

# 4<sup>TH</sup> BIENNIAL INTERNATIONAL CONFERENCE

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ON ALTERNATIVE CARE FOR  
CHILDREN IN ASIA

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2021 BICON Conference Report



## **Disclaimer**

*This report represents a summary of presentations and discussions had throughout the 2 days of BICON 2021. The BICON organizing committee wishes to acknowledge the breadth and depth of expertise and innovative practice in care across Asia and recognize that only a small selection of that practice was highlighted during the 2021 BICON. Examples given were those raised by speakers and panelists and their inclusion in the report does not indicate endorsement by the organizing committee.*

*The recommendations found in the executive summary are the collated and synthesized recommendations made by speakers and panelists throughout the 2 days. As such they do not necessarily represent the views of all organizing committee member agencies.*

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Report written by: Rebecca Nhep, Senior Technical Advisor, The Better Care Network

# 4th Biennial International Conference (4th BICON) On Alternative Care for Children in Asia

Strengthening the Rights of Children  
 without Parental Care and Preventing Family Separation:  
 Opportunities and challenges in Asia  
 co-created with young people with lived experience

8th-9th of December 2021

Presented by:



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South Asia Initiative to End Violence Against Children [SAIEVAC]

SAARC Apex Body

“In Solidarity with the Children of SAARC”

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January 27, 2022

## FOREWORD

It has been a privilege to be part of the BICON family. When I met Dr Kiran Modi at the first conference in 2014 in Delhi, I could not have imagined that BICON would grow into a powerful Asia-wide platform or that it would become so critically aligned with the ambitions of the Committee on the Rights of the Child and the 2021 Day of General Discussion.

The 4<sup>th</sup> BICON generated significant opportunities to harmonize global efforts to reform and improve the quality of care for all children with regional dynamics, sharing learning and promising practices, and ensuring state parties and all other stakeholders are accountable and aligned.

Unquestionably, its greatest strength was the participation of children and young people who shared their experiences and recommendations and shaped the event. Who can forget Manoj’s statement “The reality is that life changing decisions for children are taken by others, how fair is that?” We have a duty to listen to children and young people and we must focus on prevention. Alternative care can only ever be the last resort once all other options for supporting families to stay together have been exhausted.

It became clear during the Day of General Discussion that there has been too much discussion surrounding the *quality* of care in residential care, without looking at how children feel, and how living in that setting relates to their experience in communities and their access to health and education. At BICON, Care Leavers from across Asia echoed these sentiments, drawing attention to the isolation, stigmatization and mental health issues that children in residential care face. For them, quality of care is not solely a matter of material well being or luck, but about a holistic system that promotes and responds to the specific needs of children and their families in all aspects of the process. It is also about supporting children who leave care, psychologically and practically preparing children for reintegration back into their families and communities and supporting them throughout this process.

As the first major regional event following the DGD, the discussions and insights shared at BICON have started to address the “how”, providing direction on how we can and must move forward, both in Asia and globally. Now it is time to get crucial partners on board, including Asian governments, to effectively lead and redirect and expand resources and deliver systemic change. I look forward to working with the organizing committee, and most importantly the young people, to help make this a reality.

I pay tribute to all the organizations who continue to champion the cause for their unrelenting commitment and dedication.

(Dr. Rinchen Chopel)

Director General  
SAIEVAC

Member, UN Committee on the Rights of the Child  
& Focal Point for Asia and Pacific



## Ms. Dikshya Thapa



BICON has been a great platform to raise the unheard voices of Care Leavers globally. A platform like BICON can provide a huge and amazing opportunity; a place where young people with lived experiences can come together and present their stories to people who really want to bring about care reform by listening to the experiences of Care Leavers. Though we might have different experiences depending on the institutions we have lived in, we somehow carry similar stories, no matter where we are from. Reuniting Care Leavers globally and advocating for their rights and the rights of children still in care is what matters most. During BICON we shared our experiences and spoke fearlessly about the challenges and obstacles we face as Care Leavers.

These experiences should be taken seriously, prioritized and addressed urgently by governments and organizations working for care reforms. It is their responsibility. Futures depend on it!

Being a Care Leaver myself, I realize how important it is for a child to grow up in a safe environment for their overall well-being. We heard how the COVID-19 pandemic affected Care Leavers. It brought out the worst conditions for us, impacting heavily on our mental health. We believe that the mental health of Care Leavers and children still in care should be a top priority. There should be easy access to professional counselors for Care Leavers and children still in care to ensure every opportunity for sound mental health.

