



EVOLVING TRENDS IN ALTERNATIVE CARE FOR CHILDREN IN SOUTH ASIA

Organized by Udayan Care in collaboration with Amity University, Noida, India

Dates: March 16 & 17, 2018 (Friday and Saturday)

Venue: Amity University, Noida NCR (India)

CONCEPT NOTE

It is well established that irrespective of class, caste, creed, religion, country or time, children develop best when they grow in a family, in an atmosphere of happiness, love and understanding. The Convention on the Rights of the Child (CRC) actively serves to strengthen family life for all children, and posits the family as the cornerstone for the realization of children's rights and their optimum development¹. Efforts to ensure non-separation of children from parents are emphasized unless such separation is necessary and in the best interest of the child². Governments are, thus, duty bound to provide the necessary services, support and facilities to families to enable them to adequately care for children³. The United Nations General Assembly Guidelines for the Alternative Care of children (UNGACC)⁴ mandates preventive actions and measures to be employed so that **children do not get from separated from their families**, except when it is not in the best interest of the child. **Family strengthening** to make families capable of taking care of their children is thus of paramount importance.

At the same time, it is a reality that families often face external pressures that challenge their ability to appropriately care for children; and sometimes, these can be extreme circumstances such as parental death, disasters (natural/manmade), armed/ internal conflicts and wars where children are separated from their birth families. Children deprived of care by birth parents or at-risk of being separated are often pushed to growing up in out-of-home-care (OHC) settings⁵, and are referred to as 'looked after' children because their care and protection becomes the responsibility of the State. In all such situations, Alternative Care for Children (ACC) is an umbrella of care and protection, present across the world, to look after all such children living in OHC settings which ensure that they are not further exposed to risk and vulnerability of abuse, abandonment, neglect or exploitation. It is thus, the State's obligation to make adequate efforts to support children in realizing their full potential. Whenever possible, the UNGAC mandates steps to be taken towards restoration of children back to their families, and if that is not possible, to explore options of care to be provided by the extended family or community with support from outside to be empowered to care for the child. Programs such as 'kinship care' and 'community-based care' should always be encouraged in such situations. Only when the above options

¹ Article 7, CRC

² Article 9.1, CRC

³ Article 27, CRC

⁴ https://www.unicef.org/protection/alternative_care_Guidelines-English.pdf

⁵ OHC Children are also referred to as **Children without Parental Care (CWPC)** and includes all children not in the care of at least one of their parents, for whatever reason and under whatever circumstances (Guidelines for the Alternative Care of Children, 2010).

are optimally explored but failed, should the child be given in for care under ACC with provisions of institutional care always being the last option, temporary, dynamically reviewed from time to time, individually suited for the child, and ensuring minimum standards of care. ACC is in a way critical to reduce any further risk or vulnerability of the child. In the continuum of care, ACC also includes the phase of young adults' transitioning out of care to independent living (also known as Aftercare). Provisions for Aftercare is a must to ensure that the young adult has adequate support to be able to become independent and resilient, and not fall back to the same cycle of vulnerability.

Institutional care should always be the last option but there are considerations in this too. For young people and especially those living with disability, small residential group living is highly beneficial. Even as these care options are residential and group living institutions. DI in such cases is completely ruled out. There are many large institutions that are no longer operated as large batch living environments but transformed into 'family group and peer group living' arrangements with health care and educational support readily available and such care options are much needed for young people having migrant and refugee backgrounds. On the other hand, there is clear evidence that even family and extended families can be extremely institutional. Irrespective of the type of care, what is of paramount importance is that alternative care should always be effective, efficient, necessary, suitable and in the best interest of the children.

In context to the Indian subcontinent, an estimated **43 million** children (out of 153 million globally) who have lost one or both parents, **live in South Asia**⁶. Interestingly, many reports have also found that children living in ACC settings are not all orphans, and may have living parent/s or family members to take care of them. However, they face issues of abuse, neglect and/or abandonment by their biological relatives, or continue to live in dysfunctional families. Neither of these situations is in the best interest of children. South Asia as a region is also prone to natural disasters and conflict, which increases the risk of children being pushed to Alternative Care. Thus, there is a need for regional thinking of how to prevent and mitigate this heightened risk and vulnerability to violence, abuse and neglect of children in South Asia. Additionally, issues of low resiliency and neglected mental health care across all forms of ACC in South Asia are also a point of major concern. All countries in the South Asian region need strengthening on almost all domains. Till date, we hardly have data of how many children live in OHC in each of the South Asian (SA) countries. There is dearth of evidence-based research studies and authentic segregated data on this issue in the region⁷. Not many academic studies are available in this regard. At the same time, there are models of care prevalent in the region that can be seen as best practices and be up-scaled; but are neither documented well nor widely shared. We believe, South Asian countries can learn from each other, given the cultural similarities in the region.

