce to agencies from other sectors (e.g., health, education, nutrition, etc.). It also means recognizing actors outside of the public workforce, such as faith-based actors, civil society organizations, and traditional leaders and community networks.

Submissions described progress made in different aspects of care reform in recent years. This includes, for example, efforts to develop a unified assessment process,¹⁰¹ new measures to facilitate case management and mobile teams service,¹⁰² new laws establishing a system for assessing children's need for services,¹⁰³ prohibition of institutionalization of children under three years of age (with some exceptions),¹⁰⁴ introduction of new foster care centres that provide comprehensive services,¹⁰⁵ new mechanisms for providing family strengthening assistance,¹⁰⁶ and a package of minimum services for families.¹⁰⁷

2.6.1 Budgeting and Financing of Care Reform

In many countries public expenditures for children's care and protection have traditionally been weak and have created child protection systems that lack the resources needed to prevent family separation and provide quality and inclusive alternative care when necessary. At the same time many submissions highlighted that governments and other donors are still funding the establishment and maintenance of institutions instead of interventions and programmes that support families and family-based care. Submissions pointed to the need for both a redirection of resources towards family-centred services and family-based alternative care, as well as a significant increase in investment in care reform.

Submissions also emphasized the need for governments, as well as bilateral donors, multilateral donors, and private foundations, to provide the financial and political commitments needed for long-term and sustainable care reform processes. According to submissions, care reform requires consistent, multi-year investments that do not focus only on 'projects' to solve certain problems but take broad systems-strengthening approaches.

Some submissions also pointed to the role and scale of mostly private and unregulated foreign funding to residential care facilities, including from faith-based organizations and the international orphanage tourism and volunteering industry, in undermining the efforts of national governments to reform their care system and redirect resources towards family-based services. These submissions underlined States' extraterritorial obligations to respect and protect children's rights and to prevent violations through institutionalization, abuse and exploitation in residential care settings. They called for measures to be taken by States to ensure Overseas Development Assistance does not infringe upon the rights of children and to regulate their not-for-profit/ charitable sector as well as the for-profit sector under their jurisdiction to prevent violations of children's rights resulting from their overseas activities.

When discussing the need for increased investment in care reform, the submissions unequivocally presented a set of clear priorities, including:

- Redirecting public and private financing towards prevention of family separation and promotion of family and community-strengthening efforts;
- Directing financing towards family- and community-based alternative care (i.e. away from institutional care);^{vii}
- Creating comprehensive child-centred packages of universal services for all families at risk of separation, for children in alternative care and for care leavers;
- Strengthening of child protection systems, social welfare systems and the care sector workforce;
- Including care reform in national fiscal plans and effective allocations;
- Ensuring that national or international funding mechanisms cannot be used to support child institutionalization, nor abuse and exploitation in residential care settings.

To demonstrate progress towards these priorities for financing care reform, submissions shared examples, such as:

- A collaborative mechanism that encourages donor communication, knowledge-sharing and coordination to prevent duplication of efforts and encourage consistent messaging;¹⁰⁸
- Development and publication of guidance on public expenditure and care to encourage deepening donor commitment to invest in care systems;¹⁰⁹
- A care review to study operational costs of the care system and the economic costs of failing to deliver high-quality alternative care;¹¹⁰
- Multilateral funding to strengthen core components of a national child protection system, such as support for quality, non-institutional alternative care solutions;¹¹¹
- Measures taken by some countries to regulate charities' engagement with residential care abroad, including restricting access to government funding, introducing regulatory measures for charities with overseas operations, and issuing travel advice alerting prospective volunteers to the harms and risks associated with orphanage tourism.¹¹²

2.6.2 Legislative and Policy Reform

In many contexts legislation related to alternative care already exists. Submissions described national legislation and policies regarding prevention and strengthening of alternative care of children, such as laws making unnecessary institutionalization of children an offence,¹¹³ frameworks for deinstitutionalization of children, licensing and certification,¹¹⁴ and policies setting parameters for different types of care. Legislation and policies also address prevention of separation, family strengthening, parental rights, support for care leavers, prevention of violence and establishing standards and regulations for adoption, fostering and other care modalities.

^{vii} At the same time, a few submissions called for investments to improve residential care infrastructure.

Notwithstanding these advances, submissions highlighted the need for ongoing legislative and policy reform. They explained that there is an overall lack of international, regional and national legislative and administrative measures for prevention of family separation and for improving the situation of children in the care system. Key areas for additional reform identified in the submissions involve incorporating international conventions into national frameworks, improving application of existing laws and increasing transparency of national policies.

2.6.3 Coordination and Cross-border Cooperation

Improving coordination and cooperation among agencies, information systems and actors with responsibilities related to alternative care is an important theme arising in many submissions. Submissions explained that without coordination, care systems tend to be fragmented and fail to protect children's rights. For example, without effective coordination, referrals between different services can be problematic, leading to situations where young people must navigate a combination of services and are not provided with full 'wrap around' support.

Submissions explained various aspects of coordination that are essential, such as coordination between public and private institutions, between central government and local authorities, among cross-border child welfare systems, and among entities working in different sectors (e.g., health services, housing authorities, educational services and those in the legal systems). Submissions explained that this type of inter-institutional coordination is needed to improve family reunification and tracing, family reintegration, adoption, legal support for families, drug and alcohol prevention, safe migration, monitoring of care and other aspects.

In regard to cross-border cooperation, submissions called for coordination of cross-border information systems, developing formal cross-border and inter-institutional coordination mechanisms, building multinational and binational frameworks and improving cross-border monitoring to facilitate care assessments and service referrals.

Examples of progress towards improved coordination and collaboration include the development of inter-ministerial tables on care policies that bring together diverse groups of state agencies,¹¹⁵ the establishment of a national directorate of care policies charged with execution of public policies related to alternative care,¹¹⁶ and creation of multinational cooperation frameworks.¹¹⁷

2.6.4 Voices of Children, Young People and Adults with Care Experience

- *The children suggested active use of guardianship and amendment of relevant law. They face various difficulties when their biological parents are unable to be contacted or located for a long time, but the court denies application for guardianship because the legal parental right still exists.*¹¹⁸

- *We need child protection systems to be gender sensitive; for our sexual orientations and self-perceived identities to be respected in alternative care. (Tatiana, Argentina)¹¹⁹*
- *I want to help to make care better for children in the future. I feel like I can understand what they need, as I myself have lived in the system.¹²⁰*
- *Support families to avoid separation, use kinship care when necessary; don't break the family connection that we need. (Liliana, Colombia)¹²¹*

2.7 Care Sector Workforce

You need to have the right people –this isn't just a 'job'; this affects our lives and our future. There is a big impact...they need to be there for us.¹²²

2.7.1 Training and Professionalization

Submissions cited lack of training as a key reason for weakness in the care sector workforce. They emphasized the urgent need to increase training, professionalization and regulation of the workforce, and to build a workforce that has a deeper and broader understanding of child development and issues affecting children in alternative care. They reiterated that a well-trained workforce is essential to creating environments where children survive, thrive and meet their full potential.