To bring a change in care reform, the experiences shared by Care Leavers from India, Nepal and Sri Lanka should not go unheard. We want to see change in action so that other Care Leavers don't have to face what we have been through. Aftercare support programs must be urgently developed to support the independence of Care Leavers. Our experience shows clearly that residential care should be an absolute last resort for children. The impacts can be lifelong. It's time for care reform.

I would like to thank the BICON Committee for giving me this opportunity to represent the voice of the care experienced in Asia. My heartfelt thanks to the Care Leaver reference group; Nimali Kumari from Sri Lanka, Karishma Singh, and Manoj Udayan from India for their continuous guidance and support throughout the journey of BICON. Also, many thanks to all the Care Leavers who have bravely shared their personal stories to inspire us and to illuminate the care reform process in Asia. Finally, my sincere thanks to each speaker and panelist who shared their experience and wisdom to make 4th BICON a resounding success.

### **Ms. Dikshya Thapa**

Advocacy, Support and Empowerment Officer, The Himalayan Innovative Society (THIS)

Founder, Shine Together Care Experienced Network, Nepal,

Organizing Committee Member and facilitator of the Care Experienced Experts Reference Group, BICON 2021

## ACKNOWLEDGEMENTS

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The Biennial International Conference on Alternative Care (BICON) was conceived in 2014 as a regional advocacy platform, designed to bring together eminent practitioners, policy makers, academics, children, and youth to discuss regional challenges, best practices and emerging issues related to family strengthening and alternative care for children and youth, and children's rights in South Asia.

The first three BICON events were hosted by the event's founding organization, Udayan Care, and took place in India. After the success of the three BICONS, growing collaboration in the region led to a decision to evolve BICON into an interagency event with an expanded geographical focus covering the whole of Asia. Eight leading organizations, focused on the rights of children without parental care, formed an organizing committee in partnership with a reference group of care experienced experts; they set about planning for the 4th BICON. The BICON 2021 organizing partners included: Better Care Network; Family for Every Child; Forget Me Not; Hope and Homes for Children; Lumos; Save the Children; SOS Children's Villages; Udayan Care; and most importantly, a reference group of young people with lived care experience, led by Dikshya Thapa, founder of Shine Care Experienced Network Nepal, and supported by Karishma and Manoj from Care Leavers Association & Network (CLAN) India, and Nimali from Generation Never Give up (GNG) Sri Lanka, and a host of other Care Leavers.

The 4th BICON was originally slated as an in-person event to be held in Kathmandu in 2020. However, due to the onset of the COVID-19 global pandemic in early 2020, and rising impacts of COVID in the region in 2021, a decision was taken to postpone the event until December 2021 and move to a virtual platform. Despite representing a departure from the conferences' origins, the virtual format of the 4th BICON enabled wider participation, including greater representation from a diverse group of practitioners and young people with care experience. Taking place just three months after the Day of General Discussion, BICON 2021 offered an unexpected yet important milestone for the global community to come together and reflect on the outcomes of the DGD through a regional implementation lens and ensure that any progress made is consolidated and sustained across Asia.

Special thanks to all the committee members for working collectively through more than a year and a half to make the conference a success. This includes designing communication material by Forget Me Not, the writing of this report so adeptly by Rebecca Nhep, the reference group members for their ideations and presentations, all speakers across Asian nations for bringing alive different policies and practices, and our funding partners Martin James Foundation, to Allen and Overy for their support, and the Changemakers for Children Platform (FFEC) for holding the conference. A word of thanks is also due to Tessa Boudrie for facilitating the steering committee and to Filipe Meirelles for managing and navigating the conference smoothly.

I hope the care conversations held during the 4th BICON shall lead to the development of a network for designing collective action, collaboration, and commitments from practitioners and governments alike.

**Dr. Kiran Modi**

Founder, BICON

Founder and Managing Trustee, Udayan Care, India



As chair of the BICON organising committee, it is my great pleasure to share with you the report of the 4th Biennial Conference on Alternative Care for Children in Asia (BICON 2021).

When Dr. Modi of Udayan Care approached us at Hope and Homes for Children to get involved in organizing the 4th BICON, we were delighted to do so and explore the opportunities to advance care reform in the region through BICON.

The previous BICONS, whilst mainly focussed on South Asia, had been held in India. However, with growing interest and expertise in care reform across Asia we saw an opportunity to broaden the scope of BICON and bring in perspectives from more countries. Finally, we settled on hosting BICON in Kathmandu, Nepal.

When our colleagues from partner organisations Better Care Network, Family for Every Child, Forget Me Not, Lumos, Save the Children UK and SOS Children's Villages International came on board we knew we were onto something big.

