

3rd Biennial International Conference (3rd BICON)

Evolving Trends in Alternative Care for Children in South Asia



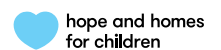
A Report

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3rd Biennial International Conference (3rd BICON)

Evolving Trends in Alternative Care for Children in South Asia

March 16 - 17, 2018

A Report



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Compiled by: Ms. Leena Prasad, Ms. Katherine Sargent and Dr. Kakul Hai
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Udayan Care

16/97-A, Vikram Vihar, Lajpat Nagar-IV

New Delhi-110024

Phone: +91-11-46548105/06

e-mail: advocacy@udayancare.org

Website: www.udayancare.org



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Acknowledgement

The 3rd Biennial International Conference (BICON) on “Evolving Trends in Alternative Care for Children in South Asia” was a resounding success and this was possible only because of the huge support extended by a host of partners, supporters and collaborators. It gives me immense pleasure to express my deepest gratitude to Amity University, Noida for being our co-hosts for the third time in a row. **Dr. Ashok Chauhan**, Group Founder President of AMITY Education Group shared his lovely message with all of us and I express my gratitude to him and also to **Rear Admiral Ravi Kochar** and his wonderful team for their hospitality and tremendous support at every step during the conference. Not a single request went unheard during the two days!

Organising this niche conference has been possible only with the support we received from the Ministry of Women and Child Development and the National Commission for Protection of Child Rights, both of whom have stood by us in 2014 and 2016 as well. I especially extend my thanks to **Shri Rakesh Srivastava**, Secretary and **Ms. Astha Saxena Khatwani**, Joint Secretary, for their time and presence during the conference. I cannot overemphasise the support of UNICEF, especially **Ms. Tannistha Datta** and **Ms. Vandhana Kandhari**, both Child Protection Specialists, at the UNICEF India country office, for their insightful thoughts, support and co-planning the conference. The turning point of this conference was the constitution of the Delhi Working Group and the meetings held at the UNICEF office that steered us in the right direction. I owe my gratitude to

each member, who offered us their support, especially, **Mr. Ian Anand Forber Pratt**, Director of Advocacy - South Asia, Children’s Emergency Relief International (CERI), **Ms. Nicole Rangel Menezes**, Co-Founder at Lehar, **Ms. Sandhya Mishra** and **Ms. Richa Tyagi** from Miracle Foundation, and **Ms. Enakshi Ganguly Thukral**, Co-Director at HAQ Centre for Child Rights, all of whom extended their full support to make the conference a success.

The 3rd BICON saw many new supporters. I thank **Dr. Delia Pop** from Homes and Hopes for Children, UK, for so readily agreeing to offer her personal presence and also for getting on board the financial support required. **Ms. Shireen Vakil**, Head – Policy and Advocacy, Tata Trusts, calls for a special mention, again for her involvement, personal presence as well as for the support of Tata Education and Development Trust. We are hugely grateful to all the sponsors and partners, such as **Child Rights and You (CRY)**, **Children’s Emergency Relief International (CERI)**, **Miracle Foundation**, **SOS Children’s Villages**, **Lal Family Foundation**, **VCare** and **Vatika Group**, **Max Foundation**, **NHPC Limited**, **NBCC**, **Powergrid** and **makemytrip.com**; without their support, it would not have been possible to organise such an event.

Like every year, this time too, we were supported regionally by members of the powerful steering committee, and I thank each member for joining us on Skype meetings and constantly helping us distantly with their timely inputs and support. I thank **Ms. Chathuri Jayasooriya**, Psychosocial



Practitioner/Child Rights Advocate, Sri Lanka, **Ms. Hiranthi Wijemanne**, Fellow of the Sri Lanka College of Physicians, Advisor/Consultant on Children's Issues, Sri Lanka, for rolling out the country process and even consolidating the post conference feedback process for us. Deep gratitude is due to **Ms. Fathimath Runa**, Director, Juvenile Justice Unit (JJU) of the Ministry of Home Affairs of the Republic of Maldives, **Hon Justice M. Imman Ali**, Supreme Court of Bangladesh, **Dr. Monisha Nayar Akhtar**, Ph.D., Psychotherapist & Psychoanalyst, USA, and **Ms. Sumnima Tuladhar** child rights expert & Founding Associate, CWIN, Nepal.

A special word of thanks to **Ms. Isabel Sahni**, and her team of volunteers at Udayan Care **Skill Centre**, who created the wonderful conference bags, I-Cards and gifts; training and employing the disadvantaged women from nearby communities in Greater Noida.

I am really grateful to the galaxy of resource persons, who shared their valuable time and expertise with all of us. The 3rd BICON was proud to have an abundance of energised service providers and member agencies within India as well as South Asia, who are serving thousands of children

and their communities. Many of them engaged with researching, advocating, bringing about a change in our perceptions of Alternative Care and who updated us with the latest trends. Immense gratitude is due to all the participants consisting of practitioners and researchers from Child Protection field, who actively participated in the breakaway sessions, and enriched the dialogue.

Finally I extend my gratitude to all the rapporteurs, **Ms. Katherine Sargent**, **Dr. Kakul Hai**, **Ms. Riti Chandrashekhar**, **Ms. Shubhangi Kansal** and **Ms. Naynee**, for painstakingly taking notes during the proceedings. I would also like to thank **Ms. Leena Prasad** and **Ms. Katherine Sargent** for compiling this 3rd BICON report.

I thank all the trustees, staff and volunteers of Udayan Care for making the 3rd BICON a success.

Till we meet again at the 4th BICON in 2020!

Dr. Kiran Modi
Managing Trustee
Udayan Care



Acronyms

| | |
|----------------|--|
| AC | Aftercare |
| ACC | Alternative Care for Children |
| BICON | Biennial International Conference |
| CCI | Child Care Institution |
| CCWB | Central Child Welfare Board, Nepal |
| CEDAW | Convention on the Elimination of all Forms of Discrimination Against Women |
| CLAN | Care Leavers Association and Network |
| CRC | Convention on Rights of the Child |
| CWC | Child Welfare Committee, India |
| DI | Deinstitutionalisation |
| FC | Foster Care |
| FS | Family Strengthening |
| GOI | Government of India |
| ICPS | Integrated Child Protection Scheme |
| JJA | Juvenile Justice (Care and Protection of Children) Act, India |
| LGBTI | Lesbian, gay, bisexual, transgender and intersex |
| MWCD | Ministry of Women and Child Development, India |
| NCPCR | National Commission for the Protection of Child Rights, India |
| NPC | National Policy for Children, India |
| OHC | Out-of-Home-Care Children |
| SA | South Asia |
| SAARC | South Asian Association for Regional Cooperation |
| SoC | Standards of Care |
| SYLC | Supporting Youth Leaving Care |
| The Guidelines | Guidelines for the Alternative Care of Children |



Executive Summary

Children without parental care are defined by Article III, 29a of the United Nations General Assembly Resolution 64/142 as “all children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances.”
United Nations General Assembly Resolution 64/142, 2009
“Guidelines for the Alternative Care of Children”

This is the report of the 3rd Biennial International Conference (3rd BICON) on “Evolving Trends in Alternative Care for Children in South Asia” that was convened by Udayan Care on March 16 & 17, 2018 at Amity University, Noida NCR (India). The 3rd BICON was an endeavour that sustained the efforts and outcomes of the two previous BICONS held in 2014 and 2016 on “Standards of Care and Mental Health for Children in Institutional Care” and ‘Improving Standards of Care (SoC) for Alternative Child and Youth Care: Systems, Policies and Practices’ respectively. The BICONS were conceived to consolidate knowledge and best practices and discuss gaps and challenges, with a focus on issues relating to Alternative Care for Children (ACC) in South Asia (SA). The BICONS have always aimed to chronicle and explore the latest developments, strategies and interventions in the region; and bring together individuals, experts, practitioners and professionals involved

in providing care and protection to children without parental care and those who are at the risk of being so. An estimated 43 million CWPC out of 153 million globally who have lost one or both parents live in South Asia (UNICEF, 2009). Many reports have also found that often children living in alternative care settings are not all orphans, and may have living parent(s) or family members (Martin & Zulaika, 2016). In Nepal, research published in 2015 by UNICEF and partners indicated that up to 85% of children in orphanages have at least one living parent, while in Sri Lanka, 80% of children in institutions have one or both living parents; and in India, the proportion of children in institutions with living biological parents is very high, although there is no accurate data available. In Nepal, where the phenomenon of “orphanage voluntourism” is widespread, the literature reports that children may be deliberately separated from their families and placed in orphanages “to attract fee-paying volunteers and donors” (Flagothier, 2016). South Asia as a region is also prone to natural disasters and conflict, which increases the risk of children being pushed to alternative care. Additionally, issues of neglected mental health care across all settings of ACC in South Asia is a major concern.

All countries in the South Asia region need strengthening on almost all domains. There is a lack of comprehensive and reliable data on children without parental care, and children in alternative care, in developing countries in Asia. A UNICEF publication in 2008 on South Asia indicated that the number of children without parental care is increasing (UNICEF, 2008). Not many academic studies are available in this regard. At the same

time, models of care exist on the ground in various communities in the region that can be seen as good practices which can be up-scaled; but are neither documented well nor widely shared. There is a huge scope for all South Asian countries to learn from each other, given the cultural similarities in the region. There is a need for collaborative regional thinking of how to prevent and mitigate this heightened risk and vulnerability to violence, abuse and neglect of children in South Asia, so as to ensure the most appropriate care depending on the needs of every child.

Alternative care needs to be like a rainbow. Always re-evaluate what the child needs. Create responsive systems which cater to the best interest of the child.

There is no one formula.

This report begins with a dedicated chapter on the objectives and background information on the 3rd BICON. Chapter 2 is a desk review providing an overview on the subject at the international level on various aspects of children whilst Chapter 3 is a detailed situational analysis of the subject in hand in South Asian countries. The report captures the detailed discussions and deliberations that took place over the two days in Chapters 4 and 5 and documents the key recommendations in Chapter 6 as the way forward on the BICONS. Chapter 7 is an analysis of the feedback received from participants post the conference as well as documenting all the main annexes to the report.

The 3rd BICON saw distinguished guests and experts from the SA region and across the world at the Inaugural Session. Dr. Kiran Modi from Udayan Care opened the conference and set the context of the BICON, followed by Dr. Delia Pop from Hope and Homes for Children from UK, who delivered the brilliant key note address, and closed with insights and thoughts from Dr. Rakesh

Srivastava, Secretary at the Ministry of Women and Child Development (MWCD), Govt of India (GOI); Ms. Kendra Gregson, Child Protection Regional Advisor, UNICEF, Rosa office in Nepal; Dr. Yasmin Ali Haque, Country Representative, UNICEF, India and Ms. Shireen Vakil, Head – Policy and Advocacy, Tata Trust in India.

Thematic focus | 3rd BICON

- Family Strengthening, sponsorship & gate keeping in South Asia.
- Standards of Care in foster care, group foster care, aftercare & child care institutions in South Asia.
- Deinstitutionalisation: strategy and Implications for South Asia.

The **first plenary** set the tone of the conference, by establishing a common understanding of the core concepts of Deinstitutionalisation; Family Strengthening, Sponsorship and Gatekeeping; and Standards of Care. It also raised, the key issues and challenges in implementation in South Asia with reference to the 3 conference themes. The following issues were highlighted:

1. Family strengthening (FS), sponsorship and gatekeeping

- The basic needs of a family are not being met; concerns are usually related to economic stability.
- Advocacy for rights of families as well as services need to be offered over a long period of time.
- The need for civil society and governments to come together as partners.

2. Standards of care (SoC) in foster care, group foster care, aftercare and child care institutions:

For children living in alternative care, attachment is a major concern. Adoption, foster care, kinship care all have the possibility



of creating attachment. A family of one's own is formed *not by blood*, but by attachment.

- Thorough child assessments and family assessments and support are key factors for child welfare work, which is an art and a science too.
- It is important to know the work, after which it follows that it will be done better. Hence capacity building of caregivers and staff is critical.
- Creating systems with transparency, accountability and educational requirements and enforcing them is important to build high standards of care in Alternative Care.

3. Deinstitutionalisation (DI): strategy and implications for South Asia

- State mechanisms need to be strengthened. DI is not as straightforward as closing child care institutions and moving children from institutional settings to family and community based care settings; it is a complex transformational process.
- Deinstitutionalisation is deeply connected with human beings who have feelings, hopes and fears. It hence requires the transformation of attitudes at all levels, including the law and policy makers, implementing agencies and the communities/service providers.
- Child Protection models that nurture strong and resilient children and families need to be developed.

4. Mental health in alternative care

- Societal, cultural and emotional problems emerge in the process of deinstitutionalisation and need to be addressed and factored for in any strategy or programme on DI.

- There are huge challenges faced by children and youth as well as caregivers during the transition from institutional care to foster care, and therapeutic care to ensure positive mental and emotional well being is very important.
- A child's mental health needs to be addressed as fully as other issues.
- The psychology and cognitive development of young persons from 17 to 24 years needs attention and should not be ignored while planning Aftercare programmes for them.

As mentioned above, South Asia is prone to natural disasters and is affected by conflict.

Plenary 2 focused on non-institutional care in emergency and conflict situations, which drew upon the fact that it is important to have and apply multi pronged approaches in emergency settings. Nowadays, there are many children moving from one country to another (Central America to the USA, Syria to the UK, or in South Asia, Myanmar to Bangladesh) and effective child protection becomes even more critical during such situations. In Bangladesh, the establishment of orphanages was proposed for refugees coming from Myanmar but this was vetoed by child rights organisations and community-based initiatives were developed instead. Similarly in Nepal, after the earthquake in 2015, one of the measures taken by the government was to suspend registration of new child care institutions to prevent the unnecessary institutionalisation of children and promote family and community based care for children during such situations.

Plenary 3 on day 2 was a sharing session of the outcomes from the breakaway sessions. Each breakaway session was facilitated by a group moderator and there were separate presenters for each session who presented the outcomes on the second day of the conference. Each of the breakaway session witnessed wide group interactions and participation by all.

Plenary 4 on day 2 brought out issues and challenges in adoption through the sharing of personal experiences of Mr. Ian Anand Forber Pratt and Mr. Arun Dohle, both of whom were adopted during their childhood and today are experts on the subject. The session aimed to reflect on the process of adoption and what it means for the adoptee, both during their childhood and into adulthood. Some of the issues discussed were the lack of records on adopted children when they want to search for their biological parents; the need to take into account 'the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background' in all adoption cases; the need to address cultural taboos around adoption to prevent stigma and discrimination; and issues of identity which many adoptees struggle with. Whilst adoption can be a positive option for children, attention must be paid to the emotional issues relating to such forms of care. There is also potential for corruption in adoption: trafficking, sale of children and many other forms of child rights violations need to be addressed. The lack of mechanisms to follow up on inter-country adoption is also of concern: once the child has left the country, the government has no authority to monitor the child's progress and wellbeing.

Plenary 5, like plenary 3, was dedicated to sharing outcomes from the 3 breakaway sessions, each focusing on one of the conference themes. Outcomes on mental health care were also presented at the end of the conference.

In the **Valedictory Session**, **Ms. Khushi Ganeriwala**, a child rights activist, shared her experiences and how they influenced her art work 'I deserve a home and I deserve a family'. Also presented were the outcomes from **Care Leavers Session**, where care leavers from various parts of India and South Asia came together to share their experience and engage constructively to develop a way forward. The Delhi group of care leavers

formed their own network named CLAN, the "Care Leavers Association and Network" and presented their vision and dream during the valedictory session. A total of 20 posters depicting research and models on different aspects of ACC were also on display during the two days and the best three of them were awarded by an esteemed jury at the valedictory session.

The Valedictory session was chaired by **Ms. Kendra Gregson** with **Dr. Shantha Sinha**, former chairperson of the National Commission for Protection of Child Rights; **Ms. Anuja Bansal**, Secretary General, SOS Children's Villages India; **Ms. Rupa Kapoor**, National Commission for Protection of Child Rights; **Ms. Aastha Saxena Khatwani**, Joint Secretary, Ministry of Women and Child Development and **Dr. Kiran Modi** from Udayan Care, who closed the conference.

The 3rd BICON thus concluded with a strong affirmation and increased vigour from all participants to continue the good work of providing care to children. It reiterated the fact that good care is much more than just meeting the basic needs of children and that SA as a whole needs to work hard towards improving evidence, research and authentic data on children in the region. It was also concluded that resources and financial investments should follow the child and it should not be the other way around, as it currently is in the region. Coordination and collaboration at all levels is required as child protection cuts across all sectors, especially education, health, including mental health, and youth development. The 3rd BICON also emphasised that there are no right or wrong options in child care and it is the manner in which it is provided that is important taking into account individual situations of each child. The 3rd BICON proposed and supported the establishment of Care Leavers Association and Network (CLAN) in every country in SA as an effective way of strengthening the voices of young adults/care leavers in the region.



Objectives of the 3rd BICON

The conference aimed to increase and consolidate knowledge and best practice in child protection and alternative care and lead to better outcomes for children across South Asia.

The specific objectives of the conference were to:

- Improve knowledge and understanding on alternative care settings in South Asia.
- Examine gaps in existing standards, legislative and policy frameworks on alternative care in South Asia.
- Share and exchange experiences, research and models of care on alternative care 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 organisations to advance the advocacy work of implementation of policy measures on alternative care in South Asia.

environment for the growth, well-being and protection of children'. Efforts to enable children to remain with their family are emphasised unless such separation is necessary and in the best interests of the child (Article 9.1, CRC). The necessity and suitability principles of care for CWCP are the most important guiding principles and need to be followed in spirit by all care providers. The BICONS have focussed on issues pertaining to ACC in SA since 2014.

Why this conference?

The 3rd BICON followed on the heels of the previous two BICONS held in 2014 and 2016 and was a sustained effort to bring together different stakeholders on alternative care at a common forum. The 3rd BICON was important as it raised important debates and discourses on child protection, rights of children without parental care and looked at what is required to be further initiated, particularly in the region of South Asia. The deliberations intended to ensure that the Guidelines are implemented in the right spirit and a range of family strengthening services is available to support families and children to stay together in the region. The BICON explored the reality of families facing external pressures that challenge their ability to appropriately care for children and what is best for them. Key concepts on child protection, such as effective gatekeeping mechanisms, were taken up to ensure all care options for the child are thoroughly assessed and children without parental care grow up in the best family like settings.

It is well established that the family is the 'fundamental group of society and the natural

The 3rd BICON also discussed issues relating to research, evidence and reliable data on children living in residential care and how deinstitutionalisation remains an important but unclear issue for the region. In cases where parents are unable to care for their children, the protection of children becomes the responsibility of the State (Article 20, CRC), which must ensure that they are not exposed to further risks of abuse, neglect or exploitation when they are in alternative care. This means ensuring standards of care are in place in all alternative care settings to ensure positive outcomes for the child, whether they remain in care and transition to independent living or are reintegrated with their families. The mental health of children in alternative care is also an extremely important theme within the larger framework of child protection. Thus, the 3rd BICON promoted sharing and collaboration on these key issues to improving alternative care for children.

Focus themes of the 3rd BICON

The conference explored the trends and implications, looked at models for change across South Asia, and developed recommendations for action across the following three themes:

Family strengthening, sponsorship and gatekeeping: Preventing separation requires that a range of support services are available to families and that effective mechanisms are in place to assess whether a child should be admitted to alternative care and which is the most appropriate form of care. How have policies and actions plans addressed the factors that lead to separation? Which good practices have helped reduce the vulnerability of families and prevented children from being abandoned or neglected? What strategies have been effective in the successful reintegration of children?

Standards of Care in child care institutions, foster care, aftercare (including group foster care/ small group homes): All settings must respect the rights of all children and provide high quality care which meets the individual needs of each child. The second theme explored how countries in South Asia can strengthen care practices. What national plans are in place that prescribe standards of care? What is preventing the implementation of existing laws and policies? How are standards of care monitored and assessed and what are the actual suitability and appropriate principles under the Guidelines?

Deinstitutionalisation: Concept, strategies and implications: This theme looked at deinstitutionalisation in South Asia and explored misconceptions about the concept. What policies and commitments have governments in South Asia made towards deinstitutionalisation? How can strategies to move away from a reliance on institutions be developed within child protection systems? Are there good practices which exist and can be scaled up?

Plenary sessions

The conference opened and concluded with high level plenary sessions, setting the context and the way forward respectively. The plenary sessions across the 2 days of the conference were as follows:

- The first provided an overview of the concepts and strategies of the 3 conference themes (family strengthening, sponsorship and gatekeeping; standards of care; and deinstitutionalisation) plus considerations of mental health care in alternative care, providing examples of good practice from the region and flagging key issues for discussion during the parallel sessions.



- The second focused on non-institutional care in emergency and conflict situations in South Asia, in particular, strategies to prevent the separation of children from their families during such times.
- On day 2 the topic for the plenary session was 'Bringing together diverse experiences and sharing of journeys of adoption, foster care and aftercare'. Speakers shared their experiences of adoption, and offered solutions to inform policy and practice going forward.

Breakaway Sessions

The breakaway sessions on both the days focused on the 3 conference themes (family strengthening, sponsorship and gatekeeping; standards of care; and deinstitutionalisation). Each parallel session was guided by a series of key questions. There was a core moderator for each parallel session as well as subject experts who shared their thoughts as a panel after which group interactions and participation of all were encouraged. Outcomes from both of the parallel sessions were shared in the plenary held the next day.

Simultaneously, parallel sessions with 'youth leaving care' also took place over the two days, the outcomes from which were presented at the valedictory session. The launch of CLAN by the Delhi care leavers demanded that they be supported by CCIs, academics, doctors, mentors and career development practitioners. A Support for Youth Leaving Care (SYLC, pronounced 'silk'), has also been initiated by Udayan Care to ensure the smooth transition of care leavers towards independent adulthood. It is hoped that the learnings from this process inspire groups in other districts of the region, to organise and debate the need to strengthen aftercare and form other CLANs and SYLCs to organise aftercare planning,

implementation and monitoring better than before. All participants at the BICON were invited to contribute to this process and sustain the discourse on more informed aftercare practices in the region.

Posters

20 posters on the conference themes were displayed in the foyer of the conference venue on both the days of the conference and awards for the 3 best posters were given by a special Jury during the valedictory session.

Organising Committee for the 3rd BICON

- Dr. Kiran Modi, Ph.D, Founder and Managing Trustee, Udayan Care, India
- Dr. Monisha Nayar Akhtar, Ph.D., Psychotherapist & Psychoanalyst, USA
- Mr. Arun Talwar, MBA, CAIIB, Chief Operating Officer, Udayan Care, India
- Dr. Deepak Gupta, M.D., Child & Adolescent Psychiatrist, India
- Ms. Leena Prasad, LLB, Human Rights Advocate

Scientific Committee for the 3rd BICON

- Dr. Hiranthi Wijemanne, Fellow of the Sri Lanka College of Physicians, Advisor/Consultant on Children's Issues, Sri Lanka
- Ms. Chathuri Jayasooriya, Psychosocial Practitioner/Child Rights Advocate, Sri Lanka
- Hon Justice M Imman Ali, Appellate Division, Supreme Court of Bangladesh
- Ms. Sumnima Tuladhar, Child Rights expert & Founding Associate, CWIN, Nepal
- Ms. Ume Laila, Roshni Homes Trust, Pakistan

- Ms. Fathimath Runa, Director, Juvenile Justice Unit (JJU) of the Ministry of Home Affairs of the Republic of Maldives
- Dr. Kiran Modi, Ph.D, Founder and Managing Trustee, Udayan Care, India
- Dr. Monisha Nayar Akhtar, Ph.D., Psychotherapist & Psychoanalyst, USA
- Dr. Vikram Dutt, Ph.D., Social Work, India
- Ms. Nicole Rangel Menezes, Co-Founder, Leher
- Mr. Ian Anand Forber Pratt, Director of Global Advocacy, Children’s Emergency Relief International (CERI)
- Ms. Sandhya Mishra, Associate Director-India Program, Miracle Foundation India
- Ms. Tannistha Datta, Child Protection Specialist, UNICEF
- Ms. Vandhana Kandhari, Child Protection Specialist, UNICEF
- Dr. Bharti Sharma, Child Rights Activist

The country processes undertaken in Sri Lanka and Nepal by the steering committee members truly ensured a collective and wider participation of delegates at the BICON.

The Delhi Working Group for the 3rd BICON

- Ms. Enakshi Ganguly Thukral, Co-Director, HAQ Centre for Child Rights



Nearly 30 years after the UN Convention on the Rights of the Child and almost 10 years after the welcoming of the Guidelines for the Alternative Care of Children, along with the development of important resources such as Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children', much progress has been made in this area.

However, there remain huge gaps in data on children in alternative care, in the development and implementation of policies and in the sharing of good practice across South Asia. This chapter revisits key principles and standards around the globe with reference to the conference themes; highlights implications for policy and practice from resources which have been developed to support the implementation of the Guidelines; and provides examples of how countries have been putting this into practice in order to set the context for the 3rd BICON.

Family Strengthening, Sponsorship & Gatekeeping

The first of the conference themes explored family strengthening, sponsorship and gatekeeping. The Guidelines state that preventing separation requires that a range of support services are available to families (family strengthening and sponsorship) and that effective mechanisms are in place to assess whether a child should be admitted to alternative care and which is the most appropriate form of care (gatekeeping).

'Efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members'

Paragraph 3, the Guidelines for the Alternative Care of Children

The reasons why children come into alternative care are complex. It is now well known that being orphaned is not the major reason for children being placed in alternative care. It is also increasingly agreed that poverty is not the sole reason for children entering alternative care, although it may be a contributing factor. The Guidelines too, are clear that poverty alone should not be a reason for placing a child into alternative care (Paragraph 15). Rather, this should be a sign that the family needs support to care for their children; addressing the factors that lead to separation is a key component in meeting the 'necessity principle'.

Family breakdown and separation are the result of many factors. These include 'poverty, inadequate housing, lack of access to effective health, education and social welfare services, HIV/AIDS or other serious illness, substance abuse, violence, imprisonment and displacement, as well as birth to an unmarried mother and discrimination on the basis of ethnicity, religion, gender and disability'. (Cantwell et al, 2012).

Family Strengthening and Sponsorship

The Guidelines identify three types of support which should be available to prevent family separation:

- Primary level: ensuring access to basic services such as education and social security.
- Secondary level: supporting families to prevent abandonment and relinquishment.
- Tertiary level: supporting efforts that enable a child to return to their family.

FS and sponsorship services will vary depending on each context and each family's situation but should include both universal and targeted support and take into account other resources and services which may already be available in the community.

Special attention should be paid to providing services to families with particular needs such as families with children with disabilities, younger parents and single parents.

In **Indonesia**, the government has started shifting human and financial resources to support transformation towards family and child centred services: 'From the government subsidy that is provided to child care institutions, 40% of these funds are now intended for use with children living with families outside of the institution. Especially in locations where de-institutional care processes have been piloted (supported by Save the Children, Muhammadiyah or UNICEF) there are increased numbers of children receiving support from institutions. For example, in West Java in 2014, 1350 children were supported at home by 26 child care institutions in 5 districts using the MoSA fund' (O'Kane & Lubnis, 2016).