The need for governments to invest in expanding this workforce was also underlined, to ensure these workers have the capacity and caseload that enable them to effectively undertake prevention work as well as respond to children and families in difficult situations. In that context some submissions pointed to the need to have accurate workforce data and to set targets for an optimal ratio of social service workers, considering the national context and range of needs that must be addressed.

Submissions presented a range of ideas to increase training and professionalization of the care sector workforce, such as licensing or certification programmes, minimum training requirements, publishing and promoting training resources and operating manuals, developing university courses, improving supervision in the workplace, developing communities of practice, and holding seminars, workshops, conferences, and training courses. Several submissions discussed the need for specialized training, such as for working with children with physical and/or intellectual disabilities.

Submissions also discussed the need for a multi-sectoral care sector workforce to expand knowledge, synergies, and resource coordination. They explained that the workforce should reach beyond social workers to include caregivers, educators, healthcare workers, civil servants and others. This is important so that children who are in alternative care systems receive

quality education, timely and quality health care, access to culture, access to decent housing, and other forms of support that go beyond the social service sector. (See also Section 2.6 on Care Reform) Some also raised the need for a nationally (or internationally) agreed upon definition of the social service and care sector workforce.

Submissions cited poor working conditions, insufficient monetary compensation, lack of monitoring and oversight, lax hiring practices, lack of motivation, and excessive demands placed on workers by employers as factors that have weakened workforce performance. They argued that to attract and retain good workers, stronger investment and better, flexible working conditions are needed.

2.7.2 Relationships with Social Workers and Child and Youth Care Workers

Submissions — particularly those from children themselves — noted the importance of the relationship between children in alternative care and social workers and child and youth care workers. They explained that such relations are critical for children’s healthy growth, development and recovery from negative experiences.

They highlighted a range of characteristics that foster positive relationships, such as: the worker’s capacity to express warmth, closeness and sensitivity; willingness to provide information and emotional support to children; and attention to creating stability and continuity for children. They also mentioned the importance of personnel demonstrating commitment to their daily work, having knowledge of each child’s case, and the benefits of integrated, multi-functional teams. Several submissions mentioned high rates of turnover among workers as an ongoing problem, making it more difficult to create meaningful and lasting connections with children.

2.7.3 Voices of Children, Young People and Adults with Care Experience

- *We need better trained staff. (Paraguay)¹²³*
- *[They should] improve the selection of the staff working in the institutions. They often choose people who shouldn’t work with children and youth. (Matheus, Brazil)¹²⁴*
- *I had trouble applying to the university because I had problems with my documents.¹²⁵*
- *To make alternative care a positive experience for children and young people, the caregivers must fulfill the fundamental rights, emotional, social, and financial support. (Pabitra, Nepal)¹²⁶*
- *There should be a checklist of all the things that social workers should do before we come into care or move placement.¹²⁷*
- *The people around us are very important in supporting us when we have to move placements or come into care. There are lots of people who have a very important role.*

They are our social workers, our carers, our parents and family, our school staff, our friends, children's rights officers and the people that come to our meetings.¹²⁸

- *The more that people understand what we are going through and the more they are able to listen to us and make us part of our plan, the better they can support us. We need carers who are friendly and welcoming and have experience of caring for children. We need staff who we can talk to.¹²⁹*
- *Not having a good social worker to help you if needed is hard.¹³⁰*
- *My last social worker... I'll never forget her... because she was there when I needed her, and she would check on me in no matter what type of home I was (in)... It was comforting knowing that she actually cared.¹³¹*
- *It can often feel like we don't have any say and that social workers have gone behind our back. If we don't have a trusting relationship with our social worker we often have no one to talk to about how we are feeling. Sometimes you want them to listen and they talk about other stuff. That's hard too.¹³²*
- *There is a general lack of trust for adults who work in care. What's been done to make that right is too little and too late.¹³³*
- *...I've had 24 social workers assigned to me so far. The one I have now is amazing but children who are looked after should have just one permanent social worker.¹³⁴*
- *Social workers need to take the time to get to know us and build a trusting relationship with us. We need social workers who will listen. They should give us the chance to say what we like/dislike about our placement and help us to sort out any problems.¹³⁵*
- *Many of us don't have any family or a support person to reach out to in times of emotional stress or crisis. We need that one person or support system that can guide us through difficult times. (India)¹³⁶*

2.8 Monitoring of Care

If we are not happy with the rules there should be a chance to discuss them with the carers or our social worker and try and change them or come to an agreement.¹³⁷

Monitoring and review mechanisms provide oversight of services for children in alternative care. These include internal or external monitoring units or oversight bodies, tracking tools, surveys, databases, indicators and complaint mechanisms.

Submissions emphasize that children have the right to have their placements and other alternative care-related circumstances regularly reviewed and monitored. Such monitoring is essential for ensuring that children are not unnecessarily separated from their families and to prevent and address other violations of their rights within the context of care systems. Yet, submissions reiterated that many contexts do not have specific laws, policies, or dedicated resources in place to ensure effective monitoring or regulation of alternative care.

To reform care monitoring, submissions prioritize several aspects, including:

- Independent monitoring
- Systematized tools and quality standards
- Thorough reviews (i.e. beyond cursory health inspections)
- Involvement and participation of children, including those with disabilities and other differences
- Consistent external supervision of care workers
- Regular intervals for review (e.g. monthly, quarterly, annually)
- Transparency of reviews
- Monitoring for care leavers.

Some submissions discussed the use of public inquiries, investigations and commissions. These are often used to address major social problems, such as the abuse of children in institutions. They are widely recognized as a tool for government response to allegations of systemic abuse and organisational failures and can be used to address historic institutional child abuse. They are independent mechanisms, typically concerned with multiple institutions, systemic failures, cover-ups, and allegation involving many victims and spanning longer time frames. Inquiries tend to rely heavily on testimony of survivors, and several submissions underlined the importance of these processes for victims and survivors who want their stories to be heard and on permanent record.

2.8.1 Complaint mechanisms

Many submissions highlighted the critical role of complaint mechanisms in alternative care arrangements through which children can safely report abuses and rights violations. Complaint mechanisms, such as child helplines, can play a critical role in providing a safe space for children to disclose issues they face and to get help with navigating available services.

Submissions described barriers that remain in many contexts for children to access safe complaints mechanisms. These include children's lack of information about existing mechanisms, lack of legal standing for children, lack of standards to ensure the quality of mechanisms, complaints being discarded by adults, time limitations (e.g., only open on certain days or hours), fear of retribution, inaccessibility and fear of potential costs of future lawsuits.

To improve the quality of complaints mechanisms, submissions recommended mechanisms that are designed to meet a pre-determined set of quality standards and are child friendly, accessible, confidential and have guarantees of non-retribution.