Due to the COVID-19 pandemic we sadly had to postpone the in-person conference, but this presented us with an opportunity to provide an online conference and potentially reach more people, both regionally and globally. Additionally, we also decided that we could not hold a conference without exploring the new challenges to communities that COVID-19 has presented.

From the start we were clear that no conference on care reform could take place without the voices of the real experts – young people who have experienced care, and we were grateful to welcome a team of experts, who have guided us with much wisdom, grace and understanding. Alongside this, the support and guidance from Dr. Rinchen Chopel to engage with governments and the UN has been invaluable.

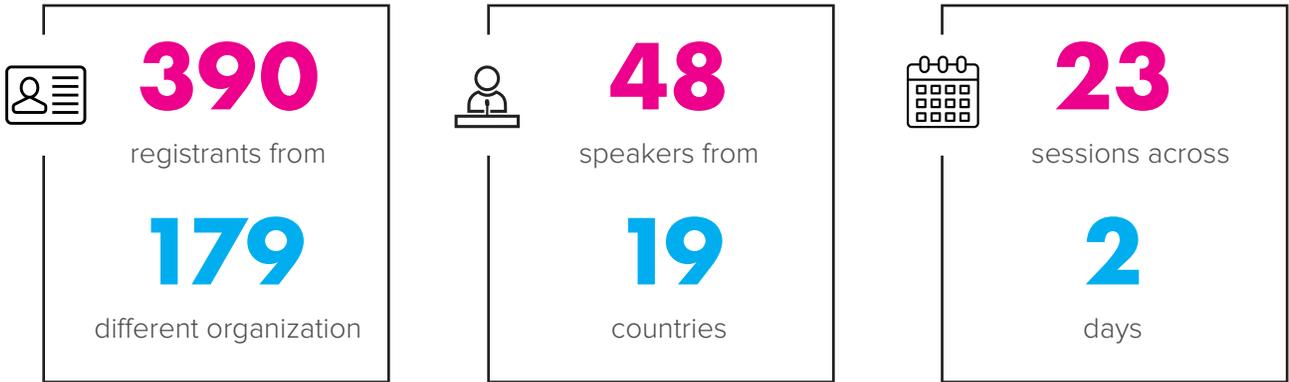
We are so grateful for all the partners, supporters and participants who helped make BICON a success. The sessions were very well attended, and the feedback has been extremely positive.

What a journey it has been. We proudly can call this the start of a care reform movement in Asia. This report gives a flavour of the discussions and topics explored at BICON. With millions of children in alternative care in Asia we are all motivated to carry on this work to support families and bring about meaningful care reform. Please join us.

**Tessa Boudrie**

Regional Director Asia  
Hope and Homes for Children

# CONFERENCE HIGHLIGHTS



Co-designed by a reference group of

**4** young people with lived experience of care and **8** child protection organizations

Participation from the following sectors:

-   
Governments
-   
UN agencies
-   
INGOs
-   
CSOs
-   
Care Leavers Networks
-   
Academics
-   
Caregivers Networks

# EXECUTIVE SUMMARY

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## SUMMARY OF KEY THEMES AND SESSIONS

BICON 2021 was an opportunity for government and intergovernmental representatives, civil society organizations, practitioners, academics and most importantly care experienced young people to come together and discuss the most pressing issues regarding children's care in Asia. With a focus on implementation, practitioners shared examples of innovation, highlighted promising practices, and showcased local solutions to challenges faced by countries across Asia. Key themes of the presentations and discussions included:

- 1.** Tackling unnecessary separation, which included a focus on family strengthening, disability inclusion, and prevention of separation measures for children on the move and in emergency contexts.
- 2.** Family-based alternative care, which included an examination of the need for and role of specialized foster care for children with disabilities and complex support needs, the central role of informal kinship care in ensuring family-based care, and the importance of developing and expanding community-based foster care services.
- 3.** Quality care, which included a focus on what quality care looks like, its characteristics, and what it means and requires for governments and service providers to ensure all forms of care meet the characteristics of quality care.
- 4.** Children with disabilities, which included a focus on tackling social attitudes and discrimination, inclusive approaches to care reform and deinstitutionalization and ensuring children with disabilities can reclaim their right to be part of family and community.
- 5.** Social service workforce development, which took stock of trends in social welfare workforces across Asia, and examined community and cultural approaches to child protection and safeguarding, the role of community leaders and local level social service personnel in supporting children, and considerations for the social services workforce in supporting aftercare.
- 6.** Perspectives of care experienced young people, which unpacked the challenges faced by young people leaving care in regions across Asia, including during the pandemic, the role of Care Leaver Networks, and the critical importance of addressing mental health issues faced by care experienced young people and ensuring adequate access to mental health services.
- 7.** Global dimensions, which brought together the perspectives of youth researchers involved in the 2021 Day of General Discussion and global child protection specialists, and focused on listening to the voices of children and young people and working with them to implement recommendations and progress reforms.