National Policies Should Provide the Following Services to Support Families:

- Ensure that there is a comprehensive assessment process for families so that support can be put in place where it is needed from different services such as health, social welfare, housing, justice and education.
- Provide support to parents through a range of approaches including: parenting courses and education; providing accessible information; access to trained professionals who support families; home visits; groups where parents can meet together; family centres; and access to informal community support.
- Provide support for families in local communities which is available to mothers and fathers so that both parents contribute to providing a caring environment.
- Provide specialist family strengthening support to those who need it. This could include: conflict resolution and mediation; counselling; substance abuse treatment; and family case conferences.
- Provide support to families by empowering them, providing capacity development and supporting them to utilise their own resources.

Source: Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'



In **Brazil**, services aimed at preventing separating include universal services such as cash transfers and other social benefits, employment and housing support, as well as targeted services, including counselling, alcohol and drug addiction therapy, outreach to children living or working on the street, parent craft support, daycare for young children, and short-term foster-care services' (Better Care Network & UNICEF, 2015).

In **Rwanda**, 'There is a range of services that seek to strengthen families: health insurance initiatives cover between 85 and 96 per cent of the population, while 143,000 people were covered by a cash transfer programme in 2012. There is also a Genocide Survivors Support and Assistance Fund which ... supports more than 300,000 victims of the 1994 genocide. Through this fund, many families at risk of separation receive a monthly economic allowance, livelihood support, educational scholarships and/or medical assistance. Vulnerable families also receive support on employment, food security and loans with support of international NGOs' (Better Care Network & UNICEF, 2015).

Gatekeeping

Alongside FS, a gatekeeping mechanism is required to ensure all cases where alternative care is being considered for a child are thoroughly assessed. Gatekeeping is the process through which it is ensured that both the necessity and suitability principles of the Guidelines are met. It prevents children from coming into care unnecessarily; ensures that all options for the child and family (including support services, informal and formal care) are considered and that the decision made is in the child's best interests; and supports the reintegration of children, where appropriate, into their families.

Cantwell et al (2012) define gatekeeping as 'The systematic assessment, rigorous screening and

shared decision-making by authorised bodies to ensure that a child is admitted to alternative care only when necessary'. It also helps ensure professionals understand the needs of children and families and develop services that match those needs. Therefore gatekeeping is a critical component of an effective child protection system in any context; 'With millions of children denied their right to adequate care worldwide, gatekeeping is a key issue for any country – high, low or middle income, stable or fragile' (Better Care Network & UNICEF, 2015).

Gatekeeping mechanisms are required at each level and they will have different functions and involve different actors. Gatekeeping systems should involve all relevant sectors, not just child protection but also education, health and justice amongst others, which are often entry points to care. Critically, gatekeeping is not a one-off event; it is a process which should include a regular review of placements to ensure that the care is still appropriate for the child.

'Both formal and non-formal gatekeeping systems have an important role to play in the care of children and should be supported to operate in partnership with each other'

Better Care Network & UNICEF note (2015).

However, how gatekeeping is put into practice varies considerably from country to country and will depend on the context and the resources available. In settings where there are limited structures and services available, informal kinship care is the most common form of alternative care and decisions may be made by families and community leaders.

For example, in **Rwanda**, gatekeeping takes place mainly through family support at the community level where members of the community are

trained to identify children at risk of separation and undertake initial assessment. Whilst in **Moldova**, this is through a multi-sectoral Gatekeeping Commission made up of representative from the District, Councils, professionals, NGOs and independent community members (Better Care Network & UNICEF, 2015).

A major challenge is the allocation of sufficient financial and human resources to ensure that a range of services are available in communities that match the needs of children and families. Unless a range of preventive services are available the gatekeeping authority will not be able to recommend an alternative, and children will continue to be placed in residential care unnecessarily; 'Many low- and middle-income countries lack diverse and high-quality family and community-based support services and family-based alternative care options, making any decision-making process largely redundant as there is little or nothing from which a gatekeeping mechanism can choose.' (Better Care Network & UNICEF, 2015).

Skilled professionals who are able to make decisions in the best interests of the child are also required. This particularly refers to social services but also other professionals who come into contact with the gatekeeping system such as judges, police, teachers, health workers and community leaders.

Standards of Care in Child Care Institutions (CCIs), Foster Care (FC), and Aftercare (AC)

The second conference theme considered standards in alternative care settings. All settings must respect the rights of all children and provide high quality care which meets the individual needs of each child. At an international level, the Guidelines recommend that all providers must be registered and authorised to operate by a competent authority, based on specific criteria

8 Elements to Ensure Alternative Care Settings Meet Minimum Standards:

1. Commit to compliance with Human Rights regulations
2. Provide full access to basic services, especially healthcare and education
3. Ensure adequate human resources (assessment, qualifications and motivation of carers)
4. Promote and facilitate appropriate contact with parents/other family members
5. Protect children from violence and exploitation
6. Set in place mandatory registration and authorisation of all care providers, based on strict criteria to be fulfilled
7. Prohibit care providers with primary goals of a political, religious or economic nature
8. Establish an independent inspection mechanism carrying out regular and unannounced visits

Source: Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'.



and should have written policy and practice statements, including code of conduct for staff (Paragraphs 55, 105, and 106). The Guidelines also highlight the importance of maintaining accurate and up to date records and ensuring the training and remuneration of staff.

The Guidelines also emphasise the need for regular monitoring and inspection by 'a specific public authority, which should ensure, inter alia, frequent inspections comprising both scheduled and unannounced visits, involving discussion with and observation of the staff and the children' (Paragraph 128). Yet Chaitkin et al (2017) note that regulation, inspection and oversight of alternative care provision are currently seriously deficient.

A number of countries have standards and indicators that guide and measure the effectiveness of gatekeeping, as well as the quality of care services. These have to be consistent, comprehensive and with clear criteria to make them effective. However, the European Union Agency for Fundamental Rights found significant variations in residential care standards across Europe. For example, standards were not always developed at a national level, leading to the potential for disparities within a country. They also found that standards were often in the form of recommendations or guidance and therefore did not have statutory value. Another finding was that standards were too vague meaning that monitoring compliance was difficult.

Moreover, despite their existence, standards are not always adhered to. It cannot be assumed that because there are standards in place they will automatically be implemented. Where there are insufficient resources, professionals are often unable to uphold standards. This may be because they are unaware of them, do not understand them, are not supported to implement them, or are simply not motivated to follow them. (Better Care Network & UNICEF, 2015).

Child Care Institutions (CCIs)

The Guidelines recommend that 'residential care should be small and be organised around the rights and needs of the child, in a setting as close as possible to a family or small group situation' (Paragraph 123). Whatever form is used, standards for child care institutions should ensure that residential care is a beneficial choice for the children and young people who live there and meet all the range of needs they might have.

In the UK standards for children's homes are based on the Children's Homes (England) Regulations 2015 and list the positive outcomes that all homes are expected to achieve:

1. The quality and purpose of care standard
2. The children's views, wishes and feelings standard
3. The education standard
4. The enjoyment and achievement standard
5. The health and well-being standard
6. The positive relationships standard
7. The protection of children standard
8. The leadership and management standard
9. The care planning standard

The standards require reviews to take place every 6 months focusing on the quality of the care provided by the home, the experiences of children living there, and the impact the care is having on outcomes and improvements for the children. (Department for Education, 2015).

Foster Care (FC)

In many contexts, for a number of reasons, foster care is not yet common (the challenges in developing effective alternatives to residential care

are discussed further in the Deinstitutionalisation section below). In other settings, informal foster care may be used but is often unregulated and insufficiently supported (Martin, 2013). However, even in contexts where foster care is well established, standards have only been developed relatively recently. For example, in the **UK** foster care has been used for over 100 years and yet National Minimum Standards were only put in place in 2002. In many countries, fostering standards still do not exist. At a minimum, standards should cover the key components of foster care programmes including:

- Recruitment, assessment and training of foster carers.
- Matching foster carers with children.
- Monitoring of foster care placements including ongoing care planning and support for children and foster carers.
- Support to children's families and reintegration.
- Preparation for leaving care and after care support (EveryChild, 2011b).

In **British Columbia, Canada**, standards for foster care are developed by the Ministry of Family Development and with the participation of the British Columbia Federation of Foster Parent Associations and the Federation of BC Youth in Care Networks, under the Child, Family and Community Service Act (1996). There are six categories covering key areas of service delivery, each with many standards within them.

1. Relating to Children and Their Families
2. Safeguarding Children
3. Planning
4. Caring for Children
5. Environment of Care
6. Foster Home Administration

For each standard, the desired result for the child and what the caregiver should do to achieve this, is specified. (British Columbia, Ministry of Children and Family Development, 2017).

Aftercare (AC)

Just as it is important to have standards for children entering care, children leaving care need high quality support; 'Without adequate preparation for leaving care and support during the aftercare phase, young people may face risks such as long-term unemployment, substance abuse, involvement in criminal activities and homelessness' (Better Care Network, 2018). The Guidelines also highlight the need to start preparing a child for aftercare as soon as possible to order to help children become self reliant and integrate into the community (Paragraph 131). Adequate support should be provided to the young person during preparation, transition and post care so that they are able to continue to develop to their full potential. However, recent literature reviews have found very little information on ageing out of care (Flagothier, 2016) and it remains a neglected area of care worldwide.

Young people in the **UK** have a right to receive support from Children's Services until the age of 21, or 25 if they are in full time education or have a disability, and a Personal Advisor until the age of 25. A Pathway Plan is developed at the age of 15 and should include the support the young person will receive after leaving care, including making sure that they have somewhere suitable to live and support for further education and training (Children's Commissioner, 2018).



Measuring the Effectiveness of Services for Children

In addition to standards of care, there are also examples of tools which have been developed to measure the effectiveness of services for children. The Manual for the Measurement of Indicators for Children in Formal Care (2009) identifies 15 common indicators for children in formal care. The indicators are intended to allow individual childcare agencies and local, national and government officials to monitor whether the aims of prevention and alternative care services are being met over time.

The four core indicators are based on the number of children entering formal care, living in formal care, leaving residential care for a family placement and the ratio of children in residential versus family-based care. The remainder cover number of child deaths in care, contact with family, existence of individual care plans, use of assessment on entry to formal care, review of placement, children in residential care attending school, staff qualifications, adoption rate, legal and policy frameworks, complaint mechanisms for children and systems for registration and regulation.

Deinstitutionalisation (DI)

The final conference theme explored the concept of DI. The potential negative effects on children placed in 'institutions' is now well documented, particularly for young children. As a result the Guidelines makes specific mention of alternative care for children aged 0-3; 'In accordance with the predominant opinion of experts, alternative care for young children, especially those under the age of 3 years, should be provided in family-based settings (Paragraph 22). The Guidelines also encourage states to develop strategies to move

away from a reliance on institutions; 'where large residential care facilities (institutions) remain, alternatives should be developed in the context of an overall deinstitutionalisation strategy, with precise goals and objectives, which will allow for their progressive elimination' (Paragraph 23).

However, it is important to note that not all residential care is institutional in the negative sense (SIRCC, 2010). There are cases where residential care is the best option for a child, for example for those who have had negative experiences of family care, for older children, or for children with very specific needs. However the residential care that is on offer as part of a childcare system must be of the highest quality and appropriate to the needs of the child (EveryChild, 2011a). The Guidelines state, 'The use of residential care should be limited to cases where such a setting is specifically appropriate, necessary and constructive for the individual child concerned and in his/her best interests' (Paragraph 21).

As with gatekeeping, DI is not a one off event and does not just refer to the closing of institutions. UNICEF defines DI as 'the full process of planning transformation, downsizing and/or closure of residential institutions while establishing a diversity of other child care services regulated by rights-based and outcomes-oriented standards'. It is the process of transforming an institutionalised system of care for children to a family and community based care model.

Cantwell et al (2012), propose that DI strategies should:

- Develop alternatives to institutions.
- Ensure that de-institutionalisation plans take into account the needs of children with disabilities and other special needs.
- Ensure that plans to move away from institutional care include support to families

so that children can be re-integrated with their families.

- Provide financial resources to support national planning for the development of new care services.
- Provide retraining and redeployment opportunities for carers employed in institutions.
- Collect and analyse data at national level to monitor the number of children who remain in institutional care and those who have moved out of care.

Although the number of children in residential care is still far higher than those in other formal placements, many countries have developed strategies to move away from dependency on institutions and towards family and community based alternatives. This, however, takes time. **Chile** has implemented a number of strategies over the last quarter of a century; yet a number of challenges remain:

‘Over the past 25 years there has been an estimated reduction of almost 50% of the children who are placed in residential facilities each year. Informants attribute this achievement to the refocussing of policy and laws to place an emphasis on prevention of family separation, development of foster care and promotion of adoption services. However, although such programmes have contributed to this achievement, government and non-government organisations acknowledge that further improvements are badly needed if the use of residential facilities is to be ‘the last one, the exceptional one’ (Gale, 2016).

DI is a complex process to carry out successfully; if not planned carefully the transition from institutional care to family care can have further negative impacts on the children; ‘A key challenge is

ensuring that the process of deinstitutionalisation itself is carried out in a way that respects the rights of the user groups, minimises risk of harm and ensures positive outcomes for all individuals involved’ (European Expert Group, 2012).

Most importantly, better outcomes for children should be at the centre of any deinstitutionalisation strategy. A good deinstitutionalisation plan will enable professionals to identify the reasons why children are separated, develop appropriate family strengthening and gatekeeping in those communities, and thereby prevent any further unnecessary entry into institutions.

In developing alternatives to institutions, care must be taken to ensure they are culturally acceptable. For example, Chaitkin et al (2017) note that in some countries foster care is viewed with reticence: ‘The prevailing push towards formalising alternative care arrangements, coupled with the often forceful promotion of one imported formal care practice (foster care) essentially to replace another (residential care), must therefore be the subject of very serious assessment, including – but not limited to – ethical and practical considerations’ (Chaitkin et al, 2017). Decisions on whether formal foster care should be developed and used as an alternative care option should be based on each different context. In line with the suitability principle, it should not be assumed that one form of care should automatically replace another. Customary practices and informal care should also be explored to see if these can meet the best practice outlined in the Guidelines.

The challenge of deinstitutionalising without a range of alternatives in place is demonstrated by the case of **Ecuador**. According to a child protection professional, Ecuador is: ‘very far away from deinstitutionalising not just because we are adoption orientated but it is the only



alternative we have right now. Institutionalisation or adoption. Because we do not have a family care programme' (Gale and Teran, 2016).

Similarly, reintegration as part of DI strategies must address the factors leading to the child's placement in institutions in the first place, working with all parts of the child protection system and other sectors such as health, education and social protection. Reintegration should not take place if the family situation still poses a risk to the child and should be stopped if, at any stage, it is decided that it is not in the best interests of the child. The process must take place gradually with adequate time allowed for preparation and follow up of both children and families. Until recently there was no comprehensive guidance on reintegrating children back into their families; the Guidelines on Children's Reintegration aim to address this and 'go beyond the mere physical reunification of the child with the family to consider a longer-term process of the formation of attachments and support between the reunified child and his/her family and community' (Delap & Wedge, 2016).

Acknowledging the complexity of DI, there must be efforts to improve the quality of residential care at the same time as alternatives and family strengthening initiatives are being developed. 'In countries where implementation has been successful, the existence of comprehensive short-term and long-term plans has been a crucial factor (European Expert Group, 2012).

A further challenge is that in a number of contexts, a large proportion of residential care facilities are not registered and therefore not authorised and inspected (Chaitkin et al, 2017). This means that it is not possible to ascertain the quality of care provided or the numbers of children living in residential care and moreover, they are likely to be excluded from gatekeeping mechanisms and strategies for deinstitutionalisation.

By 2013, **Georgia** had closed 36 of the nation's 41 large childcare institutions; the number of children in State care dropped from more than 4,000 to 150 (UNICEF, 2013). The priorities set by the government in their deinstitutionalisation strategy were:

- Reintegration of children living in the institutions into biological families.
- Provision of various social benefits as a preventive measure against child abandonment.
- Substitution of orphanages with alternative-family based services like small group homes and foster care.

As a result, between 2009-2012, 923 children were reintegrated with their families, 1330 children were placed in foster care, 37 small group homes were established and the number of social workers increased from 80 to 225 (Government of Georgia).

Progress on the Implementation of the Guidelines

So far this chapter has discussed a number of recommendations set out in the Guidelines relating to the three conference themes and examples of countries' experience of implementing them to date. However, noting the difficulty in tracking progress in implementing the standards set out in the Guidelines, the Tracking Progress Initiative (<https://www.trackingprogressinitiative.org>), led by the Better Care Network and Save the Children, recently launched a tool to measure progress in the implementation of the Guidelines. Based on the principles of suitability and necessity the tool is based around four themes:

1. Addressing factors that may lead to the need for alternative care
2. Discouraging the use of alternative care unless necessary
3. Ensuring formal alternative care settings meet minimum standards
4. Ensuring that formal alternative care settings meet the best interests of the individual child

The tool aims to support those working on strengthening the care system to determine the extent to which their country has effectively implemented the Guidelines and to identify the priorities for change still ahead.

An Effective Child Welfare Workforce

A common thread across each of the conference themes, and a key requirement for an effective child protection system is committed and competent professionals. In *Towards the Right Care for Children*, Chaitkin et al (2017) write, 'Workforce development emerges from the country studies as a clear and significant need that enables necessary reforms to take place'.

Not only are greater number of professionals required but they need to be provided with sufficient resources, training, direction and support to enable them to ensure the best outcomes for children and families, 'The availability of well-trained and motivated personnel in a community affects how quickly new services can be put in place and can ensure that institutional practices are not replicated in community settings' (European Expert Group, 2012).

Unfortunately, in spite of the focus on conditions of work and training for carers in the Guidelines (Paragraphs 114, 115 & 116), in many contexts

the status and pay of carers is extremely low leading to poor moral and high turnover (Cantwell et al, 2012). As noted above, a lack of training also results in staff being unaware of standards, protocols and tools relating to care for children. All of these have a negative impact on the quality of care for children.

For example, research on foster care found that 'A significant barrier to the effective use of foster care is the shortage of skilled social workers capable of recruiting, supporting and monitoring foster carers, and offering proper care planning and other support to children in foster care, and to their families' (EveryChild, 2011).

Children's Participation

Finally, it is important to highlight another of the key principles of the Guidelines and the CRC which should be central to all decisions about care, children's participation; 'Too often, children are placed in alternative care without fully understanding why, or without being given a chance to express their opinions' (Cantwell et al, 2012).

This is emphasised throughout the Guidelines but specifically noted in the General Principles and Perspectives: 'They should respectfully the child's right to be consulted and to have his/her views duly taken into account in accordance with his/her evolving capacities, and on the basis of his/her access to all necessary information' and 'the determination process should take account of, inter alia, the right of the child to be heard and to have his/her views taken into account in accordance with his/her age and maturity'. Moreover, children should be consulted throughout the time they are in contact with the alternative care system. Finally, there must be a mechanism for children to raise concerns and complaints safely, and support for them to do so.



As well as meeting international standards, effective participation by children in alternative care settings also contributes to better care for children in a number of other ways:

- Shows children they matter and are valued.
- Improves decision-making and quality of care.
- Improves safeguarding.
- Enhances relationships and reduces conflict.
- Makes services child-centred.

(The Royal Borough of Kensington and Chelsea, 2013).

This is seen across settings and throughout the child protection system. For example, 'where

children, families and other local stakeholders participate in the gatekeeping process, it is more likely to lead to positive and sustainable outcomes for children' (Better Care Network & UNICEF, 2015).

In **Norway**, an action research project explored how to strengthen the participation of young people in decisions about their care. As a result, changes were made in the practices of child protection centres so that young persons were fully involved in meetings that would make decisions about their future care. Whilst in **Scotland** children and young people in formal alternative care were involved in designing and delivering training to senior professionals. (Cantwell et al, 2012).



With the emphasis on family as the fundamental group of society in the CRC and on DI and FS processes in the Guidelines referred to as UN Guidelines on ACC, it is important to look at the implementation of both in the SA region. FS, gatekeeping and DI processes need to be implemented to support and bolster families to be able to take care of their children instead of sending them to live in residential care due to various challenges, such as poverty, lack of resources or loss of one parent.

The eight countries in South Asia, Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka, constitute the South Asian Association for Regional Cooperation (SAARC), a body that has taken up issues pertaining to child rights in the region, especially in the past two decades. Specifically in relation to alternative care, the SAARC Regional Strategic Framework lays down that States should ensure that residential

institutions should not be used as a substitute for family care, or for the better living of children when their families are destitute.

As has been discussed in the previous chapter, the three themes of the 3rd BICON have taken into account key components of the CRC and the Guidelines. Concentrating on the SA region, this chapter looks at how these three themes have been implemented in the eight countries, in respect to law and policy making and standards of care for children in alternative care, including foster care, adoption, and institutionalised care. Impediments and lack of structure and resources for better living of out of home care (OHC) children are also discussed.

In a recent, report titled “Alternative Child Care and Deinstitutionalisation in Asia: Findings of a desk review” by Catherine Flagothier, in June 2016, the demographic profile of the South Asian countries is given as follows:

Table 1: Population: countries of South Asia

| Country | Total population (thousands) 2013 | Under 18 (thousands) | Under 5 (thousands) | % Under 18 | % Under 5 |
|-------------------------|-----------------------------------|----------------------|---------------------|--------------|-----------|
| Afghanistan | 30.552 | 16.536 | 4.905 | 54,13 | 16,05 |
| Bangladesh | 156.595 | 56.666 | 15.128 | 36,19 | 9,66 |
| Bhutan | 754 | 256 | 71 | 33,96 | 9,41 |
| India | 1.252.140 | 435.384 | 121.293 | 34,77 | 9,69 |
| Maldives | 345 | 120 | 37 | 34,80 | 10,71 |
| Nepal | 27.797 | 11.526 | 2.911 | 41,46 | 10,47 |
| Pakistan | 182.143 | 73.854 | 21.761 | 40,55 | 11,95 |
| Sri Lanka | 21.273 | 6.308 | 1.883 | 29,65 | 8,85 |
| Total South Asia | 1.671.598 | 600.651 | 167.989 | 35,93 | 10 |



Over 50% of the population in Afghanistan is under 18 years of age, while it is over 40% in Nepal and Pakistan and over 30% in Bangladesh, India, Maldives and Bhutan.

Flagothier (2016) also notes that South Asia ‘hosts over 500 million people living in extreme poverty and inclusive development is yet to be achieved’ in the region. Natural and man-made disasters including major earthquakes, cyclones, storms, floods, landslides, rising sea levels and droughts are common in the region. Flagothier further estimated that in Bangladesh alone, approximately 11 million people are affected by these events every year. These disasters result in increased vulnerabilities to families and are a factor for separation of children from families. Migration also results in increased internal mobility within countries, often putting children in vulnerable situations. In Sri Lanka, for example, estimates indicate that each migrant mother, on average, has left two or three children behind (Save the Children, 2013).

National Policies and Legal Frameworks for Out-of-Home-Care (OHC) Children in South Asian Countries

All eight South Asian countries have ratified the CRC and endorsed the Guidelines. Other legal frameworks, supported by the CRC, concerning alternative care applicable to all countries in SA include (Kang, 2007):

The South Asian Regional Convention on Child Welfare, 2002

- Reaffirms the recognition that the family is the fundamental unit of society and the ideal nurturing environment for the growth and well-being of children.
- Reaffirms the statement of political responsibility to ensure the fulfilment of child rights.

- Asserts the determination of States to facilitate cooperation and regional arrangements to fulfil obligations to protect child rights.
- Highlights universal access to basic services as a regional priority.

The Hague Convention on the Protection of Children and Cooperation in Respect of Inter-country Adoption, 1995

- Provides, for the first time, formal international and intergovernmental approval of the process of inter-country adoption.
- Recognises inter-country adoption as a means of offering the advantage of a permanent family to a child for whom a suitable family cannot be found in the child’s country of origin.
- Establishes a minimum set of uniform standards governing international adoptions.
- Establishes a central authority in each country to discharge the duties, role and functions imposed by the Convention (certification, facilitation, information exchange, control to avoid improper gain).

The Stockholm Declaration on Children and Residential Care, 2003

- Promotes restructuring of the public care system to reduce institutionalisation, prevent separation, and provide alternative care, with residential care as a last and temporary resort.
- Calls for States to regulate and monitor the provision of public care according to minimum standards in line with the Convention of the Rights of the Child.
- Emphasises the development, financing, implementation, and monitoring of family-based forms of care.
- Inter-Agency Guiding Principles on Unaccompanied and Separated Children, 2004.

- Provides a clear policy statement on the protection and care of children in emergencies, including armed conflicts and natural disasters.
- Reaffirms the principles of family unity, family reunification/reintegration, and minimum recourse to institutionalisation.
- Asserts a preference for placement of children in their community of origin through alternative family-based forms of care.

Several policies and laws have also been drafted and implemented at the national level in the South Asian countries:

In **Afghanistan**, the Government has formed a Steering Committee to ensure conformity of Afghan laws and policies with the CRC, Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and SAARC Conventions. This Steering Committee encompasses members of the National Committee on the Rights of the Child; the Child Protection Action Network, comprising Government and non-Government organisations; and a committee of representatives from among relevant line Ministries.

In the case of **Bhutan**, the Department of Legal Affairs, the National Commission for Women and Children (established in 2004), and a legislative task force with representatives from the Royal Court of Justice, the Royal Bhutan Police, NGOs and the National Commission for Women and Children are all concerned with reviewing and/or drafting relevant policies, legislation, rules and regulations.

In **India**, the Juvenile Justice (Care and Protection of Children) Act, 2000 (JJA) is the most comprehensive national policy on child rights and child protection in India. A revision of the JJA was passed in 2015. The JJA calls for deinstitutionalisation of children as the family is considered the best environment

for the child to grow up in. This intention is also espoused by the National Policy for Children (NPC), 2013, which reiterates the importance of following a rights-based approach in matters concerning children. In respect to OHC children, the Policy specifically states that 'To secure the rights of children temporarily or permanently deprived of parental care, the State shall endeavour to ensure family and community-based care arrangements including sponsorship, kinship care, foster care and adoption, with institutionalisation as a measure of last resort, with due regard to the best interests of the child and guaranteeing quality standards of care and protection.'

The Ministry for Women and Child Development (MWCD) was formed in 2006 as the nodal Ministry for overseeing the implementation of the NPC. Actions Groups have been formed at the State and District level. The National Commission for the Protection of Child Rights (NCPCR) and State Commissions for the Protection of Child Rights have also been formed, established by an Act of Parliament, the Commission for Protection of Child Rights Act in December 2005, to oversee the implementation of the NPC, in all sectors and at all levels when formulating laws, policies and programmes affecting children.

In the **Maldives**, new laws targeting children have been drafted since the country's transition to democracy, including the Juvenile Justice Bill and the Minimum Standards at Institutions of Alternative Care, which adhere to the international standards cited in the CRC. Children's rights have become a part of the discourse on public health, and hence received considerable attention. When the government changed in 2012, a new Ministry of Gender, Family, and Human Rights was established, which assumed the main coordinating role in the implementation of the CRC. It is considered as one of the most progressive child-related legal



provision to be passed in the country until now. A bill on foster care, called Regulations on Foster Care, is currently pending approval.