2.8.2 Voices of Children, Young People and Adults with Care Experience

- *It is also urgent to create channels of attention so that [we] can report complaints or concerns; since there is no complaints system with 24-hour service in all provinces.¹³⁸*
- *We should have people we can talk to about how we feel.¹³⁹*

2.9 Participation in Decision-Making

Above all, everyone should listen to children and young people and put us at the center.¹⁴⁰

Submissions regarding children’s right to participation within the context of alternative care highlighted the many benefits of participation as well as barriers that children commonly face. They covered participation in decisions that impact their individual care (e.g., administrative and judicial decisions, hearings, assessments), alternative care management and policymaking. Submissions reiterated the importance of bringing forward children’s voices to improve their own care, advance personal development and push towards higher-quality standards of care.

In regard to individual care decisions, submissions highlighted that children in alternative care and care leavers, including children and young people with disabilities, want to be involved in decisions related to their case. This includes decisions about who they live with and how often they see their family members. Yet, submissions also showed that young people feel they are rarely given meaningful opportunities to share their views, wishes or feelings relating to these decisions.

Submissions explained that participation of children in care management should include, among others, their involvement in recruitment and training of social workers and foster carers and decisions about daily structures, such as eating, free time and inspections, and intimate matters, such as expressing love, feelings and sexuality in everyday life.

In regard to children’s participation in monitoring and quality assessment processes, submissions explained that children should be involved in decisions about establishing quality criteria, as well as planning and implementation of evaluations and monitoring and any subsequent reform processes.

Involvement in policymaking should include legislative and public policies at local, national, regional and international levels, according to submissions. This requires strengthening mechanisms and platforms that allow for meaningful participation of children, such as creating child-friendly approaches, creating spaces that are open for children's voices, and empowering children to be engaged.

Some submissions also addressed parents' right to participate in decisions impacting their children and in efforts to strengthen care systems and reduce over-reliance on the use of alternative care. They addressed the need for parents to have better information about how to navigate alternative care and family court systems and highlighted the role that parent advocates and their organizations can play in preventing unnecessary separation, developing community solutions and deepening officials' understanding of parents' and families' experiences.

Among the examples of progress related to the participation of children and parents, including in alternative care decisions, are:

- State provision of independent, child sensitive legal representation to support children's active participation;¹⁴¹
- Reform and modernization of social services to promote participation;¹⁴²
- Launch of international guidelines on adolescent participation and civic engagement;¹⁴³
- Local programmes established to amplify the voices of young people with experience in the care and justice systems and share experience with policymakers, managers, caregivers and others;¹⁴⁴
- A class created and run by parent advocates on the child welfare system; this significantly increased the likelihood of parents being reunified with their children for those who participated, and reunification rates rose even further for those who were partnered with a parent advocate.¹⁴⁵

2.9.1 Addressing Barriers to Participation

Barriers to children's participation in decision-making, (which have been more pronounced in the context of the COVID-19 pandemic, according to submissions), include:

- Inadequate support and information sharing with children about opportunities for participation;
- Adult-centric models of decision-making;
- Exclusion of children from processes on the bases of age or disability, which assumes their incapacity to participate;
- Tokenism and not taking children's perspectives seriously;
- Lack of skills and capacity among adults to support children's participation.

To address these barriers to children's participation, submissions suggest a variety of approaches, such as:

- Ensuring that children are informed, supported and heard;
- Establishing laws and policies to mandate meaningful participation of children;

- Inclusive case management that engages children in decision-making processes;
- Empowerment and building capacities of children;
- Establishing platforms and structures that are child- and gender-friendly and accessible;
- Addressing societal stigma and discrimination based on age;
- Building capacities of adults to support children.

2.9.2 Voices of Children, Young People and Adults with Care Experience

- *It is a common practice in our countries that decisions are made without counting on our voices: they decide for us to which foster care we will go and when we should leave or when to move to another; sometimes they choose about our studies, our routines and our relationships. We must be the protagonists of our own life project.*¹⁴⁶
- *We want to be the protagonists of these processes. We have a lot to contribute, and we are willing to collaborate to advance this issue. It is time for youth participation to be formalized in the design and implementation of the policies that affect us.*¹⁴⁷
- *In general, we do not have opportunities to tell say what happens to us and how we feel while living in institutions. In part, because we don't have the confidence to talk to technical teams or caregivers, or because they don't treat us with respect. In some institutions, assemblies are implemented to work between children and adolescents and the staff on everyday issues, but they do not always work in the best way; especially when we are "tagged" in a certain role.*¹⁴⁸
- *Many children and adolescents may want family separation, but due to family pressure, they do not dare to say it. Likewise, children should be consulted before being sent to alternative care settings. (Paraguay)*¹⁴⁹
- *What would motivate children and young people to share their views regarding your care and protection? (Guatemala)*¹⁵⁰
 - *Help them to raise their voices, listen to them, support them and unite us.*
 - *Telling them first what rights they have.*
 - *Giving them the necessary tools so that they can express what they want to say and be able to be attentive to what they always long for in their hearts.*
 - *Provide them with different decision-making spaces that are taken into account, because not only adults have the answers, but children and youth also have the right to raise their voices.*

- *Giving us the opportunity to express ourselves and thus raise our voices.*
- *We demand the provision of sex education... We demand digital participation.¹⁵¹*
- *For us it is important to participate in decision making. (Jasmin, Argentina)¹⁵²*
- *We want to be asked what we think about the care we receive. We have the right to participate. And be supported to develop our independence progressively (Matheaus, Brazil)¹⁵³*
- *...they did what was in my best interests, but I wasn't able to make decisions myself. (Care leaver, Ghana)¹⁵⁴*
- *We have found it helpful when we have had a chance to visit and meet the carers, especially if we have been able to have a say in whether it's the right placement for us. Then it is less like we are moving in with strangers and we can get the chance to know the rules and routines of the placement.¹⁵⁵*
- *The children expressed that it is important to explain the situation to the child and reflect on the child's opinions when foster care begins and ends.¹⁵⁶*
- *When we have meetings, social workers should check with us when it is best to have them. If they are held during school time we often have to answer questions from our classmates about where we are going.¹⁵⁷*
- *If we are not happy with the rules there should be a chance to discuss them with the carers or our social worker and try and change them or come to an agreement.¹⁵⁸*
- *We should always know what the plan is for us, especially the plan for contact with our family where that is important to us.¹⁵⁹*
- *It makes it easier for us if we feel we are listened to and have some choice in things.¹⁶⁰*
- *They should find out what are our likes and dislikes and, for example, whether we are able to live with animals or not. Some of us like animals but some of us can be allergic or scared of animals.¹⁶¹*
- *You were in the hot seat and everyone's staring at you, and everyone's going to read out everything about you. And it's the same thing all the time. It's not like now you're older, let's talk about something different. It's the same things I told you when I was 11 years old, when I was 15, it's the exact same, you asked me the*

*same questions...it's not really going to change. It's the same generic questions that you asked everyone.*¹⁶²

- *She [the child] said that the case manager had consulted with her parents and had not given her any opportunity to contribute to the discussions. She said that spending three years in the institution had damaged her education as well as being harmful to her emotionally.*¹⁶³
- *We are meant to have the right to be heard - but adults often ignore this. Going into alternative care takes away the power we have over our own lives.*¹⁶⁴
- *Adults think they can protect us – but we need to have a say too, and we don't need heroes!*¹⁶⁵
- *Children are more capable and thoughtful than adults often think.*¹⁶⁶
- *We want you to listen to our families, too - they want what is best for us.*¹⁶⁷

2.10 Children at High Risk of Separation and Care Placement

*My wish is to have equal opportunities and to have access to all the projects, proposals and financial aid that other young people have who, like me, are about to turn 18 and do not have disabilities. (A.A.R, 17 years old)*¹⁶⁸

Submissions pointed to some children at particularly high risk of family separation, care placement and challenges after placement, which includes (but is not limited to) children with disabilities, indigenous children, unaccompanied migrant and refugee children, children living on the streets, children deprived of liberty, trafficked children and children of imprisoned parents, among others.