The final closing session was an opportunity to reflect on all the discussions that had transpired over the course of the 2021 BICON, and to turn to the future and consider the next steps and implications for country-level systems reforms, building regional momentum, and maintaining an ongoing global discussion.

## SUMMARY OF KEY CHALLENGES



Speakers identified some of the significant challenges facing different regions within Asia that need to be addressed as part of care reform efforts. Speakers noted that whilst the sentiment of prevention being better than a cure has received wide support in theory, in practice, children and their families routinely remain unseen when risks first surface, and only become visible when their well-being, safety and security has already been seriously threatened. There is a critical need to invest in universal services access, inclusive family-oriented social protection services and early intervention and family preservation services. There were a range of issues identified that, without a sufficient focus on prevention and early intervention, continue to cause family separation in Asia. These include poverty, violence, substance abuse, unemployment, conflict, and the lack of inclusive schools. In addition, the ongoing overinvestment in residential care services stunts the development of more appropriate prevention services and continues to incentivize unnecessary separation and recourse to residential care. Children with disabilities are particularly vulnerable to unnecessary separation and are disproportionately represented in residential care facilities. Poverty, stigma and discrimination, and a lack of access to inclusive and community-based rehabilitation services, are among the key drivers behind the separation of children with disabilities from their families in Asia. Speakers noted that children with disabilities and their

families have been let down by care reform and family strengthening initiatives, either out of failure to ensure inclusive and participatory planning, or out of a misguided belief that it is not possible to provide family care for all children.

Speakers from different countries highlighted progress made in child protection and alternative care legal and policy reform. However, critical gaps were also noted. These included gaps in operationalizing legislation for family-based care and laws guaranteeing comprehensive support for young people leaving care. In addition, a lack of implementation of existing legislation and policy, poor enforcement of regulations, including monitoring of alternative care services, were identified as obstacles to progress and factors that compromise children's wellbeing and safety, particularly children in residential care environments. The call to enforce regulation and hold service providers accountable for delivering quality care was most clearly articulated by young people, who described experiences of abuse, exploitation, various rights violations, and of substandard conditions in residential facilities. In addition, the issue of institution related trafficking, including orphanage trafficking, was raised and calls were made to curtail the drivers of this form of child trafficking, including orphanage tourism and volunteering and inappropriate use of institutional care in humanitarian responses. Attention was drawn to the plight of children on the

move, children in immigration detention, children in conflict with the law, and refugee and asylum-seeking children. Speakers highlighted the need to adopt policies and practices that prevent family separation for these groups of children, provide them with equal access to child protection and family-based alternative care services, and to ensure the call to end child institutionalization encompasses ending the detention of children across all settings.

Speakers stressed the need for increased investment into prevention and family-based care services in response to the COVID-19 pandemic. The pandemic has pushed millions of children and families to the breaking point in the region, exacerbating risks of separation and recourse to residential care. Speakers highlighted the need to pay attention to the lessons of the HIV/AIDS epidemic, which clearly demonstrated the inadequacies of institutionalizing children in responses to crises and called on all stakeholders to avoid replicating responses that proved ineffective and harmful to children. Instead, speakers drew attention to the strong cultural traditions of kinship and informal foster care in many Asian countries, which can be built upon to enhance and scale up family-based care services for children in need of alternative care. A range of prohibitive factors were identified that would need to be tackled for family-based care to become accessible to all children. These included: the lack of a legal recognition of kinship care in some countries; inadequate support for kinship care placements; limited mental health and bereavement support for children who are entering kinship due to the death of their parents; lack of financial support; limited support for children's education; and issues with monitoring and property rights. The absence of comprehensive and inclusive foster care services, including for children with disabilities and complex support needs, was also noted as a pressing concern that must be addressed to reduce reliance on residential care.

Numerous challenges to ensure access to quality care across Asia were also identified. These included: limited enforcement of laws and policies that mandate child participation in care

planning and decision making; the challenges of shifting care systems that are over reliant on privately run and funded residential care services; the lack of consensus and articulation in law and policy as to what constitutes quality care; and poor enforcement of regulation and accountability mechanisms to hold alternative care service providers accountable for providing high quality care. Speakers also highlighted the importance of strong gatekeeping mechanisms and reintegration services in ensuring high quality care and of the lack of attention given to life skills development and readiness training for young people in preparation for leaving care. As several care experienced speakers noted, alternative care cannot be perceived as high quality if it inadequately prepares young people for independence and integration back into society after leaving care. Particular attention was given to the lack of mental health services for children and young people in care and as part of aftercare services.