⁶ 2009 estimate, UNICEF, State of the World's Children: Children in an Urban World, 2012, pp. 102-103

⁷ Recent efforts at some data collective have been made by UNICEF: Petrowski, N., et al. Estimating the number of children in formal alternative care: Challenges and results. Child Abuse & Neglect (2017)

https://www.unicef.bg/assets/Publications/Estimating_the_number_of_children_in_formal_alternative_care_Challenges_and_results.pdf

However, the SA countries stand at different levels on laws and policies, and there is a complete lack of a regional level co-operation or mechanism on this critical aspect of child protection.

Keeping the above in mind, the **biennial international conferences** (BICON) have a strong focus on South Asia. The [1st BICON](#) was focused on “Standards of Care and Mental Health for Children in Institutional Care” while the [2nd BICON](#) was titled ‘Improving Standards of Care for Alternative Child and Youth Care: Systems, Policies and Practices’. Global experience has clearly demonstrated that ACC in order to be successful and protect children’s rights can be a highly complex and multi-faceted process. It requires careful planning at all levels and close involvement of all stakeholders and role players. Deliberations and discussions with experts, scholars, civil societies, government officials, legal professionals, social workers, practitioners, advocates and medical professionals will help us take stock and chart the road towards a common South Asian regional agenda for a robust system on ACC. Although these meetings have begun to expand the knowledge base on alternative care in our region, there is much more that is needed. First and foremost, there is a **need to sustain the efforts made so far; the issue of Alternative Care remains critical as the numbers of children affected keeps increasing**. The 3rd BICON is a step towards bringing all stakeholders together to push the agenda of improving alternative care of children to the centre stage in the governments of these countries, and develop a common regional framework to track progress of implementing the UN Guidelines on Alternative Care. Scheduled to take place on March 16-17, 2018, the 3rd BICON aims to sustain dialogue and sharing of experiences at the South Asian region on ACC. It aims to chronicle and explore the evolving trends in the region; and bring together individuals and professionals involved in providing care and protection to OHC children in the region and other parts of the globe. It looks at understanding existing models of care and evolving trends to bring out issues, dilemmas and challenges of transition, application of deinstitutionalisation in South Asia, concepts of trauma-informed care and mental health aspects of OHC children. The **theme of the 3rd BICON** is *‘Evolving Trends in Alternative Care for children and youth in South Asia’ and the focus themes for the conference are:*

- Deinstitutionalisation: Concept, strategy & Implications in South Asia
- Family strengthening, Gatekeeping & sponsorships in South Asia
- Standards of Care in Foster Care, Adoption, Aftercare (including Group Foster Care/small group homes) in South Asia

KEY OBJECTIVES of the 3rd BICON

The 3rd BICON is being held primarily with the following objectives:

- Improve knowledge and understanding on alternative care settings in South Asia
- Examine gaps in existing standards, legislative and policy frameworks on ACC in South Asia
- Share and exchange experiences, research and models of care on ACC in South Asia
- Identify challenges and opportunities related to the shift away from institutional care to deinstitutionalisation in South Asia
- Create a network of like-minded organizations to advance the advocacy work of implementation of policy measures on alternative care in South Asia.



CONFERENCE DESIGN

Main Conference: Will consist of inaugural sessions, plenary sessions and three breakaway sessions on both days. The sub topics for the breakaway sessions are:

1. Family Strengthening, sponsorship & gatekeeping in South Asia
2. Standards of Care in foster care, group foster care, aftercare & child care institutions in South Asia
3. Deinstitutionalisation: strategy and Implications for South Asia

There will be a **core group** (group leader, facilitator and moderators) for each breakaway session and subject experts will share their thoughts as a panel, after which group interactions and participation of all will be encouraged.

Call for Poster and Documentaries Presentation: Posters, being a popular feature at the 2nd BICON, will once again be on display at the Foyer of the Amity University (Conference venue) on both days of the 3rd BICON. Like last time, all posters will be judged by a panel set up by the Steering Committee and the best 3 posters will be awarded at the closing session on Day 2 of the conference.

Documentaries of less than 5 minutes that capture on ground challenges and good practices shall be selected for distribution as part of the conference kit to all participants.

PARTICIPANTS

The 3rd BICON is for everyone involved in the care of OHC children and youth in South Asia. It will bring together national and international experts, individuals and organisations working on child protection and alternative care, and civil society representatives from SA countries. Delegates from Government offices and agencies responsible for child protection and members of the media will also be invited.

FOLLOW-UP PLAN

A final report of the proceedings (including the key conclusions and recommendations for action) will be submitted to the governments and civil society organizations of all participating countries. The 3rd BICON will also be followed up by the setting up of a network of likeminded people in South Asia as a body to advise action and follow-up on outcomes of the conference. There will also be regional committee constituted (South Asia Association on Alternative Care for Children) to take over the responsibility of the 4th BICON, which most likely will take place in Sri-Lanka.

For more details, write to bicon@udayancare.org or visit: www.bicon.udayancare.in