2.10.1 Children with Disabilities

Children with disabilities (both physical and intellectual) often face higher risks of family separation and institutionalization than other children. Submissions provide a multitude of reasons for this, including:

- Lack of community-based support services and home-based services that are suitable for the individual child;
- Stigma, discrimination, negative traditional attitudes, and other obstacles created by society;
- Poverty and lack of financial assistance for families to help cover disability related costs;
- Discriminatory laws that force institutionalization, hospitalization and/or treatment;

- Legal and administrative barriers for accessing services (e.g., eligibility criteria);
- Use of the medical model approach (i.e. disability is viewed as an illness) and mental capacity assessments that tend to exclude children and parents from decision-making.

Children with disabilities living in institutions may face poor conditions, neglect, violence and/or abuse. Submissions described a wide range of negative treatments faced by children with disabilities who live in institutions, group homes and foster care. For example, submissions described children being placed together with disregard for individual circumstances like age, sex, interests or the right to a family-like environment. They describe various forms of maltreatment affecting children with disabilities in alternative care, including physical, psychological and emotional abuse, neglect, languishing in facilities for indefinite periods, harsh punishments, sexual abuse of girls and boys, sexual and reproductive health and rights violations, and denial of access to justice. Risks of harsh discrimination, maltreatment and denial of rights tend to be exacerbated for children with disabilities who also have other intersecting vulnerabilities, such as girls, indigenous children, refugee and migrant children, gender non-conforming children, etc.

Children with disabilities who are not separated from their families may not have access to equitable and individualized support and services they need, which can put them at risk for future separation. This is especially true for children who live in rural and remote communities and for children from indigenous families/communities where specialized services are less frequently available. Rehabilitation and other services (e.g., technical aids, cognitive support) for children with disabilities often place a heavy financial toll and burden of care on families; they may wind up using a combination of uncoordinated services that are sub-optimal for the child and can lead families to resort to placement in an institution.

As children with disabilities often have heightened risk of separation from their families due to discrimination, lack of services, and other factors, preventing the separation of children with disabilities is a key theme raised by submissions. Suggestions for preventing separation include:

- Provision of specialized and personalized services and support (e.g., in home services, inclusive education, early detection, family support, personal assistance) that are suitable to children's individual needs;
- Provision of crisis and early childhood intervention and diagnosis information;
- Inclusive policies to provide equal opportunities for children with disabilities;
- Provision of training, information, support (including peer support) and guidance for parents and families learning to care for a child with disabilities;
- Campaigns to shift social norms;
- Support and assistance in marginalized or vulnerable communities;
- Participation and empowerment of children with disabilities and parents/families;
- Availability of relevant statistical data and information (e.g., related to custodial status).

Another key issue raised by submissions is the failure of adults to consult children with disabilities about choices concerning them and/or failure to respect children's opinions.

This can lead to a range of harms, such as forced use of medication and violence. Submissions explained that for some children with disabilities to be able to express their views, it is essential for them to receive sufficient and comprehensive information about their care. As this support is often not provided, submissions explained that children with disabilities often remain invisible and unseen by decision-makers, service providers and society as a whole.

Submissions also noted that accurate, reliable and comparable data about children with disabilities is often not available, which makes it even more difficult to deliver inclusive programmes and services that meet their needs.

2.10.2 Indigenous children

Indigenous children are often over-represented in the child welfare and criminal justice systems. Submissions explained that systemic causes, such as discrimination and racism, have led to historical separation of indigenous children from their parents. Today, cultural differences, particularly different family structures, can also lead to adverse decisions by juvenile justice, welfare and other agencies causing ongoing separation. Submissions also explained that the effects of separation in past generations can contribute to further separation of children from their parents in a cyclical manner.

A wide range of themes related to the separation and institutionalization of indigenous children surfaced. The following are several examples:

- Presence of systemic inequities and discrimination, including efforts to destroy indigenous cultures around the world;
- Children becoming cut off from their history, culture, traditions, and ancestry;
- Children being taken into custody immediately after their birth;
- Historical separation causing intergenerational trauma;
- Customary and kinship care models for indigenous children;
- Structural racism in the care and protection systems adversely affecting indigenous children in the systems;
- Exclusion of indigenous children and their advocates in decision-making processes.

2.10.3 Refugee, Migrant and Unaccompanied Children

Submissions related to children on the move address refugee and migrant children, children seeking asylum, children displaced across borders and within national borders, and unaccompanied and separated children. The following are some of the issues that arose related to their alternative care:

- Children who are seeking asylum and other migrant children (including those with disabilities) may face detention (sometimes for prolonged periods) and other forms of abuse or neglect;
- Compliance with laws and policies intended to protect refugee, migrant and unaccompanied children is often inconsistent;

- Within alternative care systems, children who do not have a state nationality are not always treated equally compared to those with a nationality.;
- Family reunification for refugee and migrant children can be overly restrictive (e.g., fees, complex procedures) and in humanitarian contexts mechanisms for family reunification (particularly cross-border reunifications) may be inadequate;
- Legislative and policy protections may be weak and/or politicized, leading to expulsions, criminalization, detention, pushbacks and family separation;
- Humanitarian emergencies create added complexities related to placement of children in alternative care;
- Unaccompanied migrant, asylum-seeking and refugee children are not always offered the same standards of alternative care as children already in the country (e.g., over-reliance on institutions for unaccompanied children);
- Local authorities tend to lack training and guidance for responding to unaccompanied or separated children (particularly in humanitarian contexts) and addressing alternative care needs;
- Insufficiencies related to recruitment, screening, training and support of reception families;
- Alternative care placement options (particularly in prolonged humanitarian contexts) for unaccompanied children (e.g., homeless children, children living on the streets, etc.) may be limited or non-existent.