Nepal was one of the first countries to ratify the CRC. Following the ratification, the Government of Nepal has adopted the Children's Act in 1992, Children's Regulations and National Child Policy, all of which respond to the overall protection of children in Nepal. The government of Nepal also formed the Central Child Welfare Board (CCWB) under the Children's Act as a statutory body under the Ministry of Women, Children and Social Welfare with responsibility for child protection and monitoring of child care homes in Nepal. The Central Child Welfare Board has district chapters in all 75 districts of Nepal. The CCWB is also the focal point in Nepal for inter-country adoption, and the Child Helpline Nepal 1098. Likewise, it has devised Case Management Guidelines (2014) and Emergency Child Rescue (operation) Rules (2011). Furthermore, the CCWB has endorsed Minimum Standards for Child Care Homes and is under the process of formulating guidelines for alternative care in Nepal. With a changing political scenario in Nepal, the current Ministry for Women, Children and Social Welfare has been transformed into Ministry of Labour and Women. The structure of Central Child Welfare Board might change accordingly and the local and provincial government will have bigger role to play in child protection, alternative care and family strengthening.

The **Pakistan** Bait-ul-Mal is an institution that falls under the Ministry of Social Welfare and Special Education. Following the signing of the CRC in 1989, the Pakistan Bait-ul-Mal Act was passed by the Pakistan Parliament in 1992. The Act laid down provisions for providing financial assistance, rehabilitation measures, education assistance, and residential accommodation and necessary facilities to the needy and vulnerable that included the 4.2

million orphans residing in the country. In addition, the government has initiated legal and policy framework for child rights and child protection, such as National Child Protection Policy, Criminal Law Amendment Bill, National Commission on the Rights of Children Bill, the Charter of Child Rights Bill and implementation of the Juvenile Justice System Ordinance, Prevention and Control of Human Trafficking Ordinance, Employment Children Act, National Plan of Action for Children, establishment of Children's Complaint Office at the office of the Federal and Provincial Ombudsman, Child Protection and Welfare Bureau and Child Protection Centres. There are two laws at the federal level particularly for institutionalised children: Guardians and Ward Act, 1890, and the West Pakistan Control of Orphanages Act, 1958.

In **Sri Lanka**, the Ministry of Women and Child Affairs has recently drafted a national policy on alternative care for children. The emphasis is on strengthening formal and informal community structures that can be involved in the protection of children lacking parental care. The Department of Probation and Child Care Services, which comes under the Ministry of Women and Child Affairs, are drafting the national policy in consultation with various stakeholders involved with child care. A draft of this policy, titled National Policy on Child Protection 2017, upholds the family as the primary unit of care and protection of children. Deriving from the CRC, the policy states that institutionalisation of children will be the last resort and only when it is in the best interests of the child. Even then, it will be for as short duration of time as possible. The National Child Protection Authority (NCPA) has been established by the Parliament of Sri Lanka in 1998 to advise the government on policies and law related to children and their protection. Amongst their functions, one of them focuses on the rehabilitation of children in especially difficult circumstances, such as those children who need to be put in institutional care.

The NCPA also focuses on providing aftercare services to children who grow out of institutional care.

In **Bangladesh**, there is the Children's Act of 1974 and the Bangladesh Children's Academy established in 1976. Bangladesh was among the first countries to sign and ratify the CRC and is working to implement its provisions. Furthermore, the Government formulated and implemented a National Policy on Children to ensure the security, welfare and development of children in Bangladesh.

However, law enforcement remains a challenge in the region. Additionally, some countries have not got an adequate legal framework in place yet. For example in South Asia there is no country with an explicit legal prohibition of corporal punishment in alternative care environments, with the exception of some prohibition in India. Maldives has no comprehensive legal framework and guidelines for the placement, care, and reintegration of children in alternative care or for the oversight of the recruitment and conduct of staff at alternative care institutions and there is a lack of plans, policies or procedures for children or adolescents leaving care. In **Bhutan**, many gaps remain in child protection laws, policies, standards and regulations, as child protection is still quite a new area of work for the country.

Family Strengthening in South Asia

The Social Charter, drafted and ratified by the SAARC countries in Islamabad, Pakistan, in 2004, recognised the need for family strengthening in the SAARC countries. In Article 2 of the Charter, it states that the State parties 'Recognize the family as the basic unit of society, and acknowledge that it plays a key role in social development and as

such should be strengthened, with attention to the rights, capabilities and responsibilities of its members including children, youth and the elderly.' In addition, the Charter emphasised that along with the family, the State and the communities also have an obligation towards children.

In the Charter, State parties also agreed that each child needs to grow up in a family environment, 'in an atmosphere of happiness, love, and understanding' as emphasised in the CRC, for their complete and harmonious development. The State's involvement is also required to ensure that young children are not separated from their mothers' care, unless it is in the best interests of the child. In such cases, it will be the responsibility of the public authorities and also the society to provide special care to children without a family. The standards of care of orphaned and/or abandoned children will be accordingly defined, with special focus on their rehabilitation.

Though there is no right to family life envisaged in the CRC, several articles of the Convention emphasise the importance of family preservation. As the UNHR report (2011) points out:

'The Preamble sets the scene, with its reference to the family as "the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children". It emphasises that the family "should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community" and that "the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding". The importance of the family environment for the harmonious development of the child and the need to protect and promote it (including the role of parents and substitute family) is also highlighted in Articles 5, 9, 18, 21, 23, 27 of the Convention.'



In **India**, FS and community involvement and support in the healthy development of children has been emphasised in the National Charter for Children, adopted in 2004.

In the **Maldives**, the State party was impressed upon in 2016 to adopt the Child Rights Bill that would ensure, in compliance with the CRC, shared parental responsibility and prevention of removal of children from their families, amongst other things. Recommendations were also made to develop programmes for family education and awareness, including support and training of parents in parental guidance for the purpose of practicing FS (Better Care Network, 2016).

In **Nepal**, it is only recently that the government has undertaken a number of child protection and alternative care assessments in the country. Under these new provisions, new elements of a national child protection system, including gatekeeping procedures and other mechanisms, will be developed. This work will be done by the Government in collaboration with NGOs working on child rights and alternative care for children in Nepal.

Bangladesh is trying to use cash transfer initiatives and family support services to enhance child protection interventions, before opting for placement in institutions with UNICEF-supported Amader Shishu (Our Children) and the Protection of Children at Risk initiative. The Alternative Orphan Family Sponsorship Programme was launched as a pilot project in 2014 where there is a sponsorship scheme to support vulnerable children and also supporting the family or guardian of an orphaned child to build a sustainable livelihood. This is a four-year project to support families to achieve a lasting income, so they can support themselves, as well as enabling orphaned children to gain better access to education and social protection (<http://www.islamic-relief.org/project-for-orphans-launched-in-bangladesh/>).

Standards of Care in South Asia

Approximately 43 million children in South Asia (out of the 153 million children globally) have lost one or both parents (Kumar, 2018). Out of these, the number of children in institutionalised care stands at 93,000, which is 15 children per 100,000 in residential, or institutionalised, care (Petrowski, Cappa & Gross, 2017). But this is just the tip of the iceberg as authentic data and evidence on the actual numbers of children in institutions is not known in any SA country.

In **Bangladesh**, an estimated 3% of the children are living without parental care. These children are not necessarily orphans, many still have one or both parents living but unable to provide for their children. Furthermore, out of this 3%, 94.4% of children without parents are living in kinship care, that is with people to whom they are related, while 5.6% are living in arrangements not involving kin. For those children not living in kinship care, the types of residential care include government and NGO-run orphanages called shishuparibar, madarsas, shelter homes, safe homes, government centres for disabled children, drop-in centres for street children, and vagrant homes.

Bangladesh is one country in South Asia that has made a concerted effort to establish foster care programmes in the country. In 1988, the government launched the Government Sevana Sarana Foster Parents Scheme, which has helped 18,000 children to date. Following Cyclone Sidr, UNICEF launched a foster care scheme where children were placed with extended family members or people from the community. 2,000 foster families received monthly cash transfers and were monitored monthly by government social workers. More recently, in December 2017, the

government announced plans to launch foster care schemes for children with autism and other neuro-developmental disabilities. The scheme proposes to involve 'wards', group homes, 'private homes', and state-certified caregivers as 'foster parents' for children with developmental disabilities who no longer have families (Autism Daily Newscast, 2017). As far as adoption is concerned, it is only allowed for Hindus, under the Hindu Personal Law. Muslims in Bangladesh are not allowed to adopt, as it goes against the tenets of the religion and Muslim Personal Law.

In **India**, the Supreme Court further directed States and Union Territories to, among other things, set up inspections of institutions, prepare individual child care plans for all children in care, implement rehabilitation and social re-integration schemes for children leaving care, ensure the training of personnel involved, and conduct social audits. Adherence to these directives would ensure the healthy development of the children who have been placed in Child Care Institutions (CCI) as recourse to their best interest. However, close monitoring of all CCI will be required, with proper documentation for follow-up enquiries and appropriate actions. Such a system still needs to be put into place in the country.

The most common form of alternative care in **Nepal** is informal care within extended families or kinship care. The number of children living in such an arrangement is difficult to estimate as cases of kinship care are largely undocumented and unregulated. There is also a lack of research on kinship care in Nepal, which makes it difficult to identify the benefits, costs, and challenges of such kind of alternative care arrangement. Apart from kinship care, currently there are about 585 residential facilities for children operating in Nepal,

most of them managed by non-state providers. The past years have seen a rise in the number of children admitted in these residential institutions. The last estimate was made by UNICEF (2016), which stated the number as 16,400 children living in institutions. Inter-country adoptions used to be practiced in Nepal, but due to concerns of trafficking all adoptions, national as well as inter-country, were suspended in 2015. Efforts to recommence adoptions are now underway. Various civil society organisations are providing different modalities of alternative care in Nepal. There have been encouraging examples of social reintegration of children from risk backgrounds, including the children living and working in the street and survivors of armed conflict and natural disaster by child rights organisation CWIN and others.

In **Pakistan**, there are an estimated 4.2 million orphans. According to a UNICEF report 'A large number of children in Pakistan are living in institutional care. The existing institutions providing alternative care are inadequate, both qualitatively and quantitatively, and lack mechanisms for conducting periodic reviews of placement. Efforts are under-way to enforce minimum care standards in the alternative care institutions.'

Apart from residential care, alternative care options in Sri Lanka also include school programmes, kinship care, subsidised daycares, safe houses, respite care, counselling centres, certified schools and boarding houses. A need for additional alternative care options is currently being felt, especially those targeting special needs children and children subjected to trauma, such as orphaned and abandoned children (The Sunday Times, 2017).

Deinstitutionalisation in South Asia

Asserting the importance of the family as the fundamental unit of society, State parties are expected to promote DI, along with family strengthening practices, in SAARC countries, as laid down in the SAARC Convention on Regional Arrangements for the Promotion of Child Welfare in South Asia (2002). The CRC lays out provisions for the realisation of the child's rights. For example, respect, protect and fulfil rights (Article 4), consideration of the best interests of the child (Article 3), life, survival and development (Article 6), and respect for the views of the child (Article 12). Most of these rights are difficult to realise in an institutionalised setting, hence the emphasis now on the move to DI comprising of family-based community care.

Data on children in South Asia shows that a majority of children living in institutional care have one or both living parents. For example, in **Nepal**, around 85% children living in institutions have at least one living parent. Similarly for **Sri Lanka**, more than 80% of children are not orphans, despite availing of alternative care. India also has a large number of such children living in institutional care, but an estimate of the number is currently unavailable. In **Afghanistan**, between 45-70% of institutionalised children have at least one living parent.

Why are so many children put in institutionalised care despite having at least one parent alive? Poverty is recognised as a major reason why parents place their children in institutional care. In this regard, the Guidelines are clear that this should not be the primary reason for placing a child into alternative care or for preventing his/her reintegration. Other causes, as noted in the previous chapter, include lack of access to

education, HIV/AIDS, migration of parents, natural or man-made disasters, discrimination against the girl child, violence, abuse, neglect, exploitation and trafficking, and disability. Sometimes institutions offer to take in children of destitute parents. In fact, in Nepal, for example, the phenomenon of 'orphanage voluntourism' is prevalent, for the purpose of attracting funds from donors.

To reduce the adverse impact of these difficult circumstances, some countries have made efforts to deinstitutionalise children, either through avoiding family separation, and making efforts towards family reintegration and applying alternative forms of care, such as foster care, kinship care, and adoption (Flagothier, 2016). Efforts include family and parents support, to ensure parents do not resort to placing their children in residential care because they are unable to provide for them; providing basic social services and social protection to vulnerable children and their families; and strengthening the child protection services in the country. In this regard, for example, a Child Policy was adopted in **Nepal** in 2012, which recognised, along the lines of the CRC, that placement of children in residential homes should be the last resort, and instead efforts should be made to reintegrate children with their families through family strengthening processes. **Bangladesh** is another example, where concerted efforts have been made to deinstitutionalise, in association with UNICEF-supported Amader Shishu (Our Children) and the Protection of Children at Risk initiative (SAIEVAC and SACG, 2011). Cash transfer initiatives and family support services are being introduced in order to enhance child protection interventions where vulnerable children are prevented from being put in institutional homes. Mostly, however, law enforcement remains a challenge in most of the region.



Programmes by community level actors and civil society organisations towards DI have been carried out in **Nepal**. The Central Child Welfare Board, DCWB and the Child Helpline Nepal 1098 have been actively engaged in monitoring of the child care homes for gatekeeping purposes. They rescue children when children are kept in institutions in degradable conditions as well as those children who have possibilities of family/social reintegration. Also in Nepal, Save the Children implements the “Creating Safe Communities” project which focuses on strengthening child protection systems at community and national levels as well as on preventing family separation, providing reintegration support to the children separated from their families and establishing a system of monitoring, reporting and responding to child rights violations. Other organisations such as The Umbrella Foundation, Terre des Hommes and Next Generation Nepal have, during the last years, also engaged in family reunification of orphans and children in institutions with their parents or relatives (UNICEF, NGN, The Umbrella Foundation, Learning Service, Just One, 2015). Furthermore, CWIN has been working towards the empowerment of young people who are leaving the shelter homes for their sustainable future with peer-support, tuition project and self reliance.

In **Sri Lanka**, appropriate family support services, policies or programmes are currently lacking. A policy for deinstitutionalisation is also currently lacking in the country, according to NCPA. The government, however, is committed to reuniting institutionalised children with their families, and a policy for deinstitutionalisation is in the pipeline.

Challenges

Although the need for deinstitutionalisation, family strengthening and better standards of care for OHC children is realised by the South

Asian countries, there are numerous challenges in implementing the provisions laid down in the CRC and proposed by the Guidelines. Some of these challenges are discussed below:

The situation in **Afghanistan** is the most dire, as it has been a conflict-ridden country for several decades now. The conflict has led to a diminished capacity to respond to and protect affected children, especially their psycho-social health. Appeals have been made by UNICEF and other agencies to direct concerted attention towards the concern of child protection in the country. Despite ratifying the CRC in 1994, the Government of the Islamic Republic of Afghanistan does not consider the CRC as legally binding, and hence the full range of child’s rights has not been implemented through law or policy. Low budget allocation to child’s rights is another area of concern. Furthermore, no comprehensive and nationwide survey has been recently carried out in Afghanistan to estimate the number of orphans in the country. The last survey was carried out in 2009, estimating the number of orphans to be 120,000. Even if the number of orphans in need of alternative care was determined, only about 10% of those orphans can be provided with adequate alternative care due to budgetary constraints. The current budget of \$3.4 million set aside for orphanages, and administered through the Ministry of Labor, Social Affairs, Martyrs, and Disabled is not enough to cover the expenses of providing basic care for children let alone meeting their full developmental needs.

Provisions for aftercare are a need in **Bangladesh**, as it has been found that children growing up in CCIs are poorly prepared to live independently once they age out (UNICEF, 2009). The reason cited is the lack of individualised care plans for the children growing up in CCIs. Also in Bangladesh, the country is currently hosting refugee orphans who have escaped the Rohingya crisis in Myanmar. According



to a report by the UN, out of the 536,000 refugees arriving in Bangladesh, up to 60% of the new arrivals are children, and 30% are children under five years, 7% are infants under one year, and 5% refugee households are headed by children (Chaity & Aziz, 2017). The Ministry of Social Welfare has taken responsibility for providing food, lodging etc to the refugee orphans (The Independent, 2017). There are several child-headed families in these refugee camps, where children as young as 7 years of age have been forced to play the role of parent and household head to their younger siblings. UNHCR and other child protection agencies are identifying these child-headed families and are in the process of setting up sustainable foster care arrangements within the communities of refugees in order to provide safety and protection to the refugee children (UNHCR, 2017). This is an added responsibility for a country that is still in the process of laying down adequate provisions for the proper care of Bangladeshi OHC children. The influx of the Rohingya orphans increases the challenges faced by them in ensuring satisfactory standards of care for children.

Challenges in **Nepal** lie in the weak implementation of the existing child protection policies and guidelines. Although Nepal has ratified the CRC, the domestication process of these international instruments in practice is still a challenge. Lack of conceptual clarity, inter-agency cooperation and resource constraints, including human resources, lack of follow-up and effective monitoring, and lack of institutional building, are some of the major hindrances to national development (Gauri, 2013). In addition, Nepal has gone through many challenging times such as political unrest, armed conflict and a devastating earthquake in 2015, all of which have put children in danger of being institutionalised. General public and government authorities seek institutional care not as a last

option but as the first. Such attitude encourages organisations and government bodies to keep focusing on institutional care of children rather than seeking sustainable and dignified alternative care.

In **Pakistan**, one of the impediments in providing care and protection to orphans and abandoned children is the underdevelopment of the social sector. Low presence and involvement of NGOs working with orphaned and abandoned children is one of the reasons why policies and legal frameworks centring on their protection and development have not adequately been advocated. Despite the formulation of several laws and policies for child protection in general, one of the challenges has been the lack of implementing agencies and/or effective channels through which the various international laws ratified by the country can be applied to meet local requirements. Inadequate allocation of resources by the State is another area of concern.

Sri Lanka faces several challenges in the alternative care system in the country. These challenges include the absence of a strategy for improving care standards in alternative care settings, including efficient law enforcement, monitoring mechanisms. There is no coherent strategy for the progressive deinstitutionalisation of the alternative care system, in order to prevent family separation, including a drive towards family strengthening, and altogether removing the need for alternative care. For those children for whom alternative care is the only option, there is a lack of financial, material and human resources and capacities for providing optimal care. Furthermore, there is also a lack of a range of alternative care options beyond residential/institutional care and an effective gate-keeping mechanism. Another major fundamental problem is the lack of proper awareness among the public as well as policy makers and service

providers about the situation of alternative care for children in the country, including the needs and rights of children in alternative care and the importance of family and community based care for children.

In **India**, while the legislative and policy prescriptions on child protection are strong, implementation is a big concern. The large population of the country makes the situation further difficult due to the increase in numbers of children entering alternative care every year. Low budget allocation to child's rights is another area of concern across India. The

other concern is the lack of research, evidence and data on issues of children living in alternative care. Aftercare still remains a low priority with the decision makers and implementers leading to a complete lack of tracking and follow up of young persons who exit alternative care setting on attaining adulthood. Mental health of children and young persons is also not emphasized and there are not enough trained cadre of child protection professionals in the country. Discussions around DI have not been started in a systematic manner and the understanding on concepts of gatekeeping remains poor even amongst stakeholders.



Inaugural Session

Welcome and setting the context:

Dr. Kiran Modi

Managing Trustee, Udayan Care



Dr. Modi, on behalf of the Organising Committee welcomed all delegates to the 3rd Biennial International Conference (BICON) on Alternative Care for OHC children. She recalled, as to how way back in 2014, when the 1st BICON was launched, it was felt that a platform especially for SA was needed to be created to deliberate, with greater breadth and depth, on standards of care and mental health issues of children in alternative care.

She shared her satisfaction and said it was heartening that the dialogue has continued and now at the 3rd BICON, there is a collective discussion taking place on the policies and practices as well as the gaps which need to be plugged, and how

aspects of mental health of children needs to be integrated in all the work being done with OHC children. She mentioned that the conference would deliberate on what can be done further to strengthen the families from disintegrating; how to develop effective gatekeeping mechanisms to prevent unnecessary entry into alternative care; and at the same time improve the quality of life of such children who need alternative care so that they grow into wholesome individuals.

Dr. Modi mentioned that DI, FS and alternative care are discourses that have gained international and national attention in most SA countries in recent years. The presentations and discourses over the next two days, she promised, would review various barriers to effective prevention of family disintegration as well as intervention strategies, from gatekeeping mechanisms to deinstitutionalisation and improving standards in alternative care.

She said, that, as individuals, we have a core identity and a sense of stability and rootedness in our families and communities. For OHC children in alternative care, with every new institution or family a new identity has to be created, and negotiated to the extent that they become 'twilight children' and labelled as 'left behind', or 'cared for'. She further said that we are extremely fortunate to have a panel of distinguished mental health professionals as our resource persons, who will examine the different modes of alternative care from a mental health perspective.

She further reiterated that practitioners in child and youth care, are all aware of the dangers inherent in a stereotyped ‘one size fits all’ package to meet the needs of OHC children and troubled families. Child and youth care must always be dynamic and individualised to the needs, culture and context of the child and the youth. Here is an opportunity to learn about the alternative care systems around the world in general and particularly in South Asia. Presenters, practitioners and researchers shall attempt to find out how different alternative modes of care can be enhanced and transformed from an undermining environment to the child to become an empowering platform where a child can heal, engage and develop, despite the devastating impact of childhood; build resilience and hope and connect to a positive future”.

Key note address:

Dr. Delia Pop

Director of Programmes and Global Advocacy,
 Hope and Homes for Children, UK



In her opening address, Dr. Pop from Hope and Homes for Children, laid down the overview on deinstitutionalisation, child protection, child care and reforms at a global level. She reminded everyone of how children without parents are deprived of the care and support that children in families receive, which are ‘extra ordinary feelings’. She said that she has been working to

eradicate orphanages across Romania since 1998. Over the last 19 years, Romania has made huge strides in reforming its child protection system. Whilst previously there were no interventions to prevent children from entering institutions and no alternative forms of care, and there were 150,000 children in institutions; there are now only 6,000 children left in institutions; the others have transitioned into families or communities. When only institutional care is used, families at risk go into crisis; we tend to react to that crisis and never get into the root causes of the issue. It is important to systemically invest in reducing the reliance on institutional care. It is essential to provide services early on before the separation of the child becomes necessary. At the same time it is necessary to provide children who are separated from their families with high quality alternative care. Gatekeeping is the glue that connects family strengthening with alternative care. Learning from Hope and Homes for Children’s experience includes:

- Never think in the short term. Have a long term visions for deinstitutionalisation and know what you want to achieve in 10-15 years time. Develop a clear vision for everyone.
- Change mindsets by telling the story of why change needs to happen. People need to know ‘why’ change is needed before the ‘how’. This also helps to change the narrative, for example, from talking about children at risk instead of orphans.
- Understand the context in which you operate and develop a framework which works for your context. Agree on a set of principles rather than using a blueprint.
- Collaborate: child protection and care needs to be at the centre of government attention. For example, in Zambia, 68% of children are placed in orphanages by parents for education. This is



not a protection issue, but an issue of access to educational resources.

- Be accountable: ensure there are resources to support service development and delivery as well as human resources and capacity building.
- Work for all children.
- Time is of the essence. It is a marathon not a sprint. Children's transition is possible if they are properly supported and if it is carried out in an acceptable time frame. On the other hand the longer the transition, the higher the costs.
- Change the way funding is allocated: most resources are allocated to institutions and local authorities are not incentivised to develop

local services. The money should follow the children!

- Measure what matters, based on the necessity and suitability principles.
- Influencing systemic change is possible by understanding the context; knowing yourself; thinking systematically; learning and adapting; are recognising change is personal.
- Political will is required to translate change into national strategies and action plans.
- Establish know-how in countries where change is desired. Pilot the change in your region, community, country.



Response in the context of South Asia:

Ms. Kendra Gregson

Child Protection Regional Advisor, UNICEF, ROSA



Ms. Kendra started by saying that the 3rd BICON is an opportunity to share a common understanding on how to protect children and help them to reach their full potential. Human Rights are essential to our lives as human beings; therefore we must also think about rights when working on child protection systems and alternative care. The Universal Declaration of Human Rights was unanimously accepted 70 years ago. It also laid the groundwork for the strengthening of child rights and the acknowledgment that children are entitled to special care and attention. The CRC states that parents have the responsibility for the upbringing of a child. However, there are situations where this might not be possible. In such cases, temporary alternatives should be available until a permanent solution is found.

In South Asia, institutional care is dominant. Research has shown that in nearly all domains institutional care profoundly negatively affects children's experiences and does not meet the basic rights criteria for the development of children. Our understanding of what good care

means has changed. We need to think about all children, before, during and after alternative care, and throughout the whole system. In South Asia all countries are working on strengthening child protection systems but we are at the beginning and face many challenges. However, there are also some great examples to draw upon to ensure alternative care is only used when necessary and is of the highest quality.

- Measurement: it is not known how many children are in the care system. And often the boundaries as to what constitutes residential care are blurred. We need to know where the children are. Sri Lanka is looking at tracking foster and residential care whilst in the Maldives, case management systems are being developed that crosses different institutions.
- Not having data also implies that legal processes are not being followed. Support from courts is also required to implement legislation. In Nepal, NGOs are working with government to monitor standards and institutions are being closed. In India, civil society is working with judges to ensure they understand alternative care and what the implementation of that legislation means.
- South Asia is also prone to emergency situations: separation may be immediate, secondary or involuntarily and different approaches are needed for each (tracing and reunification, family strengthening, government intervention).
- Resources: it is not just about the will but the resources and identifying where the money is. The more staff we have, who are qualified and trained, the more chance we can strengthen the system.

Addresses by Guests of Honour

Ms. Shireen Vakil

Head – Policy and Advocacy, Tata Trusts, India



Ms. Vakil questioned the meaning of alternative care for a country like India where millions of children are in need of care. She mentioned that there are large numbers of children who are not at home – children on the streets, trafficked children, child domestic workers – who need care and do not have support from their family. Good quality care is missing in many places in India. Another challenge is that the lack of evidence and numbers of children who need care; since it becomes difficult to then know who these children are, what should be the interventions and what should be appropriate budgets needed for effective programming. The small budget allocated to child care is also a big issue in India and she hoped that the interactions such as the BICON serve as important efforts for those working in the sector to gain know how on how to effect change. She also mentioned that the recent effort of the Government of India to merge the ICPS under ICDS is not a wise thing to do, to which later, it was clarified by the Government representative that this was not the case.

Dr. Yasmin Ali Haque

Country Representative, UNICEF, India



Dr. Haque mentioned that a challenge in all programmes is the reintegration of children into their own home or to another family. Conferences like this help us to map what capacity and good practices exist. There is an excellent example of a small NGO in Chhattisgarh that works with girls who have been rescued from trafficking to help them reintegrate into their community. It is important to identify these gems and explore how to take these to scale. We need to think how we connect and support small community-based organisations (CBO) so we don't reinvent the wheel. They need to be connected to police, judiciary, social welfare department etc. The story doesn't end with the child being rescued, it starts there. We need to consider what are the safe spaces and options for family based care are. How do we promote family and community based rehabilitation as true safe spaces? Another challenge is violence and abuse in child care institutions (CCI). Change won't happen overnight. We need a long term vision and a process to assess CCIs as well as the establishment of an independent oversight mechanism. We need

to work with children, listen to what they are saying, ask their views on the options they have and support them to report abuse safely. Family strengthening is one of the most difficult issues. How do you empower a family to really take care of their child in a way that a child has a right to? How do we address the stresses and tensions? There are many schemes available such as the Palanhaar Scheme in Rajasthan and others in Maharashtra for migrant families. We need to learn from social protection schemes that show good results. These should not be seen as cash delivery but as cash plus access to services, support and redressal when needed.