Speakers drew attention to the central importance of the social services workforce, noting it is at the heart of any child protection system. Social service workers are at the forefront of protecting children, including preventing family separation and fulfilling gatekeeping roles to prevent children from being brought unnecessarily into the alternative care system. The social service workforce is also responsible for protecting children already in alternative care and supporting young people transitioning out of care and delivering aftercare services. Speakers identified some of the key challenges facing the region that need to be addressed as part of efforts to strengthen the social service workforce. These included: the absence of a legal framework; low social worker per population ratios; limited capacity of the current workforce; insufficient training institutions and professional development options; poor harmonization and coordination of existing training options; limited budgetary allocations; poor assessment of the social services workforce needs and inadequate planning for their development; low salaries of social service workers; and lack of clarity of social work force roles.

## KEY RECOMMENDATIONS

### 1. Recommendations to prevent separation and ensure all children grow up in safe and nurturing families

#### 1.1 Support families to fulfil their caregiving responsibilities (family strengthening, and social protection)

- Governments should adopt comprehensive family-oriented policies and expand access to universal and social protection services to enable families to appropriately care for their children.
- Efforts should be channeled towards addressing the root causes of separation, including poverty, discrimination, violence, substance abuse, lack of education and migration. This includes through developing and scaling up family and community-based services that respond to root causes and build family and community resilience. Efforts must include ensuring access to inclusive services at the community level, as this is key to making family-based care accessible for all children, including children with disabilities, children on the move, and LGBTI+ children.
- Governments should invest in the development and scaling up of community-based rehabilitation services and ensure access for children and families caring for children with disabilities. Services should not be concentrated in larger hospitals, rather be proximal to local communities and accessible to families.
- Recognition must be given to the importance of caregiving work, and caregivers must have access to adequate resources and skills development opportunities to support the fulfilment of their role. Special consideration should be given to the support needs of older children and youth providing care to family members to ensure their caregiving roles do not encroach on the attainment of their broader rights, such as their right to education.
- Additional support should be provided to families caring for children with disabilities, including: capacity building on basic therapeutic interventions and activities of daily living (ADL); access to services, including medical treatment, surgery, assistive devices, dealing with discrimination; and providing them with emotional support to build their resilience. Consideration should be given to the development of peer support networks for families caring for children with disabilities, recognizing the critical role of peer support in providing emotional and practical assistance and reducing feelings of isolation.
- Governments should increase investment into Early Childhood Development, including accessible and inclusive early childhood education.
- Noting the various impacts of COVID-19 on children and families, and the resulting increased risk of separation, governments and service providers should provide at-risk families access to necessary support in concrete and non-bureaucratic ways.

## 1.2 Combat ‘pull’ factors that contribute to and incentivize unnecessary separation

- Governments should address the overinvestment of human and financial resources and concentration of child welfare and disability support services in residential care facilities that continue to incentivize separation. Funding should be redirected towards family and community-based services that prevent separation and promote family-based care. Policies and regulatory mechanisms should be put in place to regulate and monitor the funding of residential care, including by private donors.
- National policies and regulatory measures should be developed and enforced to eliminate unskilled volunteering in residential care facilities to prevent orphanage tourism and volunteering from continuing to drive unnecessary recourse to residential care.
- Governments should strengthen gatekeeping mechanisms<sup>1</sup> and ensure all decisions regarding children’s placement into care are made on the basis of necessity and suitability, in accordance with alternative care policies that prioritize family-based care and limit the use of residential care to an option of last resort to be used for the shortest time possible. Gatekeeping should be monitored for effectiveness and to curtail irregular and inappropriate admission of children into residential care.