Some progress is reported on efforts to address these challenges, such as a pilot programme to use foster care as an alternative to detention for asylum seekers,¹⁶⁹ provision of economic and social support for adolescents to facilitate deinstitutionalization of unaccompanied migrant children outside their home countries,¹⁷⁰ use of supported independent living arrangements¹⁷¹ and development of a regional network of authorities and agencies to promote and improve guardianship for unaccompanied and separated children.¹⁷²

2.10.4 Voices of Children, Young People and Adults with Care Experience

- *I have a mild mental disability as a result of the mistreatment and violence by my parents... Sometimes I fell to the floor without knowing what had happened to me...today I wonder what will become of my life when I am 18 years old...It seems that if I have a disability, I am not covered by the Egress Law, even when I can speak, walk, say what I think, play... My wish is that they see me as what I am: a quiet, respectful boy, a friend of my friends, who likes football and listening to music. (A.A.R, 17 years old)¹⁷³*
- *The child explained that her group home did “everything in their power” to connect youth with their indigenous cultures by bringing elders and practitioners in to teach them.¹⁷⁴*
- *Some indigenous youth said they had been placed with caregivers who were “very against indigenous traditions and practices” because they were not the*

same as their own. Youth identified the importance of caregivers being trained in indigenous traditions and culture, ensuring the “child sees themselves reflected in the house” and of being given support to attend youth to cultural events – such as provision of information and transportation.¹⁷⁵

- One indigenous youth described her placement in a group home on her reserve, where all staff were indigenous, as a very positive experience, saying “that was the first group home that I really felt a part of something... just being there and being surrounded (by) people with similar background and, you know, most I was actually related to. (I)t was just good knowing that I had someone like me and – right down to culture – alongside me, going through this journey with me. I wish it would have been a suggestion for me earlier in the game.”¹⁷⁶

2.11 Leaving Alternative Care

*At what age does care stop? Being prepared to live alone, without any support from your family, isn't just about being able to cook and clean. We need to be physically, mentally and emotionally prepared for living independently.*¹⁷⁷

2.11.1 Inadequate Preparation and Support for Care Leavers

Many submissions described severely insufficient preparation for children transitioning out of alternative care — explaining that accompaniment during the transition towards an autonomous life is often not part of care systems, policies or legislation. They described the importance of a progressive transition towards autonomy, which includes preparation from an early age. Inadequacies related to preparation for leaving care described by submissions include failure to:

- Develop individualized plans for independence and self-reliance from early childhood;
- Inform care leavers of options for continuing support in a timely manner;
- Consult care leavers about available support options (e.g., continuing education, vocational training, life skills training, etc.);
- Include care leavers in decision-making related to their transition;
- Provide support for job searches and university applications;
- Make early introductions to community, peer and mentorship networks;
- Provide support (when safe) for family reunification services;
- Include preparation for aftercare programmes and policies.

Submissions also explained that support services for young people transitioning out of care are often not guaranteed, and when they do exist, they tend to be unregulated, not standardized, have arbitrary and inadequate time limits and fail to meet the young person's needs.

Submissions also flagged the scarcity of data about care leavers as a pressing challenge.

Examples of poor aftercare support include failures to:

- Provide safe and affordable housing;
- Provide continued and accessible support for educational advancement, income generation, life skills training and other key areas;
- Provide adequate, appropriate and enduring (e.g. up to a certain age, such as 25 or 26) financial support;
- Include them in social protection and other welfare programmes, and ensure that they have the requisite identity documentation to be eligible for these programmes;
- Develop and adhere to a clear and transparent discharge strategy or policy;
- Provide support for social and emotional health and well-being;
- Provide legislative guarantees for aftercare support;
- Provide consistent monitoring of the situation of each care leaver;
- Address the unique vulnerabilities of female care leavers and care leavers with disabilities and/or other vulnerabilities;
- Provide care leavers with access to the digital world.

2.11.2 Impact of Poor Aftercare

When young people leaving care do not get adequate support they can end up in dire circumstances, which has the potential to unravel any progress they have made during their time in alternative care. The optional nature of support beyond the age of majority, which often leads to a sudden end of overall support, called “dry outings”, can have a devastating impact on the future of these young people.

Submissions explain that in these circumstances young people, particularly those with disabilities, have to suddenly manage on their own without the tools, skills or capacities to do so. This can leave them marginalized, stigmatized, isolated and exposed to risk of poverty, mental health and other challenges.

A harmful cycle can leave them with no confidence in their own agency, lacking basic life skills, with disrupted education, and with little or no job opportunities. This in turn can crush their aspirations, push them to menial jobs and increase societal stigma against them. All this can lead to immense mental stress. Without access to support services, outcomes can include substance abuse, homelessness and unemployment and suicidal tendencies.

2.11.3 Examples of Progress

While the vast majority of submissions focused on the inadequacies of support, several shared stories of progress. The following are some examples:

- A programme that aims to integrate the concept of ‘emerging adulthood’ into all transitional and care leavers’ services, and policy initiatives such as tax exemptions for care leavers and financial aid for care-experienced students.¹⁷⁸
- A cross-sector alliance of organizations to support parents, caregivers, managers and decision-makers that launched a care leavers covenant that takes a holistic approach and focuses on the well-being and needs of care leavers transitioning into adulthood.¹⁷⁹

- A programme that enables young people to receive support until their 26th birthday and encourages and empowers them to remain in positive care settings until they are ready to move on, with sufficient skills and emotional and psychological capacities.¹⁸⁰
- A programme that aims to improve care leavers' access to and completion of tertiary education.¹⁸¹
- An accompaniment programme for young people leaving care to help them build autonomy and provide support finding a place to live, finishing studies, starting a career, looking for a job, making financial decisions, accessing healthcare and information on sexual health, obtaining identification documents, and strengthening networks and their awareness of rights and responsibilities. The programme also provides the young person with a monthly economic allowance.¹⁸²
- A national law that recognizes the right of each child to have accompaniment during the process of transitioning out of the care system.¹⁸³

2.11.4 Voices of Children, Young People and Adults with Care Experience

- *We need to have programmes to help us finish school; find decent jobs and live in dignified conditions; and programmes to help us develop skills for independent living. (Genoveva, Mexico)¹⁸⁴*
- *A place to sleep is a basic necessity. However, we face challenges in finding accommodation because of financial constraints. In some instances, people are hesitant to have us as tenants because of lack of proper identity documents or due to our experience in care. (India)¹⁸⁵*
- *Before and after leaving the child and youth care centre I hadn't received any support whatsoever and this made my transition into the 'real world' extremely difficult. Towards the end of 2019, I found myself being absorbed in alcohol and neglecting my personal well-being. I had no one to talk to and had lost my sense of belonging. I was a college dropout and homeless by the end of November 2019." (Mpho, 20 years old, South Africa)¹⁸⁶*
- *[When I] turned 18, that stability ended. I came into the risk of homelessness and insecure housing because it was suddenly deemed, overnight, that I was an adult now and able to support myself independently. (Ireland)¹⁸⁷*
- *We need a proactive rather than a reactive approach to mitigate the challenges and adjustment difficulties faced by Care Leavers.¹⁸⁸*
- *We can and want to give back but support us in this process.¹⁸⁹*
- *They must improve the system of training because life outside is not simple. Take time once a week to teach us how to cook rice, how to cook beans, how to eat. Teach us how to wash clothes. (Orion, 20 years old, Brazil)¹⁹⁰*