Mr. Rakesh Srivastava

Secretary, Ministry of Women and Child Development, Government of India



Mr. Srivastava began with sharing that it is a great opportunity to have a common platform

to share our experiences as well as concerns on alternative care and family strengthening, an issue which we all agree requires much more focused intervention. The quality and stability of a child’s relationships in the early years affect outcomes later in life and therefore providing a caring environment and strengthening family life has been strongly endorsed in the Constitution of India. The Juvenile Justice (Care and Protection of Children) Act 2015 recognises that the family has the primary responsibility of care, nurture and protection of the child and provides for foster care, sponsorship and adoption as non-institutional support services for children in need of care and protection. It includes measures for monitoring, supervision and evaluation of CCIs and standards of care provided whilst the Ministry of Women and Child Development has issued detailed guidelines for Foster Care, Sponsorship and Aftercare under the Integrated Child Protection Services Scheme (ICPS). The government is also focusing on deinstitutionalisation by strengthening the sponsorship component under ICPS. One matter of concern is that adoptions have not progressed much. There are 14,000 prospective adoptive parents but only 900 children identified. The JJ Act is taking steps to change this and reduce the time taken to obtain a certificate for adoption from 2 years to 2 months. It is hoped that this conference will help us to develop better policies and programmes for alternative care and family strengthening in our respective countries.



Plenary Session 1: Overview, Concepts and Strategies

The aim of this plenary was to set the tone of the conference and establish a common understanding of the key concepts, challenges and implementation of ACC in SA.

Chaired by

Ms. Laila Khondkar

Director, Child Rights Governance and Child Protection, Save the Children, Bangladesh



Family should be at the centre of children's rights and their development but many children live outside of family settings. In all regions children are found living in orphanages despite having one or both parents alive. Moreover there is a lack of understanding that alternative care is a spectrum that includes foster care, small group homes and independent living, amongst others.

Family strengthening, sponsorship and gatekeeping

Ms. Shubha Murthi

Deputy COO, SOS Children's Villages International, Asia



Ideally children grow up in a family. Unfortunately we do not live in an ideal world and therefore alternatives are required. Despite international agreement on the need for family care and for family strengthening, duty bearers still find it difficult to support families to stay together. No child should grow up alone. Children need a responsible adult to whom they can turn to, who stands with them. There are now social orphans as well as biological orphans. When SOS Children's Villages was established after World War II it was not expected that there would be a continuing need for it. Unfortunately the need for alternative care has not gone down in the last 100 years. Often the basic needs of a family are not being met; concerns of the family are usually related

to economic stability to enable them to stay together. In some contexts civil society is seen as a challenge to the state. There is a need for state and civil society to find a way to work together to prevent separation in a healthy partnership and complement each others' work rather than coming into conflict with each other. During family strengthening support for livelihoods is important but the trust of the families must also be gained. More often than not families don't even realise they have a right in the first place. Advocacy for their rights as well as services need to be provided and both need to happen over a long period of time.

Standards of care in foster care, group foster care, aftercare and child care institutions

Ms. Janie Cravens

MSW, Child Welfare and Social Work Global Advisor, Miracle Foundation



The most important thing is that the front line worker, the in-charge, the Child Welfare Committee member, the legislator, judge and directors of child welfare, must have a common foundation - the four guiding lights. Firstly, a child is best served in a family of their own. A family of one's own can be much broader than just the biological family; a family of one's own is formed not by blood but by attachment. Secondly, attachment is the basis of mental health and lots of other things we need in life. Thirdly, a child's mental health matters as much, or more, than our other concerns and has to be addressed as fully as other issues. Fourthly, child welfare work is an art and a science. Research is important but the best work will also consider the experiences and intuition of direct care staff and social workers.

Two major challenges for all alternative care work are 1) resistance and 2) the skills of staff. We need to be sensitive and patient working with people's resistance, and be mindful of our own resistance as well. Staff is our most valuable asset – we cannot over-invest in the skills of staff. Challenges in reintegration are that staff, firstly, do not have the investigative skills to find family members of others interested in looking after children, and secondly, the staff often do not know how to assess and educate the new family on attachment, positive discipline and normal adjustment issues. In foster care, there are challenges around recruitment and retention of foster homes. Challenges with developing adoption programmes include internal beliefs in the country about who is worthy of being adopted and barriers that prevent perfectly suitable parents from getting available children. In all cases – reintegration, foster care and adoption – we must ensure child assessments, proper, thorough family assessments and support and managing/supporting the trauma of the move, both to the child and the receiving family. We all have a lot to learn about aftercare. Very few



countries worldwide know what to do for children as they age out; India and South Asia can lead the way in what aftercare should be.

Deinstitutionalisation: strategies and implications for South Asia

Dr. Charika Marasinghe

Human Rights, Child Rights and Institutional Development Consultant, Sri Lanka



South Asia has experienced unprecedented change, transition and complexities. However regional economic strategies haven't allowed everyone to reap the benefits. South Asia is becoming a region of many extremes with an increase in people living below poverty line. Deinstitutionalisation is not as straightforward as closing CCIs and moving children, it is a complex transformational process. Child protection systems in South Asia need to be developed within a whole model, a model that nurtures strong and resilient children and families

An all embracing approach is the only way to approach deinstitutionalisation. It was only after the CRC that countries started to introduce change to antiquated systems but this still did not lead to all inclusive holistic systems. Child protection needs to be approached from a holistic development model or it will fall short of resources and political will. A transformational process is needed to alleviate the root causes of deinstitutionalisation. Transformation of attitudes

at 3 levels - law makers, policy makers and service providers – is required. We must also transform the circumstances surrounding the child and family if we are to produce meaningful outcomes. At the same time children and families need to be involved as active participants and unity must be revived in communities. Deinstitutionalisation is not a mechanical process; it is deeply connected with humans with thoughts, feelings, hopes and fears.

Considerations of mental health care in alternative care

Dr. Monisha C. Nayar-Akhtar

Psychotherapist and Psychoanalyst and Clinical Assistant professor, University of Pennsylvania, USA



Mental health has largely been marginalised with regards to deinstitutionalisation; societal, cultural and emotional problems emerge during deinstitutionalisation and communities don't necessary respond well to those in need. Transitioning from institutional care is challenging; a large number of incarcerated persons in the US have been in foster care at some point. Foster care families may have multiple intentions in keeping children. Moreover the revolving door strategy means children can experience many different foster placements.

We need to understand how attachment develops and early parent-child relationships. For example,

children in Anna Freud's war nurseries made strong bonds with each other. When she moved the children to different homes they became very depressed. Policy making is not enough; the

concept of family for the child needs to be kept in mind. A key question that remains is how can the system provide for these children with limited resources?





Plenary Session 2: Non-institutional Care in Emergency and Conflict Situations in South Asia



Chaired by **Mr. Javier Aguilar**

Chief of Child Protection, UNICEF, India

As a region prone to natural disasters and affected by conflict it is important to be able to work in multiple ways in emergency settings. In most emergencies the focus is on the child. Families who must protect their children in the first place also require support. Today we are also dealing with moving targets with thousands of children moving from Central America to the USA, or from Afghanistan and Syria to the UK or in South Asia, from Myanmar to Bangladesh. As the world continues to see record numbers of migrants and refugees moving across borders, or becoming internally displaced within their own countries, we will also continue to see children travelling without their parents or caregivers and families becoming separated in transit or upon arrival.

**Concerns, lessons and initiatives from
 Jammu and Kashmir
 Justice Husnain Masoodi**



There are many forms of alternative care. For example, children may want to stay in their community rather than moving to a CCI in a different district. However, it takes the administration a long time to approve ideas for different forms of alternative care in Jammu and Kashmir. There are no Juvenile Justice Boards or Child Welfare Committees in any of the districts of Jammu and Kashmir. A paradigm shift in J&K is required. Discussion on conceptual ideas is not enough; emphasis needs to be on their implementation.

Promoting non-institutional care for children in emergencies

Mr. Tarak Dhital

Executive Director

Central Child Welfare Board, Nepal

Nepal has experienced both armed conflict and natural disasters in recent years. Child protection



becomes even more critical during disasters. Immediately, after the earthquake in 2015, the Government of Nepal took the following steps to prevent children from unnecessarily entering being separated from their families: suspension of the registration of new CCI and inter country adoption; monitoring of CCI; directives to those working with children to inform the government of any placements of children in residential care or relocation of children; and public service messages including how to prevent the separation of children and risks of trafficking. For separated children, temporary locations such as child friendly spaces and temporary learning centres to work towards reintegration were established, and assistance to families of children at risk was also provided.

Nepal is determined to discourage institutionalisation. Both the Nepal Children's Policy 2012 and the proposed Children's Act promote alternative and family based care. However, there are several challenges in achieving this, such as the lack of a functional child protection system, including conceptual clarity and legal



provision for alternative care, and the need to develop better family strengthening interventions and monitoring mechanisms. Other issues include the practice of sending children to educational or religious institutions and the increase in 'voluntourism'. There is a need to address the issue from a strengthening systems approach rather than a project based approach.

The untold stories of Rohingya children

Mr. G Nayeem Wahra

Faculty, University of Dhaka and Founding Convenor, Bangladesh Disaster Forum



60% of the 1 million Rohingya refugees are under 18 and numbers are continuing to increase. There is considerable mental stress on children and whilst

children are resilient, many experience mental health difficulties, including post-traumatic stress disorder, depression, anxiety and grief. Moreover, 12% of refugee children are unaccompanied and separated from their parents. A specialised system is needed to take care of them. There is a need to create community and child friendly alternatives to 'orphanages' in emergency and conflict situations. In Bangladesh, the establishment of orphanages was proposed for refugee children from Myanmar but this was vetoed by child rights organisations and community-based initiatives developed instead, comprising 'spontaneous foster families' and 'contracted or motivated foster families, whilst adolescent boys and girls preferred to live on their own. It was important to take their choices into consideration and meet their needs accordingly although the extra cost of such arrangements was a challenge. There were many challenges such as the registration and tracking of unaccompanied children, slow bureaucratic procedures, the need for more human resources as well as a high turnover of trained staff. However, there was also a positive impact. The system enabled better monitoring of vulnerable girls and boys and increased reporting of child protection concerns as well as changing community perceptions and support to vulnerable children. There is also important learning from this: at the camp level, the deployment of community engagement officers was crucial; community case workers such as community mobilisers and para-social workers enabled an increased coverage; and employing different types of case workers worked



well as they could provide appropriate care and protection to children with various levels of protection needs, from low to high risk concerns.

Sustainable quality solutions for Children on the Move

Ms. Jeannette Wöllenstein

Children's Rights Officer at the General Secretariat of the International Social Service, Geneva



The term 'Children on the Move' includes various profiles of children, such as unaccompanied and separated children who migrate across and within countries, refugee children and children affected by migration. There are estimated to be 50 million migrant children worldwide. Most move under the radar which makes responding challenging. They are also at risk of exploitation and trafficking. In most countries children on the move are

detained – there are estimated to be 1 million children in detention centres – which is counter to the Guidelines for the Alternative Care of Children. In fact the Guidelines are often underutilised with regards to children on the move, yet they provide important guidance for law and policy makers as well as practitioners. Their application should therefore be promoted.

In recent years, there have been important initiatives relating to children on the move at the international level. For instance, The New York Declaration for Refugees and Migrants provides important political commitments to children and the UNCRC-UNCMW Joint General Comment aims at offering legal guidance, whilst the Initiative for Child Rights in the Global Compacts was established to ensure that the new global agreements on migration and refugees are child-focused and grounded on the rights of children as enshrined in CRC and other relevant international standards, such as the Alternative Care Guidelines. There are also promising practices emerging around the world that should serve as a basis to inspire other countries' practices. In Mexico, for instance, there is a pilot project on foster care for children in asylum procedures; in Malaysia and South Africa independent living arrangements and mentoring schemes are being explored; further, in Afghanistan, there are training programmes for government officials to support children returning from Iran; and in West Africa harmonised cross-border procedures and standards have been adopted. Finally, resources for professionals are available such as the ISS Manual on Children on the Move: From Protection towards a Quality Sustainable Solution (2017) and a forthcoming online course on Children on the Move being developed by a multi-agency initiative, including CELCIS and Harvard University.



Breakaway Session 1



Family strengthening, sponsorship and gatekeeping: Moderated by:
Ms. Nicole Rangel Menezes
Co-Founder, Leher, India

Ms. Menezes noted that we keep stressing the importance of family strengthening, but we don't see much development in that area. So this is an opportunity for us to come together as countries and as a region to really speak up about family strengthening and community-based interventions to keep families together. We should also use this opportunity to look across urban-rural, especially urban. The situation of children in urban cities is almost like a silent emergency that we are unable to address, so we should focus on that. We need

political will, and we need to engage families, children and communities as partners. So we should keep these points in mind.

The role of adults in helping families stay together is very important, especially in light of preventing children from being placed away from families for various reasons. Primarily, preventing children from being removed from the safety of their families and communities is an urgent need requiring address. Children with special needs, both intellectual and physical, often get left out from the parameter of care. So focus needs to be directed to them. Another important set of people to focus attention on are the caregivers, whether in the family, community or alternative care setting.

Dr. Pamela Pieris

National Consultant – Policy on Alternative Care of children, Sri Lanka

‘Prevention of unnecessary family separation is prevention of institutionalisation of the child’.

The Constitution of Sri Lanka recognises and protects the family as the basic unity of society and commits that the State shall promote the interests of children and youth, so as to ensure their full development, physical, mental, moral, religious and social, and to protect them from exploitation and discrimination. Building on this, a Family Policy was recently approved by the Cabinet.

Conditions that lead to family separation include parents’ low income, migration to other areas, residing in isolated areas, distance from education, domestic work, parents’ status, family members with mental or physical disability or living with HIV/AIDS, children with special needs, or children whose mothers are incarcerated. Situations that lead to family separation include educational performance, exposure to family violence, given away for money, negligence, crowded living conditions, or being affected by stigma. Duty bearers – the State, non State actors, parents and guardians – must play their role in preventing separation as outlined by the CRC. They must respond efficiently and effectively and work together to keep families together. However, lack of data is a huge issue; even the data we have is not standardised.

Dr. Alexandra M Harrison

Assistant Clinical Professor in Psychiatry, Harvard Medical School, USA

What are the needs of a child? In Sir Michael Rutter’s study on children who had lost a parent, he found that they did just as well as other children so long as they had another adult in their life that could

provide for their developmental needs. In many societies, other members of the community play a valuable role in the child’s development. Studies of resilience show that one important factor of a child’s success is a relationship with someone that recognises the value of the child; it doesn’t have to be a relative, it could be a teacher. Therefore, if a school is important to a child, the family doesn’t necessarily have to provide for all the needs of the child.

It is also important to consider children with special needs. Some children flourish early on but start to struggle when they get to school. This is because some core competencies such as organising thoughts, making and keeping to a plan, making health relationships etc are developed in the very early part of life. These skills will be compromised by children who are neglected or abused early on in life. Moreover, if their caregivers come from similar backgrounds they may also struggle with similar tasks and interactions. Supportive infant-caregiver relationships can moderate the influence of early adverse experiences. Therefore when we think about prevention, the ‘biggest bang for your buck’ is to start early; start prevention and family strengthening work before crisis is reached. The best preventive intervention of all is to support the pregnant mother and her social support system.

Ms. Bharati Ghatge

Executive Director, Shishuadhar, India

‘Strengthening Families in Crisis’ When a child is sent to an institution, the sole focus of the system is that the child and the family remains in the same socio-economic situation. A family strengthening programme is a long process and must be delivered over a period of time. It is child centred, family oriented, holistic; preventive, supportive and community based; considers the



family as a unit, ensures the participation of the family in the problem solving process; and builds upon the strengths of the family members. In the families that Shishuadhar works with, 85% are widows, most are illiterate with irregular income, poor housing and health. Services provided include case work to cope with crises situation, financial assistance, access to social protection schemes, empowerment of parents/caregivers; and programmes for holistic development of children. It is also important to sensitise the community to the needs of families in crisis: community based welfare organisations, CWC, schools, prison officers, District Child Welfare Board Office, health workers, hospitals, and organisations working with people with disabilities and people living with HIV/AIDS.

Through their work, Shishuadhar has found that many women are blamed for their situation or things they have not done. Many have had deprived childhoods themselves. Many have never made decisions about their lives before. Therefore it is essential to empower them both as individuals (feeling of self worth, confidence, positive self image, exercising control over decisions affecting one's life, being assertive and hopeful, overcoming distress and awareness about one's rights, relevant laws and responsibilities) and as parents (understanding needs of children and developing skills to fulfil them, understanding adolescence and effectively parenting adolescent children, awareness about laws pertaining to children, understanding and handling child sexual abuse, and in the case of HIV positive parents, sharing status, planning for future and care of HIV positive children). Working through groups has proved very effective in providing women with opportunities to express themselves and share experiences. As a result, families are caring for children, mothers are more confident and there are low incidences of child marriage.

Standards of care in foster care, group foster care, after care and child care institutions:

Moderated by:

Ms. Archina Dhar

Director – FBC & Advocacy
SOS Children's Villages, India

The debate around alternative care has emerged because children who do not have biological families or anyone to care about them need this kind of care. In India, there are around 20 million children who need this kind of care. The care usually available for these children is in institutional settings. It is the responsibility of the government and people like us to prepare models of alternative care that fits into the caring process of any child who falls out of the care of the family. Quality care standards should be the thread that binds together different models of care (group care, foster care, kinship care etc). This is what this session will look into.

There is a tremendous amount of data gap in terms of how many children are in alternative care, and in what type of alternative care. If we don't know the numbers then how can we do justified resource allocation? We need systematic account of data generation for children who come into alternative care. Mixing children, those in conflict with law with those in contact with law, is not a good idea. Also, gatekeeping should be very stringent with only those children coming into alternative care who don't have anyone else, and even then reintegrating them into other types of care should be explored before putting them into institutions. And for children in institutional and other forms of alternative care, specialised human resource is needed. Care should not be just until 18 years of age; continuum of care should extend beyond that age.

Children should be placed at the centre of all decision-making. Children should be further empowered by involving them in the

implementation of standards of care decided upon. Children should be, thus, made core researchers in finding solutions – a component of participatory research.

The current trend of nuclear families means that the child is denied of the security of the extended family. Whenever there is transition from one type of care into another, a systematic process of care needs to be engaged in resilience building of children is required by teaching them life skills for long-term adjustment.

Ms. Mumtaz Faleel

Country Manager, Emerge, Sri Lanka



Standards of Aftercare and Child Care Institutions in Sri Lanka. According to the latest available figures (2013), there are 14,179 children in 414 CCIs in Sri Lanka, with a particularly rapid increase in numbers since 1976. There are 8 recognised types of institutions which have a range of purposes from rehabilitation programmes for children, who have committed crimes or have been abused or for children in difficult circumstances. The largest category is Voluntary Homes which are for a wide range of children and have a range of purposes. 33% of children in Voluntary Homes are children with disabilities.

There are many challenges in ensuring minimum standards of care. The key is political will which can

vary hugely between departments. Politics and differences in objectives between government, non-government and other stakeholders can also affect this. Too often recommendations made are not translated into action plans; and if there are action plans, capacity to monitor and follow up is limited. Similarly, systems may be in place but not implemented and strengthened effectively and duty bearers held to account. Resources need to be used effectively so that when budgets are allocated they are utilised. We need to recognise that children need specialised human resources and that working with children is a professional service. Most importantly, we need to change attitudes so that children are at the forefront of everything we do. The transition to aftercare is difficult as it signifies the disappearance of their home and support for young people. Recently Sri Lanka has developed 18+, a support system for youth leaving care. There is also a proposal for a resource centre for aftercare.

Father Joseph Prabhu

Don Bosco, India

Standards of Child Care in Don Bosco Young at Risk (YaR) Centres in India – Impact of Participatory Action Research – A Prototype.

Standards of care are critical to fully realise the developmental goals of children. Over 3 years Don Bosco has been integrating Participatory Action Research with the introduction of standards of child care in selected Don Bosco YaR Centres and documenting the process. The study highlighted the importance of the participation of children in identifying and understanding their needs; formulating their expectations of the standards of care and; preparing the lines of action to achieve the aims. Through the process children influenced decision making, enhanced their capacities and skills and have been empowered to express what standards of care meant to them. The process



involved identifying the problem, what can be done about it, and developing an action plan, with children participating throughout. The result was the development of Success Indicators or the expected Standards of Child Care.

There were limitations to the study: conceptual, perceptual, rational, emotional/psychological understanding varied from child to child and from one caretaker to another; there were some initial issues of trust and misunderstandings between children and caretakers in the focus groups; and inadequate knowledge of researchers and caretakers to take the research further. However, there has been a significant positive impact. The participatory approach was able to unleash the creative potential of the youth at risk; children took decisions along with management, not management taking decision along with children; and Standards of Child Care were considered rights and also as the responsibilities of children to play their part. The study created a child-friendly atmosphere in the centre, where everyone shows care and concern for the children. The challenge is to enable the children to continue and fortify the process further.

Dr. Monisha C. Nayar-Akhtar

Psychotherapist and Psychoanalyst and Clinical Assistant professor, University of Pennsylvania, USA

Whilst the CRC talks about attachment and its impact on children, it does not mention mental health concerns. It promotes models of care based on a model of care defined by main tenets of ‘attachment theory’. Despite significant insights provided by this theory it has been critiqued, especially in the South Asian region, where cultural norms for child rearing and parenting are not defined by Western values. The notion of a ‘We Self’, as a construct is more applicable to South Asia versus the notion of ‘I self’. Thus, the family structure is more nuclear and less dependent on

extended family for care and nurturing in the West. This has implications when implementing Western based ideas of care for vulnerable children for this region.

It is important to examine the needs of a vulnerable child and define certain standards of care for the particular model being used. Important considerations in any form of care include the age, history of trauma, siblings, reason for admission, transition points, motivation of the family, access to mental health care, psychological mindedness of the family or institution, the vulnerable child and their relationship to the school system, equipping the child with skills for long term adjustment and ensuring families are able to provide the level of care, especially mental health, when issues arise. India has very limited resources for mental health care; access is limited as there are few therapists. We need to equip the child with skills for long-term adjustment so that they can understand their own narrative.

Deinstitutionalisation – Strategy and implications for South Asia: Moderated by:

Ms. Vandhana Kandhari

Child Protection Specialist, UNICEF, India



Ms. Khaleda Akhter

Senior Manager Child protection, Save the Children, Bangladesh

Family and Community Reintegration of Children of Sex Workers Living in Institutional Care in Bangladesh. Sex workers and their children are deprived of their basic rights and face abuse and

violence in their daily lives. Save the Children's Safe Home started by providing residential care support to daughters of sex workers. Over time, the project evolved to identify community-based care solutions for them. Key interventions included providing residential care, recreational and psychosocial support to girls staying in the Safe Home; building the capacity of the girls through trainings, workshops and awareness sessions on child rights and child protection; reintegrating girls with families/communities following assessment and developing a case management plan; providing counselling to mothers and other family members; ensuring home visits for safe and smooth transition into families and communities; linking the girls with vocational and other industrial training for ensuring alternative livelihood options; and conducting community level awareness and local level advocacy for ensuring access of their mothers to social protection schemes, and making duty bearers accountable. So far 120 girls have received support from the Safe Home and 79 have been reintegrated into their families/communities through education and marriage.

Whilst there have been many achievements, there was initially resistance to the reintegration of the girls from the community whilst the girls also struggled to adjust to life outside the Safe Home. The mental health of the girls was addressed through provision of counselling, building staff capacity on mental health care, providing regular time for girls to spend with their mothers, arranging recreational activities and supporting mothers in parenting skills. Sex workers were sensitised on the importance of education of their children, and are empowered to claim rights. Now, some of the employed girls are renting homes and bringing their mothers outside the brothel

and children of sex workers have experienced increased acceptance within mainstream society. Community-based groups and local administration helped in creating a protective environment for children. Key lessons learned were the need to provide long term educational support and linking girls with alternative livelihood options that helped them to become self-reliant; rigorous psychosocial support while children shift into family and community lives from an institutional setting; having a proper case management system to support family and community reintegration; on-going capacity building of staff; and coordination, linkage and capacity building of the government agencies and like-minded organisations to create ownership of the Safe Home and other community-based alternative care options for children of sex workers.

Meaningful child participation in running Safe Home activities, establishing a Case Management system, evaluation of staff capacity by external and internal experts followed by implementation of professional development plans, and developing standards for ensuring quality care are some of the good practices identified for the betterment of the girls living in the institution. It was also challenging for the girls to adjust to life outside the Safe Home; this was addressed through on-going counselling and support. The attitudes of mothers were another challenge in the beginning as some of them wanted to take the children back to the brothel to engage them in sex work. Even now, the government is not ready to provide holistic support to the children living in institutions. Poor support and acceptance of community people regarding reintegration of girls from Safe Home into the community initially was overcome to a large extent as a result of advocacy.



Ms. Helen Lenga, Psychologist

Trauma Expert and Psychotherapist with specialised training in child and adolescent Psychotherapy, Australia

Deinstitutionalisation of the Mind - a Personal Perspective. Children living in institutional care often have multiple caregivers, are isolated from the broader community and have little input into their care and living circumstances. They have limited opportunities to develop strong and secure attachments to their carers which is essential for the development and maintenance of good mental health.

Children living in these circumstances form underlying beliefs about themselves such as 'I don't matter' and 'I am bad' which have very negative effects on their overall mental health and well-being.

What one hopes is that moving children out of institutions into more caring and loving environments it will counteract the harm that has been done. Unfortunately, this may not always happen or if it does, takes a long time for children to learn new ways of being in the world.

To enable children who have lived in institutional care to deinstitutionalise their way of thinking, feeling and behaving in the world - they need time to develop new models of how to relate - to themselves, others and the larger world. You cannot expect them to shift their beliefs about the world simply because the physical environment has changed.

One way to think of this shifting of beliefs is as a 'deinstitutionalisation of the mind'. This involves replacing a culture of fear, isolation and mistrust with a new culture of caring and respect that counteracts the isolation, powerless and devaluation these children have experienced while in institutional care.

A key ingredient in the process of 'deinstitutionalisation of the mind' is for children to experience positive and caring relationships. These relationships/attachments are consistent, reliable, responsive and loving in nature. Children can then learn to feel they are worthy of love and care - that who they are matters and the adults in their lives will care and support them. It is through this lived experience and modelling of positive, loving relationships that change is possible.

The transition from institutional care to deinstitutionalised care is both a physical and mental process. One needs to pay attention to the psychological process of deinstitutionalisation which have strong links to the development of good mental health.