## 1.3 Strengthen community-level mechanisms for child protection

- Governments and civil society organizations should acknowledge the important role of grassroots community-based child protection responses to drive sustainable action to prevent unnecessary separation, and work to identify, strengthen and support existing community roles and networks. Investment should be made in the establishment of new community-level networks, where gaps are identified, and in creating links to the formal social service system via referral pathways to ensure timely and holistic responses in prevention efforts.
- Governments and civil society organizations should recognize the importance of engagement with faith leaders in the community, acknowledging them as a part of the social services workforce, and take appropriate steps to embed them as a cornerstone in the child protection system, including through recognizing their mandate in national policy. The accepted social norms and customs in which their work is grounded should be affirmed and respected, and attempts to shift that grounding through formalization should be avoided.
- Efforts should be made to expand the local level social services workforce, including through recruitment and training strategies that tap into community-level resources, such as local authorities. Social service workers from geographically and socio-economically comparable communities can be well placed to deploy local knowledge in child protection responses, which can improve the contextual relevance of interventions.
- Governments and civil society organizations should recognize the voice and agency of children and young people, including children and young people with disabilities, and facilitate their participation in decision making and collective action to address stigma, discrimination, and violence against them in the community.

<sup>1</sup> Gatekeeping is the process of referring children and families to appropriate services or care arrangements with the aim of limiting the number of inappropriate placements. Gatekeeping is an essential tool in diverting children from unnecessary initial entry into alternative care, and reducing the numbers of children entering institutions. Gatekeeping is often carried out by social welfare professionals or trained staff at institutions, but is often aided by members of the community and local service providers- Definition taken from the [Better Care Network website](#)



#### **1.4 End stigmatization and discrimination against children with disabilities**

- Governments should tackle structural discrimination against children with disabilities by strengthening formal protections for the rights of children with disabilities, ensuring policies and laws are aligned with the rights of children with disabilities as enshrined in the CRPD and CRC, and through monitoring implementation for effectiveness. Policies must protect the full scope of rights of children with disabilities, including the right to identity, family and community life, to obtain a birth certificate, access adequate health care, including immunization, and education.
- Governments should prioritize the identification of children with disabilities through improved data collection, early detection, and assessment services. Improving the visibility of children with disabilities is integral to efforts to develop and implement targeted strategies to address societal and structural discrimination.
- Increased investment should be made in community sensitization efforts, targeting teachers, service providers, and community members, to reduce stigma and change community attitudes towards people with disabilities. This should include efforts to promote and raise awareness of the right to family life, including for children with disabilities, and to tackle prevailing beliefs that children with disabilities should be referred to or remain in residential care.

#### **1.5 Mainstream consideration of prevention of separation across all policy areas, including public health, emergency management and humanitarian response, migration, and juvenile justice.**

- Drawing on learning from the COVID-19 pandemic and past epidemics, governments should incorporate into public health emergency response frameworks increased investment into child protection services and family-oriented social protection measures to combat the increased risk of separation, and into family-based alternative care. Social service workforces should be classified as essential workers to enable the ongoing delivery of critical child protection, family preservation and monitoring services.
- Governments should adopt national policies and develop strategies to prevent the separation of migrant, refugee, and asylum-seeking children from their families and to end the practice of immigration detention of children. Unaccompanied migrant, refugee, or asylum-seeking children should be afforded equal access to child protection and alternative care services, including family-based care.
- Governments and civil society partners should strengthen efforts to prevent the separation of children in emergency settings, including in refugee camps, and increase the effectiveness of family tracing and reunification efforts. Practical measures should be implemented, such as the establishment of lost child meeting points, issuing of identify bracelets to all children in refugee camps, and training of all personnel on appropriate responses to situations where children are lost or separated.
- Governments should employ a child rights approach to child justice and prioritize the development and implementation of diversion and non-custodial measures for children in conflict with the law.

## 2. Recommendations to ensure suitable quality alternative care services are available and accessible

### 2.1 Guarantee suitable high-quality care for every child in need of alternative care

- Governments should ensure all alternative care services meet international laws and standards and comply with domestic laws and alternative care policies. Registration and accreditation should be mandated for all private alternative care service providers, and regulation must be appropriately enforced. National standards should prohibit the use of unskilled volunteers in residential care facilities as part of efforts to improve stability of caregiving.
- Quality care must start with the prioritization of family-based care and ensuring the full scope of family-based care services are available and accessible to all children, including children with disabilities. Gatekeeping must be strengthened to ensure alternative care is only resorted to when necessary, residential care is only used as a last resort and temporary option, and decisions regarding placement are based on suitability and take into account the child's views and wishes.
- Quality care should be guaranteed for all children requiring alternative care and defined in domestic law and policy. It should include the provision of safe, individualized, holistic care that incorporates emotional support, mental health services, and affords children and young people with love, respect, and dignity. It must preserve children's identity and connection to culture, language, religion, family, and community relationships. It must uphold children and young people's right to participation and provide children with choices and opportunities to set and pursue life goals. It must be free of all forms of discrimination, abuse, neglect, maltreatment, exploitation and be sensitive to gender, and the special needs of children with disabilities and LGBTQI+ children.
- Governments should ensure that all residential care service providers are monitored and held accountable for upholding the rights of children, providing quality care in accordance with national standards and guidelines, effectively preparing young people for leaving care, and fulfilling their obligations to children and young people throughout the reintegration process.
- The privacy of children in care must be respected by caregivers and alternative care service providers. Personal details, confidential information and children's images should not be disseminated online or on social media platforms for fund-raising or other purposes.
- States should develop and implement policies that guarantee all children and young people, including children with disabilities, the right to meaningfully participate in decision making about their care, including everyday experiences, care planning, reintegration planning and in the context of transitioning into independent living.
- Service providers and social work force personnel should be required to work with children and youth in the planning process, provide them with options and help them to set their own life goals, as well as consider their fears and previous traumatic experiences when making decisions.
- Social services workforces and caregivers must be equipped to provide high-quality care, support, and a sense of safety to children with complex support needs, including children with disabilities and LGBTQI+ children.