- *We are not prepared to face autonomous life. (...) You are not prepared for what life is like out there, you are kept in a bubble and in reality society does not work that way. (female adolescent, Colombia)¹⁹¹*
- *Four weeks is all I got to find a job, make sure I've got everything. I walked in at one point and my carer just went, 'you're leaving in four weeks'. Like, alright. I haven't even received a text from her to say, 'Are you okay? Do you need anything?' It's been 'bye', no more contact. No more nothing. You want something from her? No. That's why I'm afraid to text her, I don't like her anymore. (Bennett, UK)¹⁹²*
- *They just tell you: 'What are you going to do? Do you have any idea what you are going to do when you graduate?' They ask you that and leave you in a bind. You don't even have the slightest idea what you are going to do (...). And that is where I was a little scared. (Bolivia)¹⁹³*
- *Already with the follow-up it gave me much more security knowing that I was not alone, and more apart from the fact that I was followed with psychological support when I was already outside the institution ... (Mexico)¹⁹⁴*
- *I entered the residential care institution when I was 11 months old, that is, I was a baby. Obviously, no one told me anything ... when I grew up they didn't tell me anything either, I just knew. When the girls turned 18, they were gone. (Mexico)¹⁹⁵*
- *In our experience, the encounters between adolescents who are going to graduate from institutions and young graduates are also very positive. Knowing how our peers live after graduation helps us imagine and prepare for what is to come.¹⁹⁶*
- *They communicated to me [about ending the programme] ... informed me, told me, I saw the others who were leaving at 18 and I already knew. (Bolivia)¹⁹⁷*
- *If you want to study more, but it is very expensive and you don't have money, you should choose something with a lower price or stop studying. (Bolivia)¹⁹⁸*
- *Children in normal families are supported until they are 24 years or older. We, who have none of [this family support] are sent out on our own at the age of 18. This is highly unfair...The system is failing us. (Bolivia)¹⁹⁹*
- *I am a young man about to turn 18 years old...and the truth is that I don't know [basic life skills]! Because they never taught me to go out to buy [something] at a kiosk, or to go to...a bus. (A.A.R, 17 years old)²⁰⁰*
- *We need more support for the transition to independent living, particularly to have a place to live after Home.²⁰¹*

2.12 Data and Recordkeeping

We want more participatory research on our strengths, resilience and on challenges.²⁰²

2.12.1 Data

Submissions point to data as an essential tool to monitor conditions for children in alternative care and to inform funding, policy, programme, and other decisions about children's lives. They also note that accurate and reliable data is essential to guide care reform efforts, for understanding risks and protection gaps that children face, and for generating knowledge about each individual child's personal history.

However, accurate and reliable data about children in alternative care around the globe is spotty and tends to exclude certain categories and issues. Submissions point to the following gaps:

- Accurate, reliable and disaggregated data on all children without parental or family care and those in alternative care by types of placements or care arrangement;
- Data on children and young people who have left care, including those who are missing or who have died in care, and the situation and experiences of care leavers;
- Data on all abuse complaints in alternative care, including actions taken and follow up;
- Children and young people affected by parental imprisonment;
- Data on LGBTQI+ children in alternative care;
- Educational attainment of care experienced people;
- Benefits and detriments of different types of care arrangements;
- Children sent into alternative care arrangements across national borders.

To improve collection and availability of reliable and accurate data, submissions call for:

- Improved data collection methodologies and systems for children, including administrative and statistical data for all children outside of family care and in alternative care, disaggregated by age, gender, sexual orientation, disability, race, nationality, ethnicity, education, economic status, type of placement or care arrangement, etc.;
- Improved transparency in national budgets;
- Increased programmatic data on trends, drivers, good practices and patterns related to alternative care of children;
- Robust longitudinal research on quality of care, obstacles and challenges of care, etc.;
- Improved indicators for systematic monitoring and evaluation of outcomes for children;
- Investing in effective monitoring and evaluation of services for vulnerable families and children without family care.

Several submissions focus specifically on the importance of maintaining full and accurate personal records for children in alternative care and ensuring access to these records by children and parents. In particular, they explain that making records readily available to individuals who have suffered harm can be part of healing and redress processes.

Some promising examples of progress on data and recordkeeping include a multi-national project to carry out a comprehensive mapping of child protection data systems;²⁰³ a comprehensive package to guide collection of data on children living in residential care settings;²⁰⁴ and a national framework for recordkeeping on children in out-of-home care with standard recordkeeping principles.²⁰⁵

2.12.2 Voices of Children, Young People and Adults with Care Experience

- *...so I don't know where I originate from ... I don't know and obviously my children and grandchildren will have the same problem, you see it goes down in generations (female, 64 years old, Australia)²⁰⁶*

2.13 Accountability and Access to Justice

My rights weren't respected (Care leaver, Ghana)²⁰⁷

Submissions explained that children in alternative care may come into contact with the justice system as victims of rights violations or as witnesses to rights violations of others.^{viii} They may be involved in proceedings to seek access to services or other benefits needed to protect their rights, or in proceedings regarding their care placement, care plan, during a care review or the appointment of a legal guardian. Children and adults who were placed in alternative care as children may also be engaged in formal inquiries or historical commissions related to alternative care.

Most prominently, submissions underlined that child protection and alternative care systems tend to lack accountability to children and make it difficult for them to access justice, especially in a manner that is independent from their parents or guardians. Some submissions raised a specific concern about the inherent conflict of interest when a residential care facility or service provider is also the child's legal guardian, which can lead to law enforcement bodies and courts disregarding reports of abuse of children, especially those involving children with disabilities.

Many submissions described a lack of recourse to justice for violations committed against children in the context of alternative care. Submissions provided details about the types of barriers that children and adults who were placed in alternative care as children face in seeking

^{viii} Children may also come into contact with the system for being accused of violating the rights of others. See section 2.14 below Other Essential Considerations: Children in Conflict with the Law.

accountability and note that indigenous children, unaccompanied children on the move, children with disabilities — particularly girls with disabilities — and other children with intersecting vulnerabilities tend to face additional barriers.

Examples of barriers include lack of necessary information, lack of child- and gender-friendly systems, financial burden of engaging in judicial processes, denial of legal standing for children, lack of technical support (e.g., ombudsperson) and prohibitive cultural or social norms. Submissions also mentioned government failure to uphold laws and policies intended to ensure children’s access to justice.

Submissions presented a range of suggestions for improving access to justice and accountability for children and adults who were in care as children. These include:

- Development or revision of redress schemes for survivors of institutional abuse (including monetary and non-monetary reparations);
- Issuance of official apologies to survivors of institutional abuse;
- Increased use of truth-seeking and memory processes;
- Legislative and policy reform to eliminate impunity for abuse in care settings;
- Removing all statutes of limitation to enable individuals to report human rights violations they suffered as children in alternative care and ensure they can bring their complaints before the courts;
- Prohibiting residential care providers or service delivery organizations from legal guardianship of children in their care;
- Providing children access to justice, independently from their parents or legal guardian;
- Increasing availability of information, legal assistance and other technical support for children;
- Supporting further research into the concepts and realities of access to justice for children in alternative care;
- Increasing use of large-scale, formal and independent investigative commissions;
- Use of mandatory reporting for adults with knowledge about rights violations.