Ms. Chathuri Jayasooriya

Child Rights Advocate, Sri Lanka

Deinstitutionalisation of child care institutions in Sri Lanka – a call for collaboration. There are 14,179 children in 414 CCI in Sri Lanka and this number has increased over the past 40 years. 60% are females and most are adolescents, with



13% being over 18 years. 82% have one or more living parent. The reasons for institutionalisation are multi dimensional and due to complex social issues. Although guidelines exist, they are not implemented and quality of care is poor ranging from lack of facilities and emotional care to abuse of children. There is little stability as children transfer from institution to institution. Reintegration is also not prioritised and many children stay much longer than necessary, or legally allowed, due to lack of contact with families, lack of family tracing, inefficient case management, cultural perceptions and lengthy court cases.

Access to mental health services is very poor with counsellors unable to visit communities due to heavy workloads, lack of facilities such as counselling rooms with privacy, lack of awareness of mental health services, lack of capacity to conduct mental health assessments and manage complex issues, and stigma and myths about mental illness. However there are some promising practices including CSO initiatives to promote mental health in communities, national vocational

training courses relating to mental health, and psychological first aid training.

The challenges in deinstitutionalisation in Sri Lanka include the lack of understanding of the DI concept and process, which has created divisions and tensions; all stakeholders working in silos; the 'politics' within and among State and non-State entities; lack of political will and interest; systemic and capacity gaps in governance, resources, standards, systems, efficiency, monitoring, access to justice and services, care options, technical knowledge and attitudes; complexity of social issues; socio-cultural and religious perceptions; and resistance from CCIs. Coordination and collaboration is required above all else for the DI process to be effective, attempted through the Local Process Initiative (LPI) currently being piloted – it takes a village to raise a child.

The outcomes of the discussions held during the three breakaway sessions were presented on Day 2 and have been captured in the next chapter of the report.

Day 2 began with a plenary session to share the outcomes of the breakaway sessions from Day 1



Plenary Session 3: Sharing Outcomes from Breakaway Sessions

Chaired by

Dr. Hiranthi Wijemanne

Former member of the CRC Committee and Advisor on children's Issues Sri Lanka

Within our region there are many different types of models of how we provide care. Now the time has come for us to gather together and adopt policy guidelines that everyone providing alternative care should follow rather than developing different ones.

All countries in South Asia are signatories to the CRC and endorsed the guidelines. This grants rights to every single child. Therefore, we should look at care for children from a rights based perspective. Whatever we do should be focused on the rights that they need and are entitled to. One fundamental right is for the child to remain connected to their family. This is pertinent as often institutions are scattered; there are many examples where children do not have bonds with their family and this impacts on their mental health.

Currently there are different definitions depending on how things have evolved in each country. We should agree some common principles under which alternative care is provided to children in South Asia.

Breakaway Session on Day 2

Family strengthening, sponsorship and gatekeeping: Moderated by

Ms. Sandhya Mishra

Associate Director, Miracle Foundation, India

Ms. Mishra laid down the questions the session would address. Thus, the session focused on mental health, and care-based interventions for strengthening families - what are the current developments in countries in South Asia? The second question was what are the special considerations and needs of children in respect to disabilities, sexuality and other cultural traditions in South Asia. And the third question was how important is it to involve children directly in decision-making and to what extent is this understood and implemented in countries in South Asia.

Ms. Piratheepa Kumaraswamy

Sponsorship Coordinator, SOS Children's Villages, Jaffna, Sri Lanka



Strengthening Families for an Enabling Environment in Sri Lanka – special considerations on disability, mental health and child participation.

12.7% of children in CCI with both parents alive,

were admitted because of 'disability/illness' and there are over 1000 children with special needs in CCIs. There are supportive packages available for families of children with disabilities, 10 vocational training and rehabilitations centres and a 3% of government vacancies reserved for people with disabilities. However, there is a lack of long term support for families and weak referral mechanisms and coordination. Many parents are not aware of early identification and intervention support. There are no specialised care placements for children with disabilities or effective reintegration and follow up support for children with disabilities in institutions. Mental health services are very basic. There is a lack of psychiatrists, coordination, data, awareness of services and continuing stigma and myths about mental illness. Lesbian, gay, bisexual, transgender and intersex (LGBTI) people face stigma and discrimination in housing, employment, and health care, in both the public and private sectors with homosexuality still considered a 'mental illness'. There is no education or psychosocial support when reintegrating LGBTI children with their families. Sri Lankan laws should provide a clear path for the LGBTI community and LGBTI issues should be discussed in the child protection system. There are a number of spaces where child participation happens such as child clubs, children's councils, placement committees, case conferences.

However participation is not always meaningful. There are misconceptions about child participation – which is often adult centred participation – as well as cultural barriers and community dynamics and pressures on children to focus on education. Strengthening vulnerable families is essential to prevent children from being separated due to disability/LGBTI/mental health issues with themselves or their parents.



Mr. Madhav Pradhan

Chairperson, CWIN, Nepal

Family Reintegration of Children at Risk – CWIN Experience.

CWIN works with children living and working in difficult circumstances such as child workers, children living on the streets, and child survivors of physical sexual and emotional abuse. Working to reintegrate children who had been separated from their families for a long time was challenging as the dominant practice was to simply put them in 'orphanages'. However CWIN has been able to reintegrate 84% of children into their families. The first step for reintegration involves preparation of children through psychosocial support and other participatory activities to help build their self esteem. The second step includes family visits by social workers, preparation of the family, through counselling if required, and preparation of the community. Family strengthening is essential to ensure successful reintegration and families are provided with income generation support, education support and linked with services provided by government and NGOs. The entire process is participatory. Children's views are considered at every step and empowered to make informed choices about their future, but there are still challenges. Duty bearers still chose institutionalisation as the 'easy' option. Families often face multiple issues which prevent them from caring for their children, even if they want to due to the lack of social security system to support them. At the same time, limited opportunities for children and young people mean that they are often attracted to city life.

Ms. Nina Nayak

Child Rights Activist, India

There are 400m children in India, of which 170m are living in difficult circumstances. Considering this, the numbers of children entering institutional care is actually miniscule.

Therefore we need to know what happens to the others and what support they need. The government's response is very fragmented. Each ministry has a different family strengthening programme but they are not coordinated. The moment a child on the street is identified, their family should be provided with a card with all services that are available for the child and the family on it. The Integrated Child Protection Scheme was unique. It is supposed to support families who are breaking down but somehow this is not happening. The National and State Commissions for the Protection of Child Rights also have much potential. They are supposed to monitor if family strengthening is happening but too many members are political appointees with no sector experience. The District Child Protection Unit which is supposed to support the implementation of the Juvenile Justice Act don't have permanent jobs. We need to restructure resources; government is dominated by the utilisation certificates without paying attention to the outcomes. An institution may be fully staffed with only 40% of beds full.

The way forward is to look at the bigger picture and ensure a personalised approach to each child.

**Standards of care in foster care, group foster care, after care and child care institutions:
 Moderated by**



Mr. Ian Anand Forber Pratt

Director of Advocacy – South Asia
 Children’s Emergency Relief International, USA

Mr. Forber-Pratt mentioned that it is important for all countries in South Asia to strengthen and better care practices for children. He also said that the session focussed on identifying the key challenges in implementation, monitoring, research, policy and advocacy to ensure minimum standards of care in existing forms of formal child care. The session looked at the evidence, documentation and studies carried out and also at the national plans in place that prescribe standards of care in institutional care, and whether they adequately looking at the role and responsibilities of state authorities, local communities.

Ms. Razni Razick

Social Worker/Child Guidance Counsellor, Sri Lanka

Reassessing and Refocusing the Standards of Alternative Care for Children in Sri Lanka. There are over 1000 children with disabilities in CCIs in Sri Lanka. However, data on the type of disability is not available and there is no inter-sectoral referral system, capacity building for caregivers or support for care leavers. Most children in need of care in Sri Lanka are institutionalised and need psychological support prior to institutionalisation

and after. However, there is a lack of awareness of mental health issues and services, and no follow up of those who do need counselling. A large number of CCIs are run by faith based organisations and religious conversion is prevalent. Monitoring and gathering data from such CCIs is difficult. There is little direct participation of children in CCI. This is partially due to cultural barriers but also due to a lack of understanding about what meaningful participation is, and fear of losing control if children participate. Draft standards and guidelines for CCI exist but there are no standards for caregivers.

Ms. Aneesha Wadhwa

Trustee, Udayan Care, India

Standards of Aftercare: Raising the Bar. There are many challenges and no easy solutions when working for youth leaving care; however, it is important for practitioners to focus on specific target audiences within aftercare youth, ensuring each groups representation. Thereafter, partnerships will ensure a collective voice. Through an understanding of equity rather than just equality, barriers to participation in aftercare rehabilitation will be overcome, through a three pronged approach of affirmative action, collective empowerment and the power of the individual voice. Udayan Care’s 3C’s approach to aftercare includes – Count (nearly every presenter at the BICON highlighted the need for data and research),



creation of a Caring Community (Support for Youth Leaving Care, a federation of civil society members focussed on the policy and practice of aftercare) and Collective (Care Leavers Association and Network or CLAN, the voice of care leavers). The ultimate goal of the 3C's approach is the creation of a robust and replicable aftercare service that addresses the evolving needs of youth leaving care.

Ms. Priti Patkar

Co-founder, Prerna, India

Aftercare is for children whose rehabilitation, for whatever reason is not complete. Often, aftercare is prioritised for good children who toe the line, obey and are good with the system. Others, such as children of prostitutes are only taken in because they 'should' be. Children want to get out but they need support for this to happen. Tracing the families of children is not difficult. It is just the conviction required to make every attempt to trace them. If we work simultaneously on family strengthening, 80% of children will not need to be institutionalised. Prerna has prepared children transition into aftercare. They have flats where young girls can live for temporary periods under minimum supervision. Alongside counselling, they learn and receive support to develop skills such as

money management, self-care, reproductive rights and health care, life skills, life in a digital world and how to handle social media, for example. Monitoring is done by themselves on their own, as living a life of independence means that rights and responsibilities go together.

Ms. Gabrielle Jerome

Head of International Practice and Quality

Key Assets, UK: International Standards in Foster Care. In England, foster care has been developing for over 100 years and increasingly professionalised since the 1970s. However it was only in 2002 that National Minimum Standards were put in place. Many countries still do not have fostering standards. It helps if you are measuring something tangible. Working with people is much complex, but can still be done. We cannot assume that family in itself is a good thing. The focus should be on getting good and safe families. Key Assets decided to have 7 standards – safety, health and well-being, growth and development, belongingness and kinship, culture, skills of life, and participation of children. From these, children should know what to expect from foster care, and it should be clear what the foster carer and fostering agency will do.

Deinstitutionalisation: Strategy and implications for South Asia: Moderated by



Dr. Delia Pop

Director of Programmes and Global Advocacy,
 Hope and Homes for Children, UK

Dr. Pop stated the focus on the best interests of the children is of paramount importance and what is needed is to create national and community interventions that will enable the best interests to be practiced. What she has learnt is that we need to have policies in place that are implemented, and we need bodies that are able to monitor and regulate these policies. Building the capacities of children, parents and social workers is absolutely critical to ensure the best interests of the child. She has learnt that money is important – not just the availability of funding, but also how that money is being invested. What she has also learnt is that monitoring and evaluation is absolutely critical for ensuring quality services in the best interests of the child. DI is not just moving children out of institutions; it is a very complex process. It is a change in mindset of using the institutions as a fall-back commodity to developing a system that prevents children from being unnecessarily separated from their parents. The small component of this system is quality alternative care, which is like a rainbow – a diversity of services that provides to the need of that child in that particular moment in time. DI should be placed within the bigger scheme of strengthening systems for children.



Mr. Rajender Meher

Chief Executive Officer, Youth Council for
 Development Alternatives, India

Deinstitutionalisation is a step by step process through which children move from institutional care to family care. There is a need to focus on preventive and rehabilitative strategies to address institutionalisation in a very systematic manner. Deinstitutionalisation process involves operational readiness strategies focusing on prepare children, families and our system. Active engagement with guardians and parents, exploring several options, mapping those options and making them available to the family and the child will certainly help parents to avoid unnecessary separation. Transitioning children to family care and keeping children out of residential care in the first place requires services that prevent separation and family breakdown, as well as a range of family-based services to ensure the education, health, safety, and wellbeing of each child. Transitioning children out of residential care is possible only when there are families who are willing and are able to provide loving and supportive care for them, because every child's needs and circumstances are unique.

Looking in to the socio cultural and long history of residential care strategies, Government has to take serious reflections together with various stakeholders and prepare own road map/vision



to make this happen. We need to partner with residential care providers how they can execute deinstitutionalisation. Partnering with Child Care Institutions (CCI)/staff and volunteers as key and essential to an effective transition process. This engagement begins by actively including staff in building capacity and awareness raising. We can't continue to place children in institutions just because they need education.

Ms. Harshika Ediriweera

Assistant Commissioner
National Department of Probation and
Child Care Services, Sri Lanka

'Promising Practices and Potentials for Inclusion and Participation'. There are over 1000 children with disabilities in institutions in Sri Lanka of which over 50% have both parents alive. Families with children with disabilities need support for education and rehabilitation to ensure their social and economic inclusion. There are several legal provisions which protect the rights of people with disabilities as well as inclusive policies which provide support for early childhood development of children with disabilities such as Development Centres with individual services, pre-schools, house visits, assistance devices, parental counselling and awareness for children suffering from acute and chronic mental illnesses. There are many promising practices such as community-based rehabilitation programmes, which include self help groups, training of volunteers, counselling and capacity building. LGBTI issues are not currently included in the child rights discourse in Sri Lanka, there is no research available within the field of alternative care and few NGOs are working in this area. However, the government is in the process of taking measures to guarantee the right to non-discrimination based on sexual orientation and gender identity such as the Circular 01-34/2016 Issuing of Gender Recognition Certificate for Transgender Persons. There are also barriers

to child participation which include lack of understanding of meaningful child participation, cultural barriers and community dynamics, and over identification of child participation with Children's Clubs. In the context of deinstitutionalisation, the main challenges are the lack of information and information gathering systems, resistance to change, lack of competencies and lack of coordination. However, there is the potential to improve this through primary, secondary and tertiary preventive interventions and the Local Process Initiative (LPI) through which collaboration with grassroots workers is taking place to improve understanding of issues.

Ms. Wahida Banu

Executive Director, Aparajeyo, Bangladesh

Deinstitutionalisation is a process of replacing long term stays in institutions with integrated community based development and protection services system. Children affected by HIV/AIDS and children with disabilities need particular attention during the deinstitutionalisation process. The children and caregivers need to be identified, especially where access to services and programmes may not reach them. Children have the right to be heard and for their views to be taken into account during the deinstitutionalisation process. However there is public misconception about mental health which results in prejudice which leads to discrimination. Family plays an important role in caring for those with mental health disorders but many parents lack proper parenting knowledge. Distribution of services is also an issue with many community services only available in certain areas to a certain group of people for a specific period of time. Enhancing community involvement is important. There are examples of Group Homes which are being supported financially by local people with different members of the community taking responsibility and collaborating for this purpose.

Plenary Session 4: Bringing Together Diverse Experiences and Sharing of Journeys of Adoption, Foster Care and Aftercare



Chair

Ms. Enakshi Ganguly Thukral, Co-director, HAQ: Centre for Child Rights, India

Mr. Ian Anand Forber Pratt, Director of Advocacy – South Asia, Children’s Emergency Relief International, USA

Mr. Arun Dohle, Director, Against Child Trafficking, Germany

Ms. Thukral developed this session as a conversation rather than a series of presentations and she focused on facilitating the sharing of experiences of Mr. Ian Anand Forber Pratt and Mr. Arun Dohle, both of whom were adopted as children. The aim of this session was to reflect on the process of adoption and what it means for the adoptee, both during their childhood and into adulthood. International adoption is usually only considered if the child cannot be placed in the country of origin. Ms. Thukral mentioned that the biggest concern surrounding inter-country adoption is the trafficking of children. However, there are risks also in in-country adoption. In India, as interest in adoption grows, new ‘baby centres’

are being established. Key issues emerging from the session were:

- The lack of records on adopted children: When both the speakers tried to find out about their birth parents, they were told all records were lost or destroyed; their original identities had been erased. It was only because this was revealed that records are now kept. Even so, it is a difficult process.
- Adoption must take into account ‘the desirability of continuity in a child’s upbringing and to the child’s ethnic, religious, cultural and linguistic background’ as per Article 20 of the CRC. In the words of Mr. Dohle, ‘Adoption



changes forever the identity of a child and cuts off millions of years of family relations ... adoption is a drastic intervention’.

- Children who have been adopted can struggle with issues of identity. Mr. Forber-Pratt reflected that ‘I grew up with a really difficult sense of identify even though my parents are incredible. Being a brown child in a white environment is difficult because you want to see someone who looks like you. I didn’t know a lot of India people who were successful. When I saw someone Indian I didn’t understand it. When you don’t have the vocabulary to attach to the emotions it becomes difficult. I grew up thinking I was white American and acting like a while American’.
- Identity issues don’t just affect inter country adoptees. In his work Mr. Dohle has found that many in country adoptees have identity issues. If a child is not registered they don’t exist. ‘Many adoptees look in the mirror as a child and see a brown face and are surprised because their birth certificates say that their parents are white’.
- Class and discrimination are barriers to adoption: A women worked as an ayah at a children’s NGO where international adoptions were organised yet was not allowed to adopt herself. In Rajasthan, prospective parents were unwilling to take in a darker skinned child because they felt that even if they accepted

the child, their neighbours and extended families would discriminate against the child.

- There are still cultural taboos around adoption: domestic adoptees are often not told that they have been adopted to avoid stigma and discrimination.
- Whilst adoption can be a positive option for children, attention must be paid to the emotional issues relating to such forms of care. Without thinking of these identity and mental health issues, we’re just doing band-aid work hoping it heals itself.
- There are systemic issues which need to be addressed which lead to adoption. In India, children can be legally declared orphans if their parents cannot take care of them or take on their responsibility and they become a priority for adoption. This can be done by CWC whose members have a lot of decision making powers, but may not have enough experience in child protection.
- The potential for corruption and exploitation in adoption: all forms of care cost the government and society money. However, inter-country adoption is the only one forum where you can make money. People’s desire to parent a child is often used to exploit the system.
- The lack of mechanisms to follow up on inter-country adoption: once the child has left the country, the government has no authority to monitor the child’s progress and wellbeing.

Plenary 3 and 5: Outcomes from Breakaway Session

Plenary 3 chaired by:

Dr. Hiranthi Wijemanne

Former member of the CRC Committee and
 Advisor on children’s Issues Sri Lanka

Presenters for Family Strengthening:

Ms. Shusma Pokhrel

Director, SOS Children’s Villages, Nepal

Ms. Sumnima Tuladhar

Executive Director, CWIN, Nepal

Presenters for Deinstitutionalisation:

Dr. Nilima Mehta

Child Rights Advocate, India

Ms. Tanvi Mishra

CINI, India

Plenary 5 chaired by:

Ms. Mallika Samaranayake

Technical Lead, CPC Learning Network, Sri Lanka

Presenters for Standards of Care:

Ms. Nina Nayak

Child Rights Activist, India

Ms. Vasundhara Om Prem

Centre of Excellence in Alternative Care of
 Children, India

Mental health care:

Dr. Deepak Gupta

M.D. Child and Adolescent Psychiatrist, India

Family strengthening, sponsorship and gatekeeping

| Challenges | Opportunities | Good practice |
|--|---|---|
| Day 1 | | |
| <p>Lack of investment and limited budgets allocated to family strengthening as well as difficulties raising funds for family strengthening from donors.</p> <p>Little investment to support families with children with special needs and prevent abandonment of babies with disabilities.</p> <p>Shortage of Government staff to undertake home investigations and heavy caseloads for social workers.</p> <p>Complexity of working on family strengthening given the diverse needs of families. The need to develop innovative methods of supporting families.</p> | <p>Use the CRC and Guidelines as a framework to engage duty bearers.</p> <p>In India, make more effective use of ICPS. CWCs can be a valuable resource when given adequate training and capacity building. Use existing resources in the community such as Anganwadi workers.</p> <p>Identifying a positive adult role model in a child’s life, not necessarily from within the family, can promote resilience.</p> | <p>Start prevention and family strengthening work as early as possible, before crisis is reached; work with pregnant women and young mothers.</p> <p>Empower mothers as decision makers, both as an individual and as a parent.</p> <p>Ensure the participation of the whole family in the problem solving process, not just the child.</p> <p>Work with the community as well as the family and child on family strengthening.</p> |



Lack of data on numbers of children in need of care and on the profile of care givers.

Group work with mothers as part of family strengthening programmes has proved effective in Maharashtra.

Adapt programming to rural/urban contexts.

Day 2

Many family strengthening schemes are available but do not work properly for families in need due to a lack of coordination between government departments.

Success in family reintegration lies in a comprehensive approach, initiating dialogue between families and children, and listening to children.

In Sri Lanka, child care centres have been effective in preventing children being sent to orphanages and older siblings from dropping out of school to look after their brothers and sisters.

Poor follow up and monitoring mechanisms; reliance on one off interventions.

Putting children's voices at the heart of everything can change how we work.

Develop school based interventions e.g. school feeding programmes which can support families.

Misconceptions about child participation.

Children can act as messengers for child rights and agents of change.

Work to improve the status of women e.g. by improving child care.

No specialised support for families of children with disabilities.

Mental health concerns should be mainstreamed in the entire process of family strengthening and form an important part of assessments.

Lack of data on children with disabilities and on mental health.

LGBTI issues are not integrated into child protection policies; there is little awareness among authorities and in some contexts is still considered a mental health issue.

Standards of Care

Challenges

Opportunities

Good practice

Day 1

Budgets are allocated but don't get utilised because people don't know how to use it.

Strategies for prevention and intervention should be combined to be more effective and efficient; currently they are fragmented.

Children are not well prepared for leaving care. There should be a range of options for them to choose from.

Lack of political will to ensure minimum standards of care are effective.

Develop care models that address the full needs of children in care.

Recognise that working with children is a professional, specialised service and develop appropriate degree programmes to train professionals.

Monitoring needs to be improved, starting with deciding what to monitor.

Make standards of care participatory: an innovative example is engaging children to develop standards at Don Bosco Young at Risk Centres through Participatory Action Research.

Recommendations do not get translated into action plans.

| Day 2 | | |
|---|--|---|
| <p>Measuring standards are easy when it is an object but when dealing with children measurement is complex.</p> <p>Very few examples of foster care standards worldwide.</p> <p>Do not assume that family in itself is a good thing; focus should be on getting good and safe families.</p> <p>Children who enter the system later are most in need of aftercare.</p> <p>33% of children in child care institutions in Sri Lanka have disabilities.</p> | | <p>Develop after care plans from the age of 14/15 with the participation of the child.</p> <p>Group living for young people leaving care to build confidence in money management and development of life skills.</p> <p>3 C's approach to after care: count (research and mapping), caring community (support for youth leaving care) and collective (care leavers associations etc).</p> |

Deinstitutionalisation

| Challenges | Opportunities | Good practice |
|---|---|--|
| Day 1 | | |
| <p>Conceptual clarity on deinstitutionalisation is lacking.</p> <p>There needs to be political will and adequate funding.</p> <p>There is need for a paradigm shift in mindset to accept deinstitutionalisation and alternative family based care.</p> <p>There is a need to move from focusing just on minimum standards of care to quality standards of care.</p> <p>There is need to address the long term impact of institutionalisation and its impact on mental health.</p> | <p>Reunification and reintegration of the child with own family or with an alternative family is the final goal. It is based on the value and principle of a child's right to a family.</p> <p>For child protection, the focus should be on the promotion of community and family based care.</p> <p>Other forms of alternative care are adoption, foster care, kinship care with extended families, sponsorships, community outreach programs, day/night shelters and group homes.</p> <p>Residential care is an option for some children but this is the last option when all other alternative care options have been explored.</p> <p>Along with family strengthening, support and counselling, empowerment based programs for the community also need to be organised, including training, orientation, sensitisation to bring about a mindset change/ paradigm shift in child protection.</p> | <p>Evolve a clear understanding and vision for all stakeholders on the concept of deinstitutionalisation of the child.</p> <p>Provide appropriate psycho-social, emotional support, and mental health interventions when the child is transitioning from residential care to a family based setting.</p> <p>Key steps to include in the process – social investigation report, family assessment, individual care plan, follow up and ongoing review of care plan, preparation for reunification and reintegration.</p> <p>Child participation is an integral component in the rehabilitation process.</p> |



There needs to be coordinated and collaborative effort from macro to micro-level in evolving policy programmes and practice for advocacy in alternative care

Day 2

| | | |
|--|---|---|
| Lack of facilities and capacities of caregivers. | Community based family oriented alternative care programmes as a preventive strategy. | Transitioning out of institutional care requires family support, adequate preparation of the child and life skills education. |
| Requires “Institutional Mindset Change”. | Understand how funding is being allocated and ensure it is being used judiciously. | Partnering with child care institutions; build capacity and raise awareness. |
| Effective gatekeeping is not practiced. | | Community based preventive models such as community owned crèches. |
| Deinstitutionalisation must involve connecting, managing and collaborating with decision makers. | | Identify children with disabilities and provide support for caregivers. |

Mental Health Care

Adverse childhood experiences e.g. humiliation, physical abuse, sexual abuse, emotional/physical neglect are commonly seen in children in child care institutions.

Mental health should be addressed before it becomes mental illness and should be integrated into standards of care.

Change mindsets to end the stigma of mental health issues.

It is essential to consider population and process; who we are working with and what type of targeted interventions are appropriate. Group interventions are found to work well and be cost effective.

Monitoring and documentation is essential but not done well at the moment.

It is important to relate to children in order to engage with them and develop strong attachments for their good mental health.

Valedictory Session



Chair

Ms. Kendra Gregson

Child Protection Regional Advisor, UNICEF, ROSA

Some of the important themes and reflections emerging over the past 2 days are:

- Listening to what children say and understand their narratives.
- How to identify children and families in need and develop appropriate family strengthening measures and support for prevention of family separation.

- What is good care and how to move beyond meeting basic needs in the appropriateness of the care.
- The struggle still remains on ways to assess necessity and each case has to be seen in its own light.
- Measurement and data: how do we know where children are and how is this being recorded.
- Resources: the money should follow the child not the other way around. She also recalled the focus of the 2nd BICON on caregivers and mentioned that it was important to invest in them.
- Working on alternative care is both a marathon and a sprint and we are all part of this.
- Alternative care is a small part of a very big picture in child protection but it needs a “bigger vision”.

Child’s perspective on family and care

Ms. Khushi Ganeriwala

India



Ms. Ganeriwala, a child rights activist, shared her experiences and those of her peers and how they influenced her art work, ‘I deserve a home and I deserve a family’.



Outcomes from Care Leavers Association and Network (CLAN) Meeting: Care Laver Spokesperson

In parallel to the main conference, the first meeting of the Care Leavers Association and



Network (CLAN) took place where young care leavers from different CCIs in Delhi agreed upon the objectives and the membership criteria for CLAN. The objectives of CLAN are:

- Awareness: To raise awareness on necessity of adequate aftercare mechanisms amongst Care Leavers themselves and society at large.
- Support: To garner support for CLAN members to make them independent and productive.
- Advocacy: To lobby for resources and create mechanisms for creating equity in terms of the rights and responsibilities of Care Leavers in Delhi.