## **2.2 Comprehensive individualized support should be provided to all young people when they transition out of care.**

- Governments should adopt laws and policies that guarantee Care Leavers access to comprehensive, well-coordinated, multidisciplinary aftercare support for a minimum period of 2-3 years post exiting care. Aftercare support services should be adaptive, individually tailored to the varying needs of young people and strengths-based. They should include mental health services, support for housing, income, employment, education, vocational training, health care, and psychosocial support, such as mentoring and counselling, as well as monitoring and follow up services.
- Aftercare services should be developed collaboratively and delivered through public-private sector partnerships. Governments should actively remove barriers to Care Leavers accessing critical services and should consider the issuance of specialized social protection cards for Care Leavers to streamline service access.
- Governments should guarantee education support for all Care Leavers to, at a minimum, complete secondary education.
- Governments and alternative care service providers should be required to ensure all young people have access to all necessary personal documents when leaving care, including birth certificates, identity cards, health records and education records.
- Young people should be given access to training and life skills development to prepare them for effective integration back into society. Preparation for independent living should commence early rather than close to the time of planned exit and be factored into alternative care service plans. In addition, all young people should access training on safe use of social media prior to exiting care. This is critical to educating young people about protecting their privacy and confidentiality.
- Listening to children and young people must be at the heart of designing and developing aftercare services at all levels. Governments and service providers should develop formal mechanisms to ensure children and young people participate meaningfully in the development and monitoring of the aftercare service system.
- Governments and civil society organizations should prioritize the development and support of Care Leaver Networks, recognizing the crucial role they play in providing support to Care Leavers and enabling care leaver participation in care reform efforts. Care Leaver Networks should be provided with sufficient and stable funding to fulfil their critical role in the aftercare service system. These networks increase in importance during times of crisis and should be recognized and resourced as mechanisms to deliver crisis support to affected Care Leavers.
- Governments, civil society organizations and service providers should recognize the disproportionate impact of the COVID-19 pandemic on Care Leavers, including with respect to income security, employment, and mental health. Care Leavers should be provided with additional resources, training and extending time frames for service access and support as required.

### 3. Recommendations to transform the care system towards family- and community-based care

#### 3.1 Adopt national care reform strategies

- Governments should adopt a national strategy and approach to care reforms to ensure efforts are cohesive, comprehensive, and coordinated across government agencies and with civil society. Systems change should be pursued at three levels: structural change to policies, strategies, and funding; relational change to ensure consistency across the board; and transformational change, shifting mindsets pertaining to children's care. National strategies should reflect a paradigm shift towards investment in parental capacity, families and creating the conditions for all stakeholders to achieve the shared purpose of ensuring all children are able to grow up and thrive in a family, even amid uncertainty.
- National plans should incorporate: improved regulation and enforcement of legal registration and monitoring of all alternative care services; the development and implementation of family strengthening policies to prevent unnecessary separation and recourse to alternative care; social workforce capacity building plans; scaling up family-based care services; mechanisms to promote coordination across government departments and with civil society; and mechanisms to promote and ensure child and youth participation.
- Governments should develop robust data collection and monitoring mechanisms to collect routine data on children in alternative care and to monitor and track progress with implementing national care reform strategies. Data should be used to underpin the ongoing implementation of reforms, including budgetary and service delivery decision making.