2.13.1 Voices of Children, Young People and Adults with Care Experience

- *Our families aren’t the only people who should be held responsible for their actions.*²⁰⁸
- *It’s impossible to get on with our lives if we are scared of what the government will do to us.*²⁰⁹
- *If the government focused on solving big problems, alternative care would not be needed.*²¹⁰

2.14 Other Essential Considerations

Despite being in [this country] since I was a child, my local authority did not complete the necessary documentation to make me a citizen. I only found this out when I applied to university and was almost prevented from being able to go. (Britain)²¹¹

Some submissions raised additional issues for the Committee's attention. Some of these have been touched upon in other sections of this paper, while others are mentioned here for the first time.

Adoption: Key issues raised by submissions include the importance of strengthening national adoption systems as part of care reform and phasing out institutional care; concerns about the exclusion of children with disabilities from adoption programmes; steps taken towards regulating adoption, including the suspension of inter-country adoption by one receiving country as a result of reports of abuse in that system and documentation of negative consequences, including the permanent loss of original family ties, culture and language.

Children in Conflict with the Law: Key issues raised by submissions include high levels of criminalization among children in residential care and care leavers, which relates to bail reform, age of criminal responsibility, access to legal assistance, children with challenging behavior in alternative care, and awareness-raising among administrative and judicial authorities.

Cross-Border Systems: Key issues raised by submissions include the need for stronger cross-border information and coordination systems for family tracing and reunification, cross-border alternative care placements of children, cross-border monitoring for unaccompanied children, and the establishment of international standards and good practices on cross-border work related to children and alternative care, trafficking and smugglers.

Children Living on Streets: Key issues raised by submissions include ensuring appropriate care for children who live on the streets, expanding innovative practices for tracing and supporting children living on the streets and preventing care leavers from winding up on the streets.

Deprivation of Liberty: Key issues raised by submissions include ending and regulating placement of children in detention facilities (including in the context of migration pushbacks) and managing care of the children of adults who are deprived of liberty.

Education: Key issues raised by submissions include improving educational outcomes for children in alternative care (including and beyond academics) and education for parents, caregivers and the care sector workforce.

Gender and Sexual and Reproductive Rights: Key issues raised by submissions include care for gender non-conforming children, provision of sexual and reproductive health and rights, recognizing children’s sexual identities, gender-specific neglect and harm, equitable distribution of care for girls and boys, and gender stereotypes and sexist behavior in alternative care settings.

Identity and Birth Registration: Key issues raised by submissions include:

- Discriminatory civil registration processes or nationality laws that can lead to childhood statelessness as well as family separation;
- Children being deprived of legal identity documents because of the failure of care operators to obtain or maintain proper documentation of children’s identity and family connections following their admission into care;
- Lack of international guidelines on maintaining children’s identity in care placements (legal, cultural, religious, linguistic etc.);
- Modifications of children’s identity in alternative care settings, including the practice of ‘paper orphaning’, undermining contact with the family of origin and the possibility of reunification;
- Deprivation of children’s identity in the context of emergency and migration, being compounded by inadequate mechanisms in place that do not facilitate an immediate search for information concerning family background.

Mental Health: Key issues raised by submissions include addressing trauma and bereavement for children in alternative care (particularly in the context of the COVID-19 pandemic) and limitations of mental health and therapeutic support in care and aftercare.

Orphanage Tourism/Volunteering: Key issues raised by submissions include the harms associated with ‘orphanage’ tourism and volunteering, including the role they play as ‘pull’ factors that incentivize and create a demand for children to be separated from their families and institutionalized, and the linkages with child exploitation and trafficking, including the use of orphanages as venues for the sexual exploitation of children in travel and tourism. Examples are provided of increasing steps being taken by the governments of both destination and sending countries to regulate for-profit tourism and voluntourism entities as well as regulate charities’ engagement with residential care facilities.

2.14.1 Voices of Children, Young People and Adults with Care Experience

- *I was treated as a number, or a person without a personality. (Care leaver, Egypt)²¹²*
- *[Reasons for living on street: (Brazil)]²¹³*
 - *Because my parents did not like me and we fought a lot;*
 - *Because I felt safer in the ‘mouth of the fire’ than in my own home with my drugged-up mother beating me all the time.*

- *The [mental health service] is not 24 hours and, even after going to the Emergency Department, I still had to wait 18 months before getting help.*
- *Losing our families makes us feel sad, angry, and stigmatised.*²¹⁴
- *It has an impact on our mental health, and we don't have the people we need to help.*²¹⁵
- *This shapes who we are and who we will be - it takes away our trust and hope.*²¹⁶

3 Key Recommendations

The following are overarching recommendations that synthesize key themes and suggestions raised in the submissions.

Addressing the impact of COVID-19 pandemic on children's care

- States should 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.
- States should ensure that child protection services are recognized as emergency life-saving services and service providers as frontline workers to ensure continuity of high-quality care of children during the COVID-19 pandemic and future public health or other emergencies. States should also increase support services to vulnerable families at risk of separation due to the impact of the pandemic.
- States should prioritize provision of mental health and psychosocial support for workers, carers, children, and care leavers associated with alternative care, and provide added support for children suffering trauma in the context of the COVID-19 pandemic.
- Governments, service providers, donors and researchers should also learn from, and build on, examples of innovative, preventative work enacted during COVID-19 which have allowed a recognition of families' strengths and assets, leading to increased trust, and a more equal partnership approach that can help keep families together. The planning for the recovery from COVID-19 should be a catalyst to build and fund stronger child protection and care systems.

Prevention of Family Separation

- States should address 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. This includes increasing provision of inclusive and accessible family-based and community-based services for children, including for children with disabilities.

- States should put in place measures to combat stigmatizing attitudes and harmful beliefs, which place children at risk. Stigma and discrimination based on disability, sexuality, gender, ethnicity, immigration, and caregiver marital status, amongst others, continue to play a significant role in which children are placed in care.
- States should prioritize family-friendly policies and other measures, such as parenting programmes aimed at strengthening and supporting parents and families, and scale-up child-sensitive, gender-responsive and inclusive social protection programmes linked to inclusive community-based services.
- States should ensure that social protection measures take into account the disability related costs of caring for a child with a disability, including the economic impact of a caregiver having to choose between caring for their child or being able to work. Without these protective measures in place, a caregiver may be forced to place a child with a disability in an institution to maintain their income.

Care Reform

- Governments, bilateral donors, multilateral donors, and private foundations should adopt long-term investment approaches that enable authorities to shift to alternative care strategies that:
 - Take a multisectoral and coordinated approach to strengthen families and prevent family-child separation
 - Strengthen relevant national and multi-national legislation and implementation of international standards, frameworks and guidelines
 - Train the social service workforce and provide support for caregivers
 - Provide family- and community-based alternative care services
 - Transition from institutional to family-based care models (e.g., kinship care, foster care, legal local adoptions, traditional guardianship models)
 - Prepare and support care leavers
 - Strengthen coordination and formal cooperation mechanisms, including in cross-border contexts.
- States should develop time-bound and budgeted national deinstitutionalization plans and undertake relevant investments and other reforms to phase out institutional models of care for children.
- States should pursue innovative and sustainable financing modalities and embed care reform within national budgeting and finance planning.
- States should ensure that national or international funding mechanisms, including Overseas Development Assistance, cannot be used to support child institutionalization,

abuse, exploitation, and other infringements of the rights of children, and that they regulate their charitable and corporate sectors to prevent violations of children's rights resulting from their overseas activities.