CLAN hopes to become an established association in two year's time.

Dr. Shantha Sinha

Founder, MV Foundation, India



The best way to take care of a child is a difficult decision. Hard efforts are needed to reunite children with their families and if this is not successful then alternative care should be proposed. There is no right or wrong option; it is the manner in which the care is provided which needs to be appropriate. However there must be a range of options for children. Love and professional care is required as well as effective oversight from bodies such as CWC. All children should receive proper care, including those in conflict with the law

where perspectives are often dichotomised. Child protection is not just a social policy but affects all areas including welfare and social structures. Child care changes us whilst helping those in need. We must remember that children are not just for tomorrow but for today as well.

Ms. Anuja Bansal

Secretary General, SOS Children's Villages, India



Our common purpose is to identify how best we can provide for the 117 million children in need of protection in line with the necessity and suitability principles. There is no one practice that is perfect. We need to develop a range of high quality family like models as well working to prevent the loss of parental care, through family strengthening, building the capacity of the community and children's participation. Aftercare also requires further attention to ensure young people leaving care have the life skills they need to live independently in the community. SOS Children's Villages only accepts children if they have no one to care for them and aims to provide all types of care to all types of children. To date, over 5,000 have been supported through SOS's aftercare programme in the last 50 years. It also has kinship care to support families in seven locations of India and provides support to families to take care of their children as well as caregivers.

Ms. Rupa Kapoor

Member, National Commission for Protection of Child Rights, India



The Commission's mandate is to ensure that all laws and policies support and promote child rights as enshrined in the Constitution of India and also the UN Convention on the Rights of the Child. The NCPCR considers matters relating to children in need of special care and protection; examines factors that inhibit the enjoyment of rights of vulnerable children; undertakes reviews of existing policies, programmes and other activities relating to child rights; inspects juvenile custodial homes and other residential care (both private and government) for children; and refers non-implementation of laws for protection and development of children to the relevant authorities. All aspects of a child's development are linked; you can't work in the field of child health without child protection. Hence, it is important to address all needs of the child. In child care institutions, meeting basic needs is not enough; children need love and affection. It is not just about sending the child back to their family but seeing if the family is able to meet the child's needs and if not, supporting them to access schemes that are available for children. We should support children to return to their family if they want to go back and if they have the support of family. She shared

some concerns on childcare such as increase in numbers of young girls between 14 to 18 years in institutions and most of them see this as an interim stay arrangement. She suggested we invest in caregivers to train counsellors, social workers and caregivers to "love" children even as they discharge their duties in the system.

Ms. Aastha Saxena Khatwani

Joint Secretary, Ministry of Women and Child Development, India



Ms. Khatwani expressed her pleasure with the establishment of Care Leavers Association and Network (CLAN) as an important step and mentioned that it would be wonderful to see such chapters in every state in India. She extended all her support to ensure how CLAN could become part of a scheme through the efforts of her ministry. Ms. Khatwani agreed to the need of strengthening aftercare programmes in India. She shared how within the MWCD she was working to push the agenda of children in all line ministries of the Government of India, so that they plan and budget for children and their concerns also in all that they do. While the family is ideally the best place for the development of the child, in reality not all children enjoy a supportive and caring family. These children stand in need of alternative care; their families need support and strengthening.



The reasons for which children find themselves in alternative care are wide-ranging, and addressing these diverse situations similarly requires a vast range of measures to be put in place. Whilst the family is the basic social unit of the social fabric, this is not the only option. There need to be alternatives for complex situations such as when the child does not want to return to their family. All sectors have a role to play in ensuring a safe and conducive family support system for children – directly or indirectly. It is early days but we are making some progress towards child friendly budgeting and this is one of the ways in which we will move forward in a constructive manner.

She also clearly laid out the role of the Government and civil society organisations (CSO) in making interventions successful by stating that the Government can provide scale in intervention but the CSOs on the ground will have to reach out to every child. She cited the example of Childline as a good model of intervention that has a government and CSO partnership.

Conclusion and vote of thanks

Dr. Kiran Modi

Managing Trustee, Udayan Care, India



The 3rd BICON concluded with a vote of thanks from Dr. Kiran Modi for the engaged participation of all those present that contributed to the success of

the conference and gave everyone an opportunity to challenge assumptions, pose questions and answer some of the difficult questions together, especially on how to translate different alternative care options into effective practices. She pointed out that lack of evidence and data in South Asia was the biggest barrier in planning, budgeting and programming for care of children. She also wished there was a common nomenclature developed for whole of South Asia on ACC. She wondered whether we need to focus more on the quality of care rather than the type of placement. She recalled how speakers at the conference had defined ‘family’ as something held by love and not by blood. Dr. Modi stressed the importance of aftercare as the last but the most important leg in the ‘continuum of care’ for children and appreciated the establishment of the first CLAN in Delhi and hoped that it will soon spread to all over India and South Asia, with a strong articulation of “nothing about us, without us”.

Dr. Modi recalled how she had one careleaver recount her story about her childhood, which was confined to a black trash bag, as she got a shunted black bag and all belongings inside it. For the child, that was her only possession and became her childhood memories, identity, even as everything was robbed away and shoved into that omnipresent reality as she was placed multiple times from adoption to foster care and finally to a child care institution. Dr. Modi exhorted the participants to take a pledge that this kind of a past shall not be bequeathed to any child growing up in alternative care and each child shall be in one’s own family or in a stable family like environment full of love and care.

Ms. Aneeshal Wadhwa, from Udayan Care, at the end invited delegates to sign up for becoming members of SYLC and assured them that the members of CLAN would get back to them in terms of areas of support required.

Posters Displayed at the Conference

20 posters were presented on both days in the foyer at the conference venue. The posters addressed various aspects of Alternative Care, from policy to programming and research. The best three posters were awarded by three member jury panel, comprising of **Ms. Loy Maria Nelson**, Program Director, Make a Difference, India; **Mr. Mohammad Asaduzzaman**, Social Services Officer, Department of Social Services, Ministry of Social Welfare, Bangladesh and **Ms. Gallage Anusha Chandhani**, Child Rights Promotion Officer at the Department of probation and child care in Sri Lanka.

The following criteria were used by the Jury to mark the posters:

1. Originality
2. Presentation style
3. Clarity of thinking and writing
4. Research methods used and elaborated upon
5. Contribution and relevance to the understanding of children living in alternative care

The following posters were on display:

| S. No | Name | Title | Country |
|-------|---|--|-------------|
| 1. | Mr. Atiqullah Ludin | Strengthening Child Development through Parents Education | Afghanistan |
| 2. | Ms. Preeti Mathew | Rainbow Home Model of Comprehensive Care | India |
| 3. | Ms. Fathimath Roona | Protection and Promotion of the Rights of Children in Maldives | Maldives |
| 4. | Ms. Mumtaz Faleel | The Emerge Centre for Reintegration | Sri Lanka |
| 5. | Ms. Supriya Deverkonda & Ms. Megha Gupta | Social Audit: A Potential Super-tool to Improve Outcomes of Child Protection in India | India |
| 6. | Ms. Piratheepa Kumarasamy/ Razni Razik | Keeping Children in a Family through Effective Care Models | Sri Lanka |
| 7. | Mr. Govinda Bhattarai | Perception and Practices toward Informal Care of Children: A Study of Child Care Homes in Kaski, Nepal | Nepal |
| 8. | Ms. Mbiliya Luhanga & Sr. Cecilia Nakambo | Catholic Care for Children Project | Zambia |
| 9. | Ms. Vasundhara Om Prem | Exploring the Vulnerability of Children: A Pilot Project in South Delhi | India |
| 10. | Ms. Khushi Ganeriwala | Family Care in India | India |
| 11. | Ms. Sarita Shankaran | Towards De-institutionalisation: Reforming the Institutional Care System in Maharashtra, India | India |
| 12. | Ms. Nidhi Singhal Udayan Care | Listening to Children: A Longitudinal Study on Assessing the Needs of Children in Care | India |
| 13. | Mr. Enamul Haque | Kinship Care in Bangladesh | Bangladesh |



| S. No | Name | Title | Country |
|-------|--|--|-------------|
| 14. | Ms. Shusma Pokhrel SOS Villages, Nepal | Kinship Care, Nepal | Nepal |
| 15. | Ms. Debika Sahoo | Setting up of Aftercare Facilities in Odisha | India |
| 16. | Ms. Riti Chandrashekar Udayan Care | Mental Health Care for Orphaned and Separated Children (OSC), India | India |
| 17. | Mr. Darshan Vijayaretnam Children Emergency Relief International (CERI) | 10 Years of Family Strengthening Programs in Post-Tsunami, Post-Conflict Sri Lanka | Sri Lanka |
| 18. | Ms. Jeanette Wöllenstein | Children on the Move | Switzerland |
| 19. | Mr. Kamran Ahmad Shah | Challenges Faced in Placing a Child in Foster Care | India |
| 20. | Ms. Richa Tyagi, M | A Loving Family For Every Child | India |

The following 3 posters were awarded Rs. 5000 each at the Valedictory Session on 17th March 2018

| | | |
|---|--|-----------|
| Ms. Mumtaz Faleel | The Emerge Centre for Reintegration | Sri Lanka |
| Ms. Mbiliya Luhanga | Catholic Care for Children Project | Zambia |
| Ms. Piratheepa Kumarasamy/ Razni Razik | Keeping Children in a Family through Effective Care Models | Sri Lanka |



Steering Committee Meeting at the 3rd BICON

The 3rd BICON Steering Committee meeting was convened on the first day of the conference with the twin objective of planning a robust follow up to 3rd BICON and discuss the broad plans for the 4th BICON.

The following key points emerged from the meeting

- A concept note and charter/manifesto for the BICON based on agreed goals would be developed.
- A secretariat should be created with paid employee for the BICON.
- A FGD to understand expectations of future BICONS will be conducted.

Participating members

1. Ms. Aneesha Wadhwa
2. Ms. Chathuri Jayasooriya
3. Ms. Hiranthi Wijemanne
4. Mr. Ian Anand Forber Pratt
5. Dr. Kiran Modi
6. Ms. Laila Khondkar
7. Ms. Mallika Samaranayka
8. Dr. Monisha Nayar C Akhtar
9. Ms. Nina Nayak
10. Ms. Nilima Mehta
11. Ms. Nicole Rangel Menezes
12. Ms. Sandhya Mishra
13. Ms. Sumnima Tuladhar
14. Ms. Shusma Pokhrel
15. Ms. Vandhana Kandhari
16. Dr. Vikram Dutt





Chapter 6

Concluding Observations: What did the 3rd Bicon Agree on

General

- Use the CRC and the Guidelines on Alternative Care as a framework to engage more proactively with duty bearers and service providers in South Asia and track the progress made in a systematic manner so as to be able to achieve the Sustainable Development Goals.
- Develop a long term vision and approach on child protection using a holistic development model for 'out-of-home-care' children, with more recognition being given to them as a special vulnerable group in all policy and plan documents for children in South Asia. This vision document for the region can have commonly agreed principles of intervention under which alternative care should be provided to children in South Asia.
- All national governments in South Asia should take concerted action for children living in alternative care and consider them as vulnerable group in need of special care and protection.
- Collect accurate, official data and evidence on all forms of care for children without parental care and those at the risk of being so in all countries in the region. It is essential to know where the children are, how many are affected and what their needs are in order to make better informed decisions about their appropriate and necessary care plans that is best for their individual context and settings.
- Work to regionally reduce vulnerabilities of families and communities and empower them to care for their children and thus prevent entry of children in any form of alternative care.
- Document at national levels in each country the good practices on the ground that have worked and which can be scaled up and be replicated by others.
- Put children's voices at the heart of everything to transform the way we work on child and youth care issue in South Asia. Make child participation and listening to their direct voices more meaning full and effective in South Asia. It is important to listen to, document and learn from actual real experiences of adoptees and adults who have grown in alternative care settings.
- Pay special attention to children in difficult circumstances such as children special needs, in conflict with law and those affected by HIV/AIDS, war, conflicts or emergencies to prevent abandonment and preventable separation of children from families and communities.
- Push local, national and international communities to increase investments in overall child protection and particularly in the work on alternative care in South Asia advocate to change the way funding is currently allocated so as to promote funding support for local services for child and youth care.
- Invest in resources and political will at national level in each country in South Asia to move away from focusing on minimum standards of

care to quality standards of care for all children living in alternative care settings.

- Undertake advocacy programmes aimed to improve understanding in communities of why change is needed to improve the conditions of children living in alternative care and involve communities to evolve recommendations on how change can be implemented.

Family Strengthening

- Always start prevention and family strengthening work as early as possible, before the crises stage is reached or separation of children from parental care occurs.
- Combine innovative strategies for prevention and intervention to address diverse needs of adult members in the families and wherever possible, extend work to support pregnant women so as to create a strong social support network for the child to be borne. Empower mothers in the families as primary caregivers, both as an individual as well as a mother/parent.
- Implement effective interventions that reduce the overall vulnerabilities of families and transform the circumstances surrounding the child and family in order to produce meaningful outcomes.
- Family strengthening programmes need to gain the trust of families and provide more than just economic support to make families safe and appropriate for child care such as continuous advocacy, access to essential services, information and effective redressal whenever required.
- Advocate with Governments to increase investment in family strengthening programmes including support to families

with children with disabilities, HIV/AIDs or other vulnerabilities.

- Implement child centric family strengthening programmes with a convergence of all existing programs and schemes and by involving children, their families as well as communities as active participants in all family strengthening interventions.

Standards of Care

- Develop regional minimum standards of care that every form of alternative care must meet and adhere to.
- Encourage and promote residential care models that are based on family and community environments rather than 'closed institutions'.
- Advocate with Governments to increase investment in capacity building and developing skills of staff and caregivers. This entails recognition that the caregivers are the most valuable asset when it comes to standards of care.
- Work with academia to develop appropriate programmes to create a cadre of trained professionals on child protection professionals.
- Always take into account local culture's childcare practices, beliefs, and values when developing standards of care for children living in alternative care in each country of South Asia. Child participation in developing standards of care must be mandatory for all.
- Develop measurable indicators for all standards of care to track the impact and have scope for improvement and review of the standards.
- Promote the 3 Cs approach to have effective and robust Aftercare mechanisms in all countries of South Asia (Count, Care and



Collectivise). Thus, set up the careleavers networks of CLAN (Careleavers Association and Network) and SYLC (Supporting Youth Leaving Care) at the most local/district levels in all countries in South Asia.

Deinstitutionalisation

- Undertake regional work to understand the concept of DI in South Asia that is aimed to transform attitudes, beliefs and knowledge at all levels such as decision makers, practioners and service providers.
- Deinstitutionalise mindsets to change the thinking behind this process and develop a mindset that understands deinstitutionalisation as a long term process and not as a goal.
- Create communities and child friendly alternatives to 'orphanages' in emergency and conflict settings.
- Build capacities in care givers and practioners to be able to accept and be prepared for deinstitutionalisation.
- Strengthen effective gatekeeping and child safeguarding measures at national levels.
- Ensure life skills, family and community support for a complete readiness towards deinstitutionalisation.

- Ensure proper monitoring, supervisions and follow up during and after deinstitutionalisation.

Mental Health Care

- Address mental health issues as early as possible before it becomes mental illness and work towards eliminating the stigma associated with mental illness.
- Always integrate mental health into quality of standards of care along with special focus on trauma informed care and building attachment and resiliency in children and youth.
- Focus on a child's mental health as equally as other issues for all children living in alternative care and especially in times of transition and when children move from an institutional to a family based setting.
- Mainstream mental health concerns in the entire process of family strengthening;
- Ensure mental health services to families, community as well as to caregivers through proper and meaningful engagement with them.
- Support children and young persons living in alternative care to develop positive life narratives in order to build resilience.



Chapter 7

Conference Feedback

Over 50 participants provided feedback on the conference by email and Google form. An analysis of this is given below:

Overall rating on the conference

60% rated it at 4
30% gave a rating of 3

To an assessment of what worked and what did not, the feedback was that the plenary sessions worked well, and it was “interesting to see the same Alternative Care guidelines applied in different countries and situations” but that the **breakaway sessions were too short to form any framework to move forward**. The ask was to have longer breakaway sessions to allow for more discussions as to what to do next. It was suggested that the format of plenary sessions with 5-7 speakers works well, but needs to have concurrent after sessions where each speaker holds a one hour discussion

group. Overall, the conference was found to be fruitful in “uniting together for the well being of children and young adults in terms of getting information and practices in South Asia was very much insightful”.

For the way forward, it was suggested that a **three year Alternate Care Action Plan with the participation of policy makers from govt and experts could have been finalised**. It was also suggested that a **“SA network can be created with knowledge and information databases that shares information about what has actually worked in fellow SA countries**. This could have an open forum online for members to ask questions and for other members to answer them. **Countries that participated should be asked to record the baseline as of March 2018, regarding the laws, policy and current works done in AC**. The progress of each country can then be seen through presentations in 2020.

Presenters' Knowledge

“Outstanding people with great knowledge and experience and everyone sharing information based on real stories and research studies.”

“The presentations varied of course, but generally the presenters seemed expert in their area and were honest about challenges.”

What a
conference it was!!
Just awesome!

Nivedita Das Gupta
India Country Head, Miracle



Some other ideas received are as follows:

- A consortium of organisations could further enhance in promoting the agenda on various issues on children and young adult at the regional levels.
- At the country level, India should move towards setting up a **Centre for Alternate Care in collaboration with the Government of India**. Such a Centre would invest in research to “build evidence and political will” and “know how”, policy formulation, mobilising civil society and resources and provide support to promote good practices on the ground such as “money to follow children”, strengthening families etc. Outcomes of the efforts of such a Centre could feed into a Regional Framework for sharing and enhancing practice.

“It was a great opportunity for me to learn about many of the practices and challenges in South Asia, and really enjoyed meeting people from so many organisations committed to making a difference for children”.

- Setting standards in Institutional Care and Alternate Care should be a priority and this could be undertaken through a certification process (ISO 9000). This would in addition to ensuring that children’s best interests are given paramount importance, it would draw in the participation of children who are part of the system and also those who have aged out.

“It was the first time I had ever been in a room filled with hundreds of diverse and inspiring children’s rights activists from the world over. My experience at the BICON was truly exceptional, and unlike anything I have ever experienced at an event. The speakers were incredible! I was able to make deep connections with several women in the room. I learned new things, and left with a list of things I wanted to do, change, and accomplish in the coming years. – **Razni Razick**



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Annexure 1 Programme Schedule

DAY 1: March 16, 2018

| Time frame | Theme/sub theme | Resources |
|------------------|--|--|
| 8:30 AM-9:30 AM | | Registrations |
| 9:30 AM-10:30 AM | | Opening Session |
| | Welcome | Dr. Kiran Modi Managing Trustee, Udayan Care |
| | Key Note address | Dr. Delia Pop Director of Programmes and Global Advocacy Hope and Homes for Children, UK |
| | Response to the key note in the context of South Asia | Ms. Kendra Gregson Child Protection Regional Advisor, UNICEF, ROSA (Regional office for South Asia) |
| | Address by Guests | Ms. Shireen Vakil Head – Policy and Advocacy, Tata Trust Dr. Yasmin Ali Haque Country Representative, UNICEF, India Mr. Rakesh Srivastava Secretary, Ministry of Women and Child Development Govt. of India |
| 10.30AM-11.00 AM | | Tea Break |
| 11.00 AM-1.20 PM | Parallel session of Careleavers to take place in another room | |
| 11:00AM-12:30 PM | | Plenary Session 1 Overview, concepts and strategies |
| | Chair | Ms. Laila Khondkar Director, Child Rights, Governance & Child Protection Save the Children, Bangladesh |
| | Family strengthening, sponsorship & gatekeeping in South Asia | Ms. Shubha Murthi Deputy COO, SOS Children’s Villages International Asia |
| | Standards of care in foster care, group foster care, aftercare & child care institutions in South Asia | Ms. Janie Cravens MSW, Child Welfare & Social Work Global Advisor Miracle Foundation |
| | Deinstitutionalisation: strategy and implications for South Asia | Dr. Charika Marasinghe Human Rights, Child Rights and Institutional Development Consultant, Sri Lanka |
| | Considerations of mental health care in alternative care in South Asia | Dr. Monisha C. Nayar-Akhtar Psychotherapist and Psychoanalyst and Clinical Assistant Professor, University of Pennsylvania |
| | Open Floor | |



| | | | |
|---|--|--|--|
| 12:30 PM-1:20 PM | Plenary Session 2 Non-institutional care in emergency and conflict situations in South Asia | | |
| | Chair | Mr. Javier Aguilar Chief of Child Protection, UNICEF, India | |
| | Concerns, lessons and initiatives from Jammu and Kashmir | Justice Husnain Masoodi Former Judge, High Court of Jammu and Kashmir, India | |
| | Non-Institutional care in Emergency: The Nepal experience | Mr. Tarak Dhital Executive Director of Central Child Welfare Board, Nepal | |
| | Children on the move: vulnerabilities and responses | Ms. Jeannette Wöllenstein Children's Rights Officer at the General Secretariat of the International Social Service, Geneva | |
| | The untold stories of Rohingya Children | Mr. G. Nayeem Wahra Faculty, University of Dhaka and Founding Convenor, Bangladesh Disaster Forum | |
| | Open Floor | | |
| 1.20 PM-1.30 PM | Introduction of Careleavers | | |
| 1:30 PM-2:30 PM | Lunch Break | | |
| 2:30 PM-4:30 PM | Breakaway Session 1 | | |
| Theme (there will be 3 breakaway parallel sessions) | Family strengthening, sponsorship & gatekeeping in South Asia | Standards of care in foster care, group foster care, aftercare & child care institutions in South Asia | Deinstitutionalisation Strategy and implications for South Asia |
| Guiding Pointers | Strategies for preventing unnecessary family separation Research, evidence building and data availability: gaps and consolidation Mental Health and Counseling | | |
| Moderators at each session | Ms. Nicole Rangel Menezes Co-Founder, Leher, India | Ms. Archina Dhar Director – FBC & Advocacy, SOS Children's Villages of India | Ms. Vandhana Kandhari Child Protection Specialist, UNICEF, India |
| Presenters at Plenary on Day 2 | Ms. Shusma Pokhrel Director – SOS Children's Villages Nepal | Ms. Nina Nayak Child Rights Activist, India | Dr. Nilima Mehta Child Rights Advocate, India |
| Panelists for each session | Ms. Bharati Ghate Executive Director Shishuadhar, India | Ms. Mumtaz Faleel Country Manager Emerge Sri Lanka | Ms. Khaleda Akhter Senior Manager-Child Protection, Save the Children, Bangladesh |
| | Dr. Alexandra M Harrison Assistant Clinical Professor in Psychiatry, Harvard Medical School, USA | Dr. Monisha C. Nayar-Akhtar Psychotherapist and Psychoanalyst and Clinical Assistant Professor, University of Pennsylvania | Ms. Helen Lenga Psychologist, Trauma Expert and Psychotherapist with specialized training in child and adolescent Psychotherapy, Australia |
| | Dr. Pamela Pieris National Consultant - Policy on Alternative Care of Children, Sri – Lanka | Father Joseph Prabhu Don Bosco, India | Ms. Chathuri Jayasooriya Child Rights Advocate Sri-Lanka |
| | Open Floor | | |
| 4:30 PM-5:00 PM | Tea Break | | |
| 5:00 PM-5:30 PM | Consolidation of group discussions by moderators and presenters | Steering Committee Meeting | |
| | | Posters viewed by Jury | |

DAY 2: MARCH, 17, 2018

| Time frame | Theme/sub theme | Resources | |
|---|---|--|--|
| 8:30 AM-9:30 AM | | Registrations | |
| 9:30 AM-10:30 AM | Plenary Session 3 | | |
| | Chair (recap of Day 1) | Dr. Hiranthi Wijemanne Former member of the CRC Committee and Advisor on Children's Issues, Sri Lanka | |
| | Outcomes from Family strengthening, Sponsorship & Gatekeeping in South Asia | Ms. Shusma Pokhrel Director, SOS Children's Villages Nepal | |
| | Outcomes from Standards of care in foster care, group foster care, aftercare & child care institutions in South Asia | Ms. Nina Nayak Child Rights Activist, India | |
| | Outcomes from Deinstitutionalisation: strategy and implications for South Asia | Dr. Nilima Mehta Child Rights Advocate, India | |
| | Open Floor | | |
| 10:30 AM-11:30 AM | Plenary Session 4 Bringing together diverse experiences and sharing of journeys of adoption, foster care and aftercare | | |
| | Chair | Ms. Enakshi Ganguly Thukral Co-Director, HAQ: Centre for Child Right, India | |
| | | Mr. Ian Anand Forber Pratt Director of Advocacy - South Asia, Children's Emergency Relief International (CERI) | |
| | | Mr. Arun Dohle Director, Against Child Trafficking, Germany | |
| | Open Floor | | |
| 11:30AM-12:00 noon | Tea Break | | |
| 12:00 noon-1:30 PM | Breakaway Session 2 | | |
| Theme (like day 1, there will be 3 breakaway parallel sessions) | Family strengthening, Sponsorship & Gatekeeping in South Asia | Standards of care in foster care, group foster care, aftercare & child care institutions in South Asia | Deinstitutionalisation: Strategy and implications for South Asia |
| Guiding Pointers | Snapshots: Social change & care reforms through NGO/Community/Govt interventions Participation of children and young adults Considerations including disability, sexuality, culture & traditions | | |
| Moderators at each session | Ms. Sandhya Mishra Associate Director Miracle Foundation, India | Mr. Ian Anand Forber Pratt Director of Advocacy - South Asia, Children's Emergency Relief International (CERI) | Dr. Delia Pop Director of Programmes and Global Advocacy Hope and Homes for Children, UK |
| Presenters at Plenary session | Ms. Sumnima Tuladhar Executive Director CWIN-Nepal | Ms. Vasundhra Om Prem Centre of Excellence in Alternative Care of Children, India | Ms. Tanvi Mishra CINI, India |
| Panelists for each session | Ms. Nina Nayak Child Rights Expert, India | Ms. Razni Razick Social Worker/Child Guidance Counsellor, Sri Lanka | Ms. Harshika Ediriweera Asst. Commissioner National Dept of Probation and Child Care Services, Sri Lanka |



| | | | |
|-----------------|--|--|--|
| | <p>Ms. Piratheepa Kumaraswamy Sponsorship Coordinator-SOS Children's Villages Jaffna</p> <p>Mr. Madhav Pradhan Chairperson Child Home Net Nepal</p> <p>Open Floor</p> | <p>Ms. Aneesa Wadhwa Trustee, Udayan Care, India</p> <p>Ms. Priti Patkar Co-Founder, Prerna, India</p> <p>Ms. Gabrielle Jerome Head of International Practice and Quality, Key Assets, USA</p> | <p>Ms. Wahida Banu Executive Director Aparajeyo, Bangladesh</p> <p>Mr. Rajender Meher Chief Executive Officer Youth Council for Development Alternatives India</p> |
| 1:30 PM-2:30 PM | Lunch Break | | |
| 2:30 PM-3:30 PM | Plenary Session 5 Sharing of outcomes from breakaway sessions | | |
| 2:30 PM-3:30 PM | <p>Chair</p> <p>Outcomes from Family strengthening, Sponsorship & Gatekeeping in South Asia</p> <p>Outcomes from Standards of care in foster care, group foster care, aftercare & child care institutions in South Asia</p> <p>Outcomes from Deinstitutionalisation: strategy and implications for South Asia</p> <p>Overall outcomes on mental health care</p> <p>Open Floor</p> | <p>Ms. Mallika Samaranayake Technical Lead, CPC Learning Network, Sri Lanka</p> <p>Ms. Sumnima Tuladhar Executive Director, CWIN-Nepal</p> <p>Ms. Vasundhra Om Prem Centre of Excellence in Alternative Care of Children, India</p> <p>Ms. Tanvi Mishra CINI, India</p> <p>Dr. Deepak Gupta M.D., Child & Adolescent Psychiatrist, India</p> | |
| 3:30 PM-5:00 PM | Valedictory Session Conclusions & Way Forward | | |
| | <p>Chair</p> <p>Child's perspective on family and care</p> <p>Outcomes from CLAN (Careleavers Association and Network)</p> <p>Address by Guests</p> <p>Conclusions and Vote of thanks</p> | <p>Ms. Kendra Gregson Child Protection Regional Advisor, UNICEF, ROSA (Regional office for South Asia)</p> <p>Ms. Khushi Ganeriwala, India Poster award distribution</p> <p>Care Leavers presentation</p> <p>Dr. Shantha Sinha Founder, MV Foundation, India</p> <p>Ms. Anuja Bansal Secretary General, SOS Children's Villages India</p> <p>Ms. Rupa Kapoor Member, National Commission for Protection of Child Rights, India</p> <p>Ms. Aastha Saxena Khatwani Joint Secretary, Ministry of Women and Child Development, Govt. of India</p> <p>Dr. Kiran Modi Managing Trustee, Udayan Care</p> | |
| 5:00 PM | Tea | | |

Annexure 2

Supporting Youth Aging out of Child Care Institutions and Foster Care in South Asia

Introduction

Aftercare has always been a significant component of “continuum of care” at Udayan Care through its practice, research and advocacy. An inclusive review of international best practice themes has resulted in developing communication material as well as practical solutions to deal with aftercare. These communications include 3 presentations delivered at international conferences, 2 posters and 6 publications. These documents formed the resource material for the four national workshops Udayan Care organized to focus attention of aftercare community. This resource material can be shared widely on request. 23 youth are transitioning into their adulthood at the Udayan Care Aftercare facilities for women in Noida and Men in Gurgaon. Besides working on part time jobs these young adults are supported through their higher education or vocational training based on their interests armed with career guidance and life skills training.

Evidence building: A small beginning has been made by collecting evidence on the status of aftercare through literature review and consultation with aftercare youth in south Asia region under the aegis of the Udayan Care Aftercare Outreach Programme (AOP). A research on the status of aftercare in India has begun for which a pilot study was conducted with support from Delhi Commission for Protection of Child Rights. The pilot reveals that there is a great need for aftercare services to be better organized as quality of life of care leavers is

abysmally low after they leave care. Out of total sample, 38% of the youth had not received aftercare support. Insecure relationships and unstable accommodation, and lack of viable employment and higher education opportunities are some of the challenges faced by young adults due to financial distress, absence of a guiding and caring adult and lack of a social support system. The study found that 43% of the youth are suffering or have suffered from mental stress during the past one year due to family issues, unemployment, domestic abuse, etc. The youth reach out for support to mostly non-professionals like friends and acquaintances (35%), followed by CCI experts (30%) and government doctors (10%). Regarding physical health, it was found that 11 of the 15 young adults struggling with their physical health were females; with sexually transmitted diseases and sexual hygiene being their biggest concern.

It was also found that 44% of the sample had not completed their 12th grade education, and had lower chances of flourishing than those who had. According to 47% of the youth, they had not come across opportunities for employment or self-employment since the time of departure from CCI; and many struggled to make ends meet. Clearly, there is an immediate need to further understand the various challenges faced by care leavers and design focused interventions.

Outcomes on the ground: During this research, a consultation that was organized in partnership with Department of Women and Child Development,



Delhi and Plan International supported by DCPCR on December 14, 2017 resulted in documenting a set of recommendations to improve policy, law and aftercare practice in Delhi. These recommendations included the need to set up the Care Leavers Association and Network (CLAN) in Delhi that would represent, support and advocate on behalf of all care leavers. A group of experienced professionals, practitioners, scholars, activists, etc. came together to with the aim of providing 'Support for Youth Leaving Care (SYLC).' SYLC, pronounced as 'silk' thus was formed to ensure the smooth transition of care leavers towards adulthood. The organizations that came together to facilitate and energize the CLAN process till March 2018 were India Alliance For Child Rights, Rainbow Homes, Udayan Care, Centre for Excellence in Alternative Care, Salaam Baalak Trust and Prayas. Others like Don Bosco, STOP, Sai Kripa, Manav Jain Ashram, Minda Bal gram, and Bachpan Bachao Andolan have pledged their support to CLAN.

CLAN members have been through two training sessions by Pravah – a youth mentoring team to help CLAN's core team understand internal and external roles. At the 3rd BICON, Pravah also led the CLAN members to undertake a team building exercise. Much more needs to be done to collectivise youth to remain connected to their CCI as well as to CLAN. Every child protection advocate needs to take on this task of strengthening collectivization of aftercare youth by becoming a SYLC member.

Objectives of CLAN

- a. Awareness on the need for aftercare services in Delhi
- b. Support aftercare youth through training and
- c. Advocacy for aftercare as a right of CCI and foster care youth

Outreach for CLAN: The BICON had invited care leavers from South Asia to learn about Aftercare from each other. The Delhi CLAN team were introduced to alumni from SOS Asia, Sarvodaya in Sri Lanka, Youth Leaving Care Association (YLCA) - an India wide network coordinated by Aditya Chengorkar in Mumbai, Rainbow Homes that has a strength of 7000 youth across India, and El Sheldah in Goa. On meeting these organizations, the youth in Delhi broadened their perspective on how to empower CLAN and link with similar youth associations in different parts of country, region and the world.

Aftercare as a right: The take away for the non-Delhi care leavers was that CLAN has a vision of a district wide network that plugs into the District Child Protection Unit (DCPU) to expend resources for aftercare as a right of each young adult exiting the alternative care system. The task of tracking one's progress against their 'Individual Care Plan' or 'Rehabilitation Release Plan' requires that the state ensures survival, development and participation of children and youth in all matters that concern them and care leavers as a collective entity.



Annexure 3

Media Coverage of the 3rd BICON

- Asia Times 19-02-2018: 43 million children are living in out-of-home-care in the south Asian countries.
- Hindustan Times 17-03-2018 : Will amend JJ Act to protect interests of children: Official.
- Business Standard 16-03-2018: Measures agreed to fast-track child adoption process.
- Business Standard 17-03-2018: Intl conference seeks ways to improve alternative care for children in S Asia.
- India Today 17-03-2018: Intl conference seeks ways to improve alternative care for children in S Asia.
- UNI 16-03-2018: 43 million out-of-home children in S Asia need govts' support: Experts.
- The Navhind Times 17-03-2018: Measures agreed to fast-track child adoption process.
- Web India 16-03-2018: 43 million out-of-home children in S Asia need govts' support: Experts.
- The Pioneer 14-02-2018: A Place to call home.
- Punjab Tribune 12-02-2018: Alternative Care for Children necessary in South Asia.
- Governance Now 28-02-2018: Data on out-of-home-care children missing in South Asia.
- The Quint 16-03-2018: Measures agreed to fast-track child adoption process.
- One India 13-03-2018: focus on issues of children living in out-of- home care in South Asia.
- One World 12-02-2018: Data on kids outside-family-care missing in South Asia.
- India CSR 13-03-2018: Conference on children to bring together South Asian countries to improve knowledge.





Annexure 4 About Udayan Care

“Udayan” is a Sanskrit word meaning “*Eternal Sunshine*”. We aim to bring sunshine into the lives of underserved sections of society that require intervention. **Registered in 1994** as a Public Charitable Trust, Udayan Care works to empower vulnerable children, women and youth, in **19 cities across 11 states** of India.

Starting with the establishment of just one small group home (Ghar) for OHC: Out-of-Home-Care children in Delhi in 1996, Udayan Care has spread its work for more disadvantaged groups by establishing more group homes, spreading girls’ higher education, providing vocational training and livelihood programmes, and advocating for better standards in institutional care, etc. In 24 years, we have directly impacted the lives of about 21,000 children, women and youth as beneficiaries as well as thousands as indirect beneficiaries through our programmes and through our advocacy efforts. This was made possible only through the support of like-minded people, donors and partners, who believed in our work and mission.

Why We Exist?

To transform the lives of children and youth from underserved sections of society, through meaningful interventions for development at every step of their journey towards a dignified life.

VISION

To Regenerate the Rhythm of Life of the Disadvantaged

MISSION

A nurturing home for every orphaned child, an opportunity for higher education for every girl and for every adult, the dignity of self-reliance and the desire to give back to society.

Our Innovative Programmes

Udayan Care works to transform the lives of underserved children, youth and women, through meaningful interventions for their holistic development at every step of their life towards dignity.

1. Udayan Ghars:

Udayan Care believes that a loving home and family is the right to believe every child. Udayan Ghars are long-term homes that nurture children, who are orphaned or at risk, in a compassionate and comfortable atmosphere through a strategy called L.I.F.E – Living In Family Environment. This ‘Group Care’ model ensures children are loved and cared by a group of Mentor Parents – long term volunteers, who have functions of parents with the help of a team of care givers, social workers, and mental health professionals. Udayan Ghars are located in middle class neighborhoods to help children reintegrate with society. Children receive quality education in some of the best schools. **Since inception in 1996, Udayan Ghars have nurtured more than 857 children.** Presently, 179 children (122 girls & 57 boys) live at our **14 Udayan Ghars** in 4 states including Delhi, Uttar Pradesh, Haryana and Rajasthan, the latest being in Faridabad. Once they reach the age of 18 years, they move into our Aftercare Programme and continue with higher education or vocational training to get into jobs.

2. Udayan Shalini Fellowships (USF):

The situation of education for girls in India is abysmal. The biggest difficulties arise in the transition from high school to secondary levels and then to college where dropout rates increase dramatically. To provide mentoring and support to disadvantaged girls and in order to transform them into dignified and independent women Udayan Care started Udayan Shalini Fellowships in 2002 in Delhi with 72 girls. **Since inception, USF has supported 6192 girls from economically-disadvantaged backgrounds.** Today, many of our girls, whom we call Shalinis (Dignified Women), are pursuing fields like Engineering, Medical, Chartered Accountancy, Company Secretary, Vocational, Nursing

and Computer Science, among others. USF is now present in 16 chapters – Delhi (North and South), Kurukshetra, Aurangabad, Dehradun, Kolkata, Gurgaon, Haridwar, Phagwara, Jaipur, Hyderabad, Greater Noida, Mumbai, Panchkula, Chennai and Baddi, as the most recent centre.

3. Udayan Care Information Technology and Skill Centres:

Based on Udayan Care's mission to enable every adult the dignity of self-reliance, Udayan Care's IT & Skill Centres was set up in 2004 at the Greater Noida Udayan Care centre. Our centres offer certificate and diploma courses in basic as well as advanced computer applications, such as Microsoft, Tally, as also Graphic and Print design; etc. We have besides Microsoft certification, NIELIT (Govt) certification, and Tally Education certificate too. Spoken English, life skills training and job readiness trainings are also a part of the curriculum to make students job ready. Since inception, our 11 Information Technology Centres across 3 states have equipped over 13,369 students with the dignity of self reliance. Our Skill Centre at Greater NOIDA has given successful trainings to 1095 underserved women in Stitching and Tailoring, Beauty Therapy, Paper Craft, Enamel Work, Block Printing, Graphic Design, China painting, Pottery, Cookery and Photography etc. and provides livelihood opportunities for disadvantaged women by selling items created by them, under the label 'Sukriti'. The vision of Udayan Care skill centre is to provide more career choices to girls and women for their future employability.

Advocacy, Research & Trainings

Our advocacy efforts explore different aspects of policy and practice around alternative care for children and youth through research, publication, presentations to corporate and individuals, consultations, seminars, workshops to initiate discussions & debates with key stakeholders. From submitting recommendations for policy and legislative reform to training practitioners on standards of care, we develop materials, modules, booklets, IEC and fact-sheets on various aspects of Alternative Care for children. Our strength at micro level advocacy enables us to create a groundswell for demanding policy changes at the macro level.

Udayan Care has been organizing various seminars, conferences and consultations on issues of alternative care, particularly those related to mental health, and aftercare programmes. We have instituted **Biennial International**

Conferences (BICONS) on Alternative Care, focused on South Asia, to bring together representatives from South Asia working on Youth development, child protection and child care. Simultaneously, we have launched an academic, bi-annual journal, "**Institutionalised Children: Explorations and Beyond**" (ICEB) in March 2014. This ICEB Journal addresses the gaps in research, knowledge and counseling practices, prevalent in working with children in Alternative Care, in the 8 South Asian countries. Since then, eight issues of ICEB have come out to much public acclaim. In 2017, with support from UNICEF, we published a series on Alternative Care, a set of four ready reference booklets on foster care, adoption, aftercare and standards of care in Child Care Institutions.

Udayan Care has presented several papers/posters on its work on different national and international fora. We were instrumental in getting the inclusion of 'Guardian' column in the application forms of Boards, along with 'Father' and 'Mother' through Public Interest Litigation in Delhi High Court. A number of research papers have been authored and published by us, on at-risk & out of family support network children, in different national and international journals. From time to time, we also bring out informative and educational materials such as booklets and posters to raise awareness on the issues that we work on. Additionally training programs are conducted with key stakeholders to ensure high standards of care for children and youth. We have also been selected by central and state governments as members of several special committees on aspects of child protection.

Accreditation & Recognition

Udayan Care has been accredited by **GiveIndia, Credibility Alliance & Guide Star India**, organisations that monitor and accredit non-governmental organisations for transparent and credible performance. We have also received ISO 9001:2008 for Accountability, Credibility and Transparency in Systems & Procedures for Programme Implementation, Fundraising & Financial Management. A recipient of the prestigious India NGO Award 2011 (medium category), the Karamveer Puruskar and the PHD Chamber of Commerce Awards for Excellence in Service, among numerous other awards, in 2015, the Honourable President of India awarded Udayan Care the **National Award for Child Welfare 2014**— India's highest commendation for a non-profit child welfare organisation.



Ms. Aastha Saxena Khatwani
Joint Secretary
Ministry of Women &
Child Development, Govt. of India

Ms. Aastha Saxena Khatwani is an Indian Civil Accounts Officer ICAS, from the 1991 batch, presently working as Joint Secretary in the Ministry of WCD. Before assuming office as Joint Secretary in Ministry of WCD, she was working as Financial Advisor in National Disaster Management Authority.

Dr. Alexandra Murray Harrison is a Training and Supervising Analyst at the Boston Psychoanalytic Society and Institute in Adult and Child and Adolescent Psychoanalysis, an Assistant Professor of Psychiatry Part Time, Harvard Medical School, at the Cambridge Health Alliance, and on the Core Faculty of the Infant-Parent Mental Health Post Graduate Certificate Program at University of Massachusetts Boston. She has an active adult and child psychoanalytic and psychiatric private practice.

Dr. Harrison has developed a model for mental health care professionals to volunteer their services to child caregivers in developing countries and has co-authored a book on autism and published articles on numerous topics, including body image, play therapy, therapeutic change, and volunteer consultation in developing countries. Dr. Harrison has lectured extensively in the U.S., Europe, Asia, and South America.



Dr. Alexandra M Harrison
M.D., Assistant Clinical
Professor in Psychiatry,
Harvard Medical School, USA



Ms. Aneesha Wadhwa
Trustee and Mentor Mother
Udayan Care, India

Ms. Aneesha Wadhwa is an active Trustee on the Board of Udayan Care, a child rights and higher education focused non-profit based in Delhi, with a footprint in 18 cities in India and chapters in USA, Germany and Australia. She supports Udayan Care in their governance, strategic expansion, resource mobilization and communication management. Her passion lies in research, advocacy and development of mentor-based models of care for young adults leaving child care institutions.

Ms. Wadhwa personally mentors 20+ Care Leavers as well as manages a group foster care home for 12 young girls out of family care. She also works with the Himalayan communities of Uttarakhand through Himjoli, a social enterprise that creates livelihood opportunities through education, trade and entrepreneurship.



Ms. Anuja Bansal
 Dy. Director
 SOS Children's
 Villages of India, India

Ms. Anuja Bansal is a vastly experienced social sector professional committed to securing the rights of vulnerable children and women. A qualified Chartered Accountant since 1989, she devoted herself to social development early in her career and has been working in this sector for 20 years. Her diverse and expansive career includes leadership positions in international and national not-for-profit organisations like Child Rights and You (CRY), ACCESS Development Services, Bharti Foundation, Oxfam India and now SOS Children's Villages of India.

Ms. Bansal has been leading SOS Children's Villages of India as its Secretary General since January 2015. As head of SOS India, Ms. Bansal was awarded the Exceptional Women of Excellence 2017 Award by Women Economic Forum (WEF) in September, 2017.

Dr. Archina Dhar has more than 25 years of work experience in the Development Sector and over 16 years experience working with the SOS Children's Villages of India. She has a Ph.D. in Anthropology from Punjab University, Chandigarh. Currently she heads the advocacy work of the SOS Children's Villages of India and is also the National Focal Person for Child Protection which involves addressing child safeguarding concerns, building capacities of stakeholders in keeping children safe. She has been actively engaged in advocating for 'children without parental care' and was a member of various groups set up by the WCD Ministry for policy formulation on children.



Dr. Archina Dhar
 Head, Advocacy SOS
 Children's Villages of India,
 India



Mr. Arun Dohle
 Director, Against Child
 Trafficking Germany

Mr. Arun Dohle is Director of the Brussels based NGO, Against Child Trafficking, which advocates for the correct and original implementation of the UNCRC. Further, he has uncovered numerous adoption scandals and litigated on the rights of children in Malawi, Ethiopia and India. He left his job as financial consultant in 2001 in search of his own mother, which brought him into the field of child rights and inter-country adoptions.

Mrs. Bharati Ghate is the Executive Director of Shishuadhar- 'For the Child', an NGO based in Pune, India, for last 30 years. Mrs. Ghate was a member of the Committee formed to draft the State rules of the Juvenile Justice (Care and Protection of children) Act 2015 and a member of the task force formed by the Department of Women and Child Development, Govt. of Maharashtra and UNICEF, to formulate the non-institutional scheme of Bal-Sangopan, a scheme for assisting families for child care. She participated in the state level study of implementation of this scheme undertaken by the Department of Women and Child Development and UNICEF Maharashtra.

An alumna of the Council of International Program for social workers and youth leaders (CIP), she is a trained social worker, with a post graduate degree, M.A. in social work, from the Tata Institute of Social Sciences, Mumbai in 1972.



Mrs. Bharati Ghate
 Executive Director
 Shishuadhar, India



Dr. Charika Marasinghe
Attorney-at-Law of the
Supreme Court, Sri Lanka

Dr. Charika Marasinghe is an Attorney-at-Law of the Supreme Court of Sri Lanka and a Solicitor of the United Kingdom. She specialises in International Human Rights and Child Rights Law and over a career of 33 years, she has served as a Senior Lecturer in the Faculty of Law of the University of Colombo for 17 years, and as Deputy Chairperson and member of the National Child Protection Authority and a trainer and a resource person in the field of human rights, child rights and women's rights at diverse conferences and institutions, both local and international.

She has authored inter alia the '*Manual on Child Abuse*' published by the Sri Lanka Police Department, '*Sri Lanka Law Directory on Protection of Women and Girl Children*' published by the Ministry of Child Development and Women's Affairs, the '*Child Protection Policy*' of Caritas, Sri Lanka and '*A Study on Child Rights Governance Situation in Bangladesh*' published by Save the Children, Bangladesh. She has just finalised the '*National Guideline on Prevention of All Forms of Violence against Children of Sri Lanka*' for the Ministry of Women and Child Affairs of Sri Lanka.

Ms. Chathuri Jayasooriya is an independent psychosocial practitioner and consultant with a special focus on children. She has been working in the field of child rights and protection for 10 years, especially on child rights governance and psychosocial wellbeing. Her work primarily involves advocacy, networking, research, training and the provision of psychosocial support especially for children in residential care and towards strengthening families for the de-institutionalisation of children. She currently works on assignments with both government and non-government organizations such as the National Child Protection Authority, Save the Children and SOS Children's Villages Sri Lanka.



Ms. Chathuri Jayasooriya
Independent
Psychological Practitioner
and Consultant with a
Special Focus on Children,
Sri Lanka



Dr. Deepak Gupta
M.D., Child and Adolescent
Psychiatrist, India

Dr. Deepak Gupta is a Child and Adolescent Psychiatrist associated with Sir Ganga Ram Hospital, New Delhi. He holds the privilege of being one of the few qualified Child and Adolescent psychiatrists in India. He is the founder of Centre for Child and Adolescent Wellbeing (CCAW), in New Delhi, which is an exclusive multi-specialty child and adolescent mental health services (CAMHS) centre for children, young people parents and families. Dr. Gupta is also associated with Udayan Care since 2004 and heading the mental health programme, since 2008 he started 'EHSAAAS', a group for psychologist and school counselors associated with schools in Delhi and NCR. He received the 'Distinguished Services Award' on Doctors' Day by Delhi Medical association in 2009, 'President Appreciation Award' by Delhi Medical Association in 2010 and 'Eminent Medical Person Award' by Delhi Medical Association in 2011. He is also one of the editors of the academic journal 'Institutionalised Children: Explorations and Beyond'.

Born and educated in Romania, Dr. Delia Pop is a medical doctor who has committed the last 17 years to working with children in the institutional care system and families at risk of separation. She has transformed child protection and care systems at national and regional levels through developing a model of change and training materials to support global reform and providing technical assistance and training to government agencies, NGOs and other professionals in Europe and Africa. Dr. Pop is currently the Director of Programmes and Global Advocacy at Hope and Homes for Children in the United Kingdom.



Dr. Delia Pop
Director of Programmes and
Global Advocacy, Hope and
Homes for Children, UK



Ms. Enakshi Ganguly Thukral

Co-Director, HAQ: Centre for Child Right, India

Ms. Enakshi Ganguly Thukral is a human rights activist and child rights advocate, researcher and trainer for the past three decades, working on wide-ranging socio-legal issues such as development induced displacement, women in the unorganized sector, reproductive health, child labour, child trafficking, laws and policies governing women and children, education, violence against children and juvenile justice. She is an international trainer on human rights and child rights. Since co-founding HAQ: Centre for Child Rights, in 1998, she has been working in a focused manner on children's rights.

Ms. Gabrielle Jerome has over 35 years of experience in social work and management, including statutory child and family work, and foster care in UK, and developing foster care internationally within diverse legal and cultural settings. She is the Head of International Practice and Quality at Key Assets, the vision partners to the Centre of Excellence in Alternative Care India. The company has developed foster care and children's services in 9 countries in Europe, Australasia, North America and Asia, and have supported projects in India since 2013.



Ms. Gabrielle Jerome
 Head of International Practice and Quality, Key Assets, UK



Dr. Gawher Nayeem Wahra

Institute of Disaster Management and Vulnerability Studies of University of Dhaka Bangladesh

Dr. Gawher Nayeem Wahra is a teacher and curriculum developer on child protection related issues at the Institute of Disaster Management and Vulnerability Studies of University of Dhaka. He has over 33 years of experience in developing, managing, monitoring and coordinating social sector program at local, regional, national and international level with special focus on protecting and promoting child rights and Disaster Management.

He started his career with Gonosashtha Kendro (a public health focused National Development Agency) Worked as Director of BRAC. He has also worked with Oxfam, Save the Children, Action Aid and Unicef in different positions and in different countries of South and South East Asia, Middle-East and Africa.

Ms. Harshika Ediriweera is the Assistant Commissioner in the Department of Probation and Child Care Service in Sri Lanka. She has a Bachelor of Science in Human Resources Management (Special Degree) from the University of Sri Jayewardenepura and a Diploma in Public Management and Administration from the Sri Lanka Institute of Development Administration, and is currently following a Masters in Public Management at the University of Colombo. She joined the Sri Lanka Administrative Service in 2015 and has been serving the Department of Probation and Child Care Services since then. As a member of the main government organization mandated to create a child sensitive environment where child rights are ensured, currently she is engaged in the planning, implementation and monitoring of programs to ensure child rights, identification of vulnerable children and taking preventive measures to ensure their rights (promote deinstitutionalisation and strengthening the child rights ensuring community structures like VCRMCs and Child Clubs are the major programs we are conducting to promote safer environment for children.



Ms. Harshika Ediriweera
 Assistant Commissioner
 Department of Probation and Child Care Service
 Sri Lanka



Ms. Harleen Walia
Deputy Director
CHILDLINE India Foundation
India

Ms. Harleen Walia is currently the Deputy Director at ChildLine India Foundation. Between 2007 to 2014, she was on deputation from UNICEF to the Ministry of Women and Child Development (MWCD) to provide technical support for GOI initiatives (laws, polices and schemes) on Child Protection. Prior to this, she was a consultant for Training and Development with the United Nations Office Drugs and Crime.

Ms. Helen Lenga is an Australian psychologist with over 30 years' experience working in the field of trauma as a Psychotherapist, Trainer, Consultant and Supervisor. She is a clinical consultant with the Lighthouse Institute in Melbourne, Australia, and spent 2013 and 2014 in trauma training of support services for the Royal Commission into Institutionalised Responses to Child Sexual Abuse. Helen is a lecturer and supervisor at Latrobe University Master of Counseling and Master of Art Therapy courses. She has a particular interest in the interaction of culture, trauma and attachment and regularly presents her work at Australian and International conferences. In September 2014 she presented in New Delhi, India at the Multi Stakeholders' Consultation on Aftercare Services. She is the Founder and Director of the Gong Shi Project, an international training program for the mental health and wellbeing of adults, young people and children. She frequently travels to China and more recently India, to deliver training, conference presentations and consultations.



Ms. Helen Lenga
Psychologist, Trauma Expert and
Psychotherapist with specialized
training in child and adolescent
Psychotherapy, Australia

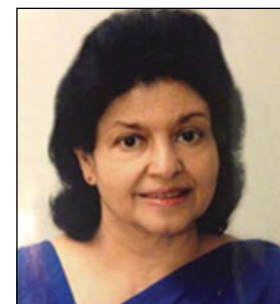


Mr. Hilal Bhat
Technical Advisor to J&K
Government on Child
Protection, India

Mr. Hilal Bhat is Technical Advisor to Government of J&K - Child Protection. Mr. Bhat is an MSW from University of Kashmir and a Srinagar based Child Protection Practitioner with fifteen years of experience as part of various organisations including UNICEF.