Quality Alternative Care

- States should promote models of alternative care that use a comprehensive protection approach, focusing on delivery of high-quality care that is safe and appropriate for each individual child. This involves development and implementation of clear and equitable minimum standards of quality for use in all alternative care settings.
- States should expand the package of cross-sectoral support for children in kinship care and their caregivers and ensure equitable access. This includes financial, practical and emotional support and building societal awareness and acceptance. International actors should set minimum standards for protection of children in kinship care and reaffirm the rights of children in kinship care.
- States should undertake efforts to expand and professionalize the foster care system, including expansion of foster care programmes to make foster care more accessible and appropriate for more children, including those with complex support needs, increasing oversight on appointment of foster care parents (i.e. placements), regulation and monitoring of placements, and increasing research to build a deeper evidence base on beneficial foster care practices.
- States should institute laws and policies to keep siblings together (and at a minimum ensure preservation of contact between siblings) whenever it is safe to do so and in line with the child's views and wishes.
- States should take all appropriate legislative, administrative, social, and educational measures to protect children in alternative care from all forms of violence, exploitation, abuse, and neglect, including physical and verbal abuse, psychological and physical punishment, sexual violence, the use of physical and chemical restraints, isolation, excessive or improper use of medication and mistreatment, forced labor and other forms of exploitation.
- States must also increase protection and strengthen efforts to end all violence, discrimination and other forms of harm committed against girls and gender non-conforming children in alternative care, including girls with disabilities and other vulnerabilities, and provide support to children who have suffered such harms to safely pursue remedies. States should also incorporate a gender perspective into protection and alternative care systems, including in relation to different gender and sexual identities. States should also work to raise awareness to change discriminatory social and gender norms that negatively impact vulnerable families and children in alternative care.

Children At High Risk of Separation and Care Placement

- States should enhance investment and support for children with disabilities by increasing community and home-based services, supporting parents and families caring for children with disabilities, ensuring equitable access to education, and increasing efforts to shift social norms to end discrimination and stigma for children with disabilities. It is also essential for States and other relevant actors to promote participation of children with disabilities and their families in relevant decisions and to include a gender perspective in all laws, policies, strategies and approaches to increase protection of girls with disabilities in alternative care settings.
- States must ensure that: indigenous children are not removed from their family and community unless they pose a danger to the family or community; any placement is with a member of the child's family (as defined by local custom and practice) or community as the first priority; child welfare policies and juvenile justice laws reflect structural disadvantages and intergenerational effects of past removals; the right of indigenous people to self-determination is at the core of all policies; and transparency and accountability for experiences of indigenous children in care systems are prioritized.
- States should develop national strategies for the inclusion of unaccompanied migrant, asylum-seeking and refugee children into national child protection systems in a non-discriminatory manner, which recognize the need to support different vulnerabilities, and which meet international, regional and national standards. These should include refugee, migrant and asylum-seeking children in alternative care programmes, granting access to essential services, ending all immigration detention of children, refraining from adverse border control policies, facilitating family reunifications and ensuring provision of legal counsel to all children.

Leaving Alternative Care

- States should adopt and implement policies and laws to institutionalize support for young people leaving care to ensure that they have ongoing access to a comprehensive array of appropriate services and support, including but not limited to safe and affordable housing, financial support, linkages to educational and employment opportunities and community networks, life skills training, holistic health and mental health support and digital platforms. Policies should also ensure that care leavers have guaranteed participation in decision-making processes regarding their futures and that their ongoing support undergoes periodic monitoring and review.
- States should ensure that care leavers networks are supported and provided with sufficient and stable funding as these networks play a critical role in facilitating access for care leavers to services and information, providing training and peer support both during their transition from care and after it, and strengthening their abilities to advocate for their rights and to strengthen care system.

Participation in Decision-Making

- States must reform laws and policies to guarantee children’s right to participate in decisions impacting their lives — including day to day life in alternative care settings, care management and local, national, regional and international policies. To this end, States must remove barriers to children’s meaningful participation by increasing opportunities for children to express their views, improving child-friendly procedures, platforms and communication, building capacity of adults who can support children, and raising awareness so adults with decision-making authority are more likely to take children’s perspectives into account.
- States should promote and support the participation of parents and other primary caregivers in child protection decision-making and the role of parent advocates to provide peer support and networking that help parents and their children, including those with disabilities, to better navigate the system, work more effectively and efficiently with professionals, and to develop community solutions that reduce overreliance on alternative care and transform how the system engages with families.

Care Sector Workforce

- States should increase investments to strengthen the care work force, including the social service workforce and that of other sectors that directly serve children and families. Investments are needed for ongoing training, professionalization, regulation and improvement of working conditions.

Monitoring of Care

- States should develop and implement legislative and policy frameworks that mandate regular monitoring, regulation and licensing of alternative care, use of standardized quality criteria, state-controlled mechanisms and prioritize child-friendly accessible and effective complaint mechanisms in all relevant settings.

Data and Evidence

- States should improve data collection systems to ensure robust, reliable and comprehensive disaggregated data on children without parental or family care and children in alternative care, including children with disabilities and other children at high risk of separation and placement in alternative care. This includes data collection, information management, transparent and appropriate reporting systems, and recordkeeping for individual children. All data collection must be ethical and ensure privacy and other appropriate protections.

Accountability and Access to Justice

- States should remove barriers to accountability and access to justice for all children related to their experiences of rights violations within alternative care. This requires action to reform relevant laws and policies, ensure that justice systems are child and gender friendly, and that children are provided with the necessary financial, legal and

technical support to pursue remedies. States with a history of systemic institutional injustices for children in alternative care must increase the use of historical truth-telling and memory processes, large-scale investigations and reparations.

Recommendations to the Committee on the Rights of the Child

- International human rights mechanisms should offer harmonized, contemporary and compelling guidance to member states, donors and civil society on matters pertaining to children in alternative care and children at risk of separation. Recognizing the important work that has been done by the Joint Working Group of the Committee on the Rights of the Child and the Committee on the Rights of Persons with Disabilities (CRPD), submissions recommended that the Committee on the Rights of the Child work closely with the CRPD and other UN Treaty Bodies to close the interpretation gaps and present States parties with a clear vision of care reform, including what constitutes high quality care for children that meets their needs and protects their rights.
- In addition to unified language, the development of comprehensive guidance on implementation of care reforms was identified as a priority to support States to deliver on comprehensive, inclusive and sustainable reforms, including achieving the elimination of child institutionalization and the realization of the right to family life for all children.

4 List of Submissions

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5 Endnotes

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