With community based child protection as one of his strong areas of interest, Mr. Bhat has been a passionate advocate for protection services to children in J&K where children's well-being often becomes the casualty of unrest. Shutdowns in Kashmir and its impact on children has been a concern for Mr. Bhat. In his opinion, the unrest incapacitates parents and cripples the system to deliver wellbeing for children. He has been leading a breakthrough program aiming to help children normalise their lives both in normal and challenging times. The program has been piloted and is in the process of scale-up across all districts of Kashmir

Dr. Hiranthi Wijemanne has been elected as a member of the United Nations Committee on the Rights of the Child. She developed, planned and organized programmes for the UNICEF Office in Colombo, in collaboration with the Ministries of Health, Education, Child Development and Women's Affairs, Justice, Labour, Provincial Administration, Planning and Finance. These included Maternal and Child Health, Primary Education, Early Childhood Development, Probation and Child Care, Child Labour, Children in Conflict with the law, and children affected by the armed conflict. She has undertaken consultancies for UNICEF in Regional offices in South Asia/Kathmandu, South East Asia/Bangkok, the middle East/Jordan and UNICEF New York. She has been a member of various national and international committees on child rights and protection. She has also functioned as Vice Chairperson of the CRC Committee from 2011 to 2015.



Dr. Hiranthi Wijemanne
Former member of the CRC
Committee and Advisor on
Children's Issues, Sri Lanka



Mr. Ian Anand Forber Pratt

Director of Advocacy - South Asia, Children's Emergency Relief International (CERI)

Mr. Ian Anand Forber Pratt works in the field of child protection and child care system reform in India, Sri Lanka and globally. Mr. Pratt did his Masters in Social Work from Washington University's George Warren Brown School of Social work and is currently the Director of Advocacy for Children's Emergency Relief International. He is passionate about bridging gaps between policy and practice in the field of child care and protection at global and state levels.

Personally, Mr. Pratt is an international adoptee and specialises in therapy with adoptive families both international and domestic in identity, root search and cultural competence.

Ms. Janie Cravens, MSW LCSW, has over 30 years of experience working with children in the field of alternative care. Since the Miracle Foundation was founded in 2000, she has provided guidance to the organization in the areas of child development, attachment, caregiver training, mental health, and best practices in the care of children, adults, and young people. She frequently travels to China and more recently India, to deliver training, conference presentations and consultations.



Ms Janie Cravens

MSW, Child Welfare & Social Work Global Advisor, Miracle Foundation



Mr. Javier Aguilar

Chief of Child Protection UNICEF, India

Mr. Javier Aguilar has 20 years of international experience in the area of child protection, working mainly for UNICEF and other international organizations in Latin America, Europe, Middle-East, Africa and South Asia. He has obtained his PhD in Clinical Psychology from Lyon University, France; and his M.Sc. in Public Policy, SOAS, from University of London.

Ms. Jeannette Wöllenstein holds an LLM in Comparative Law and is currently undertaking an Advanced Master in Children's Rights studies. She has worked for the Costa Rican Embassy in Paris and volunteered for UNICEF, Geneva's Red Cross and a children's home in Ecuador. She joined ISS three years ago, where she is now working as a Children's Rights Officer.



Ms. Jeannette Wöllenstein

Children's Rights Officer at the General Secretariat of the International Social Service, Geneva



Fr. Joe Prabhu
Joint Secretary of Don Bosco National Forum for the Young at Risk

Fr. Joe Prabhu has been a member of the Don Bosco Society for the past 37 years. He has vast experience working with young people in difficult circumstances in East Africa for 19 years and 12 consecutive years in India. He has completed Masters in Social Work and P.G. Diploma in Counselling. He has done number of courses in Leadership Training and Psycho Spirituality. He has facilitated and conducted number of Personality Development and Leadership Training programmes to NGO staff members, youth leaders and animators and presented papers in national and international conferences. He has been the Joint Secretary of Don Bosco National Forum for the Young at Risk and the National Director of Home Link Programme in Delhi for 6 years, Director of Youth Services in Tanzania for 6 years, Refugee Services in Kenya for 4 years and Satellite Centres (Technical Education in Slum Dwellings) for 4 years in Nairobi. He has initiated a Programme for Street and Working Children in Nairobi, Kenya. He was the Associate Director of Development Office in Chennai, Tamil Nadu. Currently, he is pursuing doctoral studies on conflict resolution of young at risk through participatory action research.

Dr. Kiran Modi is the Founder Managing Trustee of Udayan Care. A doctorate in American Literature from IIT Delhi, she has varied experience in several fields. She is the founding member of several other trusts, working for the disadvantaged, including children's theatre and health; as well the academic journal "Institutionalised Children: Explorations and Beyond", a journal focused on alternative care of children out of home care.

She has been responsible for organising many trainings, consultations, national and international conferences on alternative care. She has also presented papers in international conferences. Recipient of many prestigious awards, Dr. Modi continues to strive towards ensuring the rights of the underprivileged with the same zeal and passion as she started out decades back.



Dr. Kiran Modi
Ph.D., Founder and Managing Trustee, Udayan Care, India



Ms. Kendra Gregson
Child Protection Regional Advisor, UNICEF, ROSA

Ms. Kendra Gregson is the Child Protection Regional Advisor for UNICEF South Asia. A child protection practitioner, she has worked predominantly in the areas of social welfare and justice for children. Her focus has been on the development of child protection systems, understanding, assessment and implementation; connecting policy and practice at micro and macro levels; reviewing institutional structures; social sector budget analysis and developing protection policy and programmes.

She has worked directly in alternative care settings including group homes and psychiatric hospitals in Canada and Argentina. She engaged directly in alternative care reform in the Balkans and Georgia, and managed UNICEF's roll out of the alternative care guidelines from 2009-2014. Currently she is supporting UNICEF country offices in South Asia in their alternative care programming.



Ms. Khaleda Akhter
 Senior Manager-Child Protection, Save the Children, Bangladesh

Ms. Khaleda Akhter has more than 19 years of working experience in different organizations e.g. Save the Children, Bangladesh Planning Commission, Bangladesh Institute of Development Studies, and UNICEF to create a positive impact on the society and to protect children by establishing the rights of the children including children with disabilities who are extremely vulnerable in terms of poverty, education and different forms of violence. Right now she is working as a Senior Manager of Appropriate Care under Child Protection & Child Rights Governance Sector in Save the Children in Bangladesh.

She is also the Master Trainer of Positive Discipline and Everyday Parenting (PDEP) which is violence prevention programme. She also obtained training related to child rights, protection, inclusion and disability including Alternative Care, etc.

She has also completed the Master of Social Science in Economics from Jahangir Nagar University in 1999 as well as completed a Certificate Course on International Perspectives in Participatory Research from Participatory Research in Asia (PRIA) International Academy's in New Delhi.

Ms. Laila Khondkar is presently working as Director-Child Rights Governance & Child Protection with Save the Children in Bangladesh. She has also worked with the organization in Australia, Papua New Guinea, and Liberia. Her areas of interest include addressing violence against children, alternative care, child marriage, child rights monitoring etc.

She has conducted research at Centre for International Development (Harvard University), Africa Centre for Health and Population Studies (South Africa), and Institute of Population and Social Research (Mahidol University, Thailand) on HIV/AIDS, reproductive health and access to medicines. She writes regularly on child rights issues.



Ms. Laila Khondkar
 Director, Child Rights Governance and Child Protection with Save the Children, Bangladesh



Mr. Madhav Pradhan
 Chairperson
 Child Home Net Nepal

Mr. Madhav Pradhan is the Chairperson of CWIN-Nepal, the pioneer national child rights organization in Nepal. He is also the Chairperson of the Children at Zone of Peace National Campaign (CZOP), and Child Care Homes Network Nepal (CNET-Nepal) and Co-Convener of South Asian Association of Child Helpline (SAACH).

He is also a Supervisor Board Members of Child Helpline International (CHI), and Taskforce member on Child Participation of Aflatoun (Child Social and Financial Education). In the past he held position of Governing Board member of the South Asian Initiative to End Violence Against Children (SAIEVAC) and Chairperson of NGO Federation of Nepal (NFN).

For the past 27 years, Mr. Pradhan has been continuously working on various child protection issues in various capacities within CWIN. He is engaged in policy advocacy, protection of children and in research work.



Ms. Mallika Samaranayake
Technical Lead, CPC Learning Network, Sri Lanka

Ms. Mallika Rukminie Samaranayake is the Technical Lead for the Child Protection in Crisis Learning Network in Sri Lanka since its establishment in June 2009. She is the Founder Director/Chairperson of the Institute for Participatory Interaction in Development (IPID) Sri Lanka promoting participatory methodologies in development through training and consultancy services for National, International, Bilateral & UN Agencies. Ms. Samaranayake is a member of the Audit and Evaluation Advisory Committee (AEAC) of the United Nations Development Programme (UNDP). She is also a Founder member and first President of the Community of Evaluators – South Asia (CoE SA) and represented CoE SA as nominated member of Board Directors of the International Organization for Cooperation in Evaluation (IOCE) and EvalPartner Management Group. She was founder member and past President of the Sri Lanka Evaluation Association (SLEVA) 2006 - 2009. She was a member of the Core Evaluation Team for Phase 2 of the Paris Declaration Evaluation (PDE) and served as Regional Coordinator - Asia/Pacific and PDE Phase 2 Evaluation Team which won the “AEA 2012 Outstanding Evaluation Award”. She served as a member of the International Steering Committee of the Joint MFS II Evaluation Program of NWO, Netherlands (2013 – 2015).

Dr. Monisha C. Nayar-Akhtar obtained her Masters and Ph.D. in clinical psychology from Wayne State University in Detroit, Michigan. Later, she trained at the Michigan Psychoanalytic Institute in adult and child/adolescent analysis. After practicing for over twenty years in Southfield, Michigan, she relocated to suburban Philadelphia and has a practice in psychoanalysis and psychoanalytic psychotherapy. Currently, she is affiliated with the Psychoanalytic Center of Philadelphia where she teaches courses on trauma, object relations and psychoanalytic process. In 2012, she established the Indian Institute of Psychotherapy, New Delhi to offer in-depth workshops on topics related to working therapeutically with children, adolescents and adults. Dr. Akhtar is on the faculty of the University of Pennsylvania, and supervises psychiatric residents and psychology interns. She is also an adjunct professor at Widener University in Chester, Pennsylvania and Immaculata University in Malvern, Pennsylvania.



Dr. Monisha C. Nayar-Akhtar
Psychotherapist and Psychoanalyst and Clinical Assistant Professor, University of Pennsylvania, USA



Ms. Mumtaz Faleel
Country Manager
Emerge Sri Lanka

Ms. Mumtaz Aroos Faleel has specialised in Child Protection since 2006, including conflict affected children and is the Country Manager for Emerge, working exclusively with female survivors of childhood sexual abuse in institutional and aftercare settings. She designed the Centre for Reintegration, an aftercare program in response to the need of young women aging out of institutional systems, which successfully completed its pilot year. Ms. Faleel is the Sri Lankan representative of the South Asia Group for Prevention of Child Abuse and Neglect. She sat for her Masters in Human Rights at the University of Colombo and her research involves the Reintegration of Survivors of Sexual Abuse aging out of Institutional Care.

Ms. Nicole Rangel Menezes is a development professional with 19 years of work experience in child rights and child protection. As part of the founding team of CHILDLINE India Foundation (CIF), Ms. Menezes has rich work experience that included being responsible for organization management, development of organizational strategy, planning, research, documentation, capacity, and designing child protection interventions, advocacy. She was a part of the team which achieved the incorporation of CHILDLINE1098 emergency helpline for children into the child protection system of the Government of India. In 2013, she co-founded Leher, a child rights organization, whose focus is on building and strengthening child protection systems, which have a thrust on prevention, at the primary level, through collaboration with communities and governments, and for every child.



Ms. Nicole Rangel Menezes
Co-Founder, Leher, India



Dr. Nilima Mehta
 Child Rights Activist, India

Dr. Nilima Mehta has done extensive work in the area of Child Rights, Child Protection, Family Based Alternative Care like Adoption, Foster Care, and Family Counselling. She has a Doctorate in Child Adoption in India, and has worked in the field of Child Protection for over forty years. Dr. Mehta is associated with the State and Central Government for Policy Development, Training, Research and Review of National Legislations. Dr. Mehta has been the first Chairperson of the Child Welfare Committee (CWC), Mumbai. She has been an Advisor and a Consultant with several organizations like UNICEF, CRY, CHILDLINE, ICSW, ICCW, IAPA, FSC. Dr. Nilima Mehta has been the Chair Professor at the TISS and currently is a Visiting Professor at the SNDT, NN, Mumbai University, and TISS. Dr. Mehta is also currently on the Adoption Advisory Committee of CARA, GOI.

Ms. Nina P Nayak is a passionate child rights advocate who has worn several hats during her more than three decade long career in the child protection sector. Commencing her career with stints in the non-governmental sector, she has served in the government, statutory bodies and an international working group. She continues to contribute to the child rights movement as a member on committees of several government and non-government bodies. An able administrator, law and policy analyst, practitioner and trainer she remains immersed in accelerating the child rights movement in the country.

Presently, Ms. Nayak devotes most of her time in building capacities of stakeholders in the child protection area who serve in Children's Commissions, statutory bodies or with NGOs. She has served at the National Commission for Children as a Member and as the Chair of the Karnataka State Commission for the Protection of Child Rights. She was also a member of the Sub-Committee on Children for the 11th Plan, National Planning Commission of India and the Sexual Harassment Committee of the Hon'ble Supreme Court of India and on the Governing Council of the Indian Law Institute.

Ms. Nayak has also served as President, Karnataka State Council for Child Welfare; Chairperson, Child Welfare Committee, a judicial body under the Juvenile Justice (Care and Protection of Children) Act 2000 and Amendment Act 2006; Secretary, Society for Indian Children's Welfare, Kolkata; consultant to national and international development agencies and as Secretary of an International Working Group which drafted Guidelines for National and International Adoption and Foster Family Care.



Ms. Nina Nayak
 Child Rights Activist, India



Dr. Pamela Pieris
 PhD, Child Rights Advocate
 Consultant and Lead-
 National Alternative Care
 Policy, Sri Lanka

Dr. Pamela D M Pieris obtained her doctorate from University of Denver Graduate School of Social Work, Colorado USA. With 30 years of professional involvement in child centered initiatives, a pioneer at Plan International Sri Lanka, then USA, Colombia and Bolivia, working subsequently for similar INGOs. An independent consultant to several INGOs and LNGOs in the USA, India, UK, and Sri Lanka she has lead three national evaluation research teams, further writing and submitting research-based evaluation studies to donors, drawing conceptual designs for program development, training trainers, been moderator on various academic panels, and documenter for development education on US initiatives in non-industrialized countries. She was adjunct faculty at DU, has published feature articles in nationally circulated newspapers, and collaborative US published book titled Child Labor. Dr Pieris was a Consultant to National Commissioner, Department of Probation and Child Care Services, Sri Lanka, in formulating the Alternative Care of Children National Policy. A visiting lecturer for ten years at Sri Lanka National Institute of Social Development MSW program., students under her guidance have excelled in research-based thesis work. She is fluent in Sinhala, and English with a working knowledge in Spanish. She currently sits on several academic and NGO Committees and Boards.



Ms. Piratheepa Kumaraswamy

Sponsorship Coordinator-SOS Children's Villages Jaffna

Ms. Piratheepa Kumarasamy works for SOS Children's Villages Sri Lanka (Jaffna Children's Village) as sponsorship coordinator who assists both international and local donor services. In this capacity, she serves in the Village Child Admission Committee, and is involved in the development and implementation of the Child Development Plan as well as in family reunifications and family strengthening to prevent institutionalization of children. She is also playing a prominent role at the locational level, supporting the organization's advocacy initiatives in Jaffna to promote the effective deinstitutionalisation and alternative care of children. She holds a Bachelor of Law in Sociology from Central China Normal University.

Ms. Priti Patkar is the Co-Founder and Executive Secretary of Prerana, an NGO working to combat human trafficking and end intergenerational prostitution, end gender based violence in the Red-Light Area (RLA) in Asia. They saw the plight of the prostituted women and their children, decided to do something about it and thus, Prerana was born. Prerana has been working for Protection, Rehabilitation and Education of children and women of the RLAs in Kamathipura, Falkland Road and Vashi-Turbhe in Mumbai. Originally from Mumbai, Ms. Patkar obtained her Bachelors in Social Work from NirmalaNiketan College and Masters in Social Work from Tata Institute of Social Sciences (TISS).



Ms. Priti Patkar

Co-Founder, Prerna, India



Mr. Rajender Meher

Chief Executive Officer Youth Council for Development Alternatives, India MSW Childs Rights Advocate, India

Mr. Rajender Meher is a qualified professional social worker with over 30 years of experience in providing quality care and support to people who are socially excluded or who are experiencing problems in their lives. Having a consistent track record of working successfully with individuals, families and groups, all within a variety of settings, he possesses an in-depth understanding of relevant legislation, procedures and techniques required on child protection and community development issues. His work is more recognized in the state and country as a child right programming focusing on implementing various Family based care solutions in the given framework of the country. He works extensively in the issue of primary education, child protection and promoting alternative forms of child care. He is a former member of Child Welfare Committee, Juvenile Justice Board and a member and Chairperson in State Commission for protection of Child Rights in the state of Odisha.

Ms. Razni Razick is a child guidance counsellor, early childhood educator and social worker, with over 10 years of experience working with children and families in a variety of settings. She has extensive knowledge of offering advice, support, rehabilitation and guidance to clients who have experienced trauma or hardship, In addition to individual case-work experience. She is working with street-bound children, homeless families, orphans and the destitute within the statutory frameworks, and is currently employed as a counsellor for the refugees in Sri Lanka for the UNHCR program. Ms. Razick was recently bestowed the coveted Ten Outstanding Young Persons (TOYP) of Sri Lanka award by the Junior Chamber International, in recognition of her contribution towards children, world peace and human rights.



Ms. Razni Razick

Social Worker/Child Guidance Counsellor Sri Lanka



Mr. Rakesh Srivasatava
Secretary
Government of India in the
Ministry of Women & Child
Development

Shri Rakesh Srivastava is a 1981 batch IAS Officer of the Rajasthan Cadre. Presently he is working as Secretary to the Government of India in the Ministry of Women & Child Development dealing with various schemes for improving the lives of women and children, including their nutrition, health and security. He has had a rich and varied experience of working both in the State Government and at the Central Government.

Ms. Rupa Kapoor is a Member at the National Commission for Protection of Child Rights, in charge of Child Health and Development with additional charge of Child Psychology and Child Protection, since Nov'15.

Prior to her responsibilities at NCPCR, she was a development consultant, working with key civil societies at West Bengal, Mumbai and Delhi, where she gained an experience of over 15 years of working very closely with the communities, both rural and urban, especially on issues of sustainability and self-management.



Ms. Rupa Kapoor
Member, National
Commission for Protection
of Child Rights, India



Ms. Sandhyaa Mishra
Associate Director
Miracle Foundation, India

Ms. Sandhyaa Mishra works at Miracle Foundation, India with a focus on programs that pertain to child development, HIV & AIDS, sexual health, and women's empowerment. She holds a master's degree in social work and has been working with underprivileged children in India since 1998. She is a national level trainer and has led numerous adolescents, teachers, and master trainers in life skills education. In her role at Miracle Foundation India, Sandhyaa leads the Program Management team in mentoring and monitoring the children's homes. Additionally, she conducts Life Skills Education and Housemother Training with children and staff, prepares and mentors newly hired trainers, and is instrumental in scaling the Miracle Foundation method.



Dr. Shantha Sinha
Founder
MV Foundation, India

Dr. Shantha Sinha has a Ph. D. in Political Science from Jawaharlal Nehru University, India. She is the Founder Secretary Trustee of MV Foundation, Andhra Pradesh and has also served as the chairperson of the National Commission for Protection of Child Rights (NCPCR) for two successive terms. She is also the recipient of Ramon Magsaysay Award for Community Leadership as well as the Padmashri from the Government of India for meritorious contribution to social work in 1998. Dr. Sinha also serves on the Board and Executive Committee of several institutions and NGO'S and is involved in evaluation of programs and policies, fact finding committees on violation of children's rights and on the jury of public hearings on children.

Ms. Shubha Murthi is presently the Deputy COO for SOS Children's Villages International and is based at its Asia office in India. She has around 25 years of experience in managing and leading child care programmes across Asia.

She has been actively involved in shaping SOS Children's Villages policies on Alternative Care, Care Guarantee and Child Safeguarding. Ms. Murthi is an alumna of Lady Shri Ram College, Delhi University and Indian Institute of Management- Ahmedabad.



Ms. Shubha Murthi
Deputy COO
SOS Children's Villages
International, Asia



Ms. Shusma Pokhrel
Director
SOS Children's Villages
Nepal

Ms. Shusma Pokhrel has worked in Civil Society Anti- corruption Project, Pro Public as a Field Project Coordinator-Jhapa, funded by Department for International Development (DFID) w.e.f. June 26, 2005 to October 31, 2006. She has worked in Snowland Distillery Pvt. Ltd. as a Senior Administrative & Procurement Officer with effect from June 15, 2002 to August 17, 2003. She served as a Teacher with effect from 1990/12/16 to 1997/04/15 at Mechi Secondary Boarding School, Damak. She is a member of the National Management Committee Member at SOS Children's Villages Nepal. She is an Executive Member at District Child Welfare Board, Bhaktapur on behalf of SOS Children's Villages Nepal since 2009 to till date. She has been honored by 11 different social organizations on March 8, 2011 (Women's Day) for humanitarian contribution. She was also awarded by The Ministry of Education in the year 2007 for her contribution in educational sector.



Ms. Sumnima Tuladhar
 Executive Director
 CWIN-Nepal

Ms. Sumnima Tuladhar has extensive experience in child protection issues, child sexual abuse and commercial sexual exploitation of children, street children, trafficking in women and children, child participation and children in armed conflict. She has conducted and published various researches on the issues of child rights and child protection. As an expert on child protection issues in Nepal, she is engaged in policy advocacy on child rights and conducts awareness programs and trainings to different sections of the society, such as—social workers, health officials, teachers, law enforcing agencies on a regular basis. As a founding member of CWIN- Nepal, Ms. Tuladhar has been working passionately towards these causes for the past 30 years in various capacities within CWIN. She currently serves as an Executive Director of CWIN-Nepal. Ms. Tuladhar is a member of Board of Trustees of ECPAT International representing South Asia, member of AATWIN (Alliance against trafficking in women and children) and Women’s Network for Peace (Shanti Malika). She is also a member of the board of Duke of Edinburgh Award.

Ms. Tanvi Jha Mishra is a pro-active Development Professional with over 13 years experience on child rights issues. She is currently working as Senior Programme Officer, Protection for Child In Need Institute (CINI). She has made significant contribution to ICPS roll out in Jharkhand as well as at the national level. She was a part of the National Working Group to draft Model Foster Care Guidelines for the country (notified in 2015). Owing to her extensive experience of working on child protection issues (especially community and family based care promotion) in Jharkhand she has been on the State Working Group to draft state guidelines on Sponsorship & Foster Care and is also member of District level Sponsorship & Foster Care Approval Committee (SFCAC). Her role has been instrumental in notification of District Level Child Protection Committees at Khunti and Gumla districts of Jharkhand.



Ms. Tanvi Mishra
 CINI, India



Mr. Tarak Dhital
 Executive Director of Central
 Child Welfare Board, Nepal

Mr. Tarak Dhital is a prominent social activist and child rights defender in Nepal. He is a trained lawyer and child rights advocate with more than 20 years of experience. He worked for a decade as General Secretary and Spokesperson of Child Workers In Nepal (CWIN-Nepal) a pioneer child rights organization established in 1987. His main areas of work are child rights advocacy. Mr. Dhital currently holds an office as an Executive Director of Central Child Welfare Board (CCWB), a statutory body created by the Children’s Act 1992 of Nepal.

He is a renowned trainer, facilitator and resource person for inter-agency policy advocacy and for the child-related issues at national level. At grass-roots level, he has worked extensively in social mobilization and child participation. He has attended numerous international and regional conferences, seminars, workshops and dialogues on human rights, child rights and social development issues as a keynote speaker, advisor.

She is also a Board member of IFCO and has been a member of Child Welfare Committee in Delhi and dealt with care protection and rehabilitation of children produced before them. While working with children who were without parental care she realized the importance of family in the life of a child and to learn more on this subject she had training in Foster Care in two states in USA. Her Postgraduate Degree in Law coupled with her experience and training in non-institutional family based care helped hundreds of children in family reunification and rehabilitation. It was her zeal to see every child in family that made her to leave the membership of Child Welfare Committee and start Centre of Excellence in Alternative Care (CEAC) with the support of Key Assets, UK as being their Vision partners. CEAC has taken the lead in South Asia region on foster care. She is engaged by Government of Mauritius and Sri Lanka to strengthen foster care in their country through policy making and trainings. Helping the young adults through their website www.aftercareindia.com is another initiative by CEAC.



Ms. Vasundhra Om Prem
 Managing Director of Centre
 of Excellence in Alternative
 Care (CEAC)



Ms. Vandhana Kandhari
Child Protection Specialist

Ms. Vandhana is with UNICEF since 2012. She has 20 years of experience of working in the area of child development and child protection in India. She has worked with NGOs and the Government of India. The main areas of her work include alternative care, child labour and children affected by conflict.

Ms. Wahida Banu (Shapna) is a Founder Member and the Executive Director, Aparajeyo-Bangladesh, a National Child Rights Organization, since 1995 working with disadvantaged children, youth and women in Bangladesh. She has the expertise and has been serving in the field of Social, Human Rights & Development, Institutional Capacity Building and Community Based Management.

She was the elected Chairperson of STI/AIDS Network of Bangladesh, Chairperson of Bangladesh Shishu Adhiker Forum-BASF; a national forum of 265 NGOs working to protect and promote child rights; and the Chairperson of Habitat Council Bangladesh-HCB; She is also the member of Child helpline International, ECPAT. Ms. Shapna is the author of few publications and articles; 'Children's Primer' for the hard to reach children funded by UNICEF GoB, Guide Book on the CRC and Children act 1974 and a publication ShishurGhoreFera the children rehabilitation process. She has been rewarded with many prestigious award: IVS-USA in 1992: 'ShilpacharjayJainulAbedine' award-2003 with a gold medal, Begum Rokeya Shining Personality award 2007 as best Women and Child Rights activists in Bangladesh. 'Fulkoly Foundation' award-2008 as an extraordinary contribution in HIV/AIDS prevention in Bangladesh.



Ms. Wahida Banu
Executive Director
Aparajeyo, Bangladesh



Dr. Yasmin Ali Haque
Country Representative
UNICEF, India

Dr. Yasmin Ali Haque has recently joined as the UNICEF Representative in India. Prior to joining in July 2017, she was Deputy Director of UNICEF's Office of Emergency Operations where she played a lead role in the programming and policies for an effective UNICEF response for children in humanitarian crisis. During this tenure, Dr. Haque contributed significantly to national policy analysis and strategic planning for maternal health and maternal mortality reduction in context of the human rights based approach.

A national of Bangladesh, Dr. Haque holds a degree in Medicine and Surgery (MBBS) from Dhaka Medical College, Bangladesh (1985), and a Master of Science degree in Health Systems Management from London University (2002). Dr. Haque served as the first UNICEF Representative in South Sudan 2010 to 2013, and from 2007 to 2010 she led the UNICEF Ghana office. As Deputy Representative in Sri Lanka 2004-2007, she was responsible for guiding and coordinating the UNICEF programme of support as well as the emergency response to the 2004 Asian tsunami. Dr. Haque first joined UNICEF in Bangladesh in 1996 as Project Officer for Health and Nutrition.