#### 3.2 Ensure quality family-based care is accessible for children requiring alternative care, including children with disabilities

- Governments should ensure child protection and alternative care laws and policies reflect the prioritization of family-based care and limit and regulate the use of residential care.
- Governments should ensure that kinship care is recognized in law and policy as a primary form of family-based care, and that kinship carers are afforded access to support and services, including social protection. Extended families providing care for children with disabilities should be given additional and specialized support as part of efforts to improve access to kinship care for children with disabilities.
- Governments should ensure there are adequate laws, policies, and national plans in place to promote and strengthen domestic adoption.
- Governments should adopt adequate policies (regulation and by-laws) to operationalize all forms of family-based care, including kinship care and the full scope of foster care services.
- Stakeholders should recognize the strong traditions of kinship care and informal foster care, as rooted in cultures and religions across Asia, and seek to build upon this foundation. Governments and civil society should collaborate to invest in, design and scale up the delivery of inclusive, high quality, culturally relevant, family-based care services to reduce reliance on and referrals to residential care services. This must include the expansion of comprehensive foster care services, including for children with disabilities and other complex support needs.

### 3.3 Eradicate the use of institutional care for all children

- Governments should commit to ending the detention and institutionalization of all children, including children with disabilities, and in all contexts, including child justice, immigration and in alternative care.
- Governments should adopt moratoriums on the establishment of new institutions.
- Public and private funding for institutional care should be regulated, monitored, and progressively redirected towards family and community-based care services. Donors of privately operated residential care institutions should redirect their funding towards the reintegration of children out of institutions and into family-based care and solutions.
- Efforts to deliver high-quality reintegration services to children in institutional care should be prioritized and scale up as part of deinstitutionalization efforts. Mechanisms should be developed to enhance multisectoral collaboration for reintegration across all levels of government, civil society, community and with childrens' extended family. The capacity of the social work force to support reintegration must be strengthened as a way to ensure quality reintegration and care.
- Governments, civil society organizations, and private alternative care service providers should collaborate to support the reintegration of children with disabilities out of residential care and assist families to resume care of their children in the community. All barriers, including structural and attitudinal barriers, to reintegration services for children with disabilities must be identified and addressed. It is imperative that children with disabilities are not left behind in care reform efforts.

### 3.4 Social services workforce development

- Governments should strengthen the legal and policy framework governing social work to provide the systematic framework required for the full development of the social welfare workforce. This should include clear articulation of social workforce roles and responsibilities across all relevant service systems.
- Governments should increase budgetary allocations to the social service workforce to improve social workforce remuneration, social worker per population ratios, and invest in training and workforce capacity building.
- Governments should support the establishment and operation of professional associations for social workers and accreditation and quality assurance systems.
- Social workforce training and capacity building efforts should be harmonized and coordinated across government, educational institutions and civil society organizations. Social workforce training should be rights-based, strengths-based and include a focus on addressing attitudinal barriers to family-based care and building social workforce capacity around child participation, and child centered planning.

# SESSION SUMMARIES

## SESSION 1. UNDERSTANDING CARE REFORM IN ASIA

The opening session, moderated by Ms. Tessa Boudrie, Regional Director for Asia at Hope and Homes for Children, was the occasion to set the stage for the 4th BICON Conference with an Asia wide focus.



Speakers who presented during this session included:

- **Dr. Kiran Modi**, Founder, Udayan Care
- **Ms. Mikiko Otani**, Chair of the UN Committee on the Rights of the Child, Japan
- **Ms. Karishma Singh**, Founding member of the Delhi Care Leavers Network (CLAN), India



### Overview of presentations

The plenary session speakers focused on the role and importance of BICON, as an Asia-wide conference, in raising the profile of care reforms in the continent, creating critical linkages between global level progress and discussions, and the regional and national contexts in which implementation of international norms and commitments must occur.

Dr. Kiran Modi reflected on the origins of BICON, the examination of critical issues over the last three BICONS, and the impetus behind expanding BICON to an Asia-wide conference on family strengthening and alternative care for children. Ms. Mikiko Otani shared her views on the important links between the BICON Conference, the 2021 CRC Day of General Discussions, and the work the CRC is doing globally to discourage the detention and institutionalization of children. Ms. Karishma Singh took the floor to share her experience of growing up in care and drew attention to the importance of engaging with young people in care reform and providing sufficient support to young people transitioning out of care settings, including as part of deinstitutionalization efforts. Dr. Rinchen Chopel reflected on the role of the BICON Conference in building and sustaining momentum for care reforms in Asia, and engaging government and civil society organizations in joint discussions to improve coordination and harmonization between global commitments, national policy, and local level practice.





## Summary of key challenges

Speakers raised several key challenges facing regions within Asia with respect to reforming care systems and moving towards family-oriented policies and solutions. Dr. Modi drew attention to the new sets of challenges for children, families and child rights practitioners and advocates arising from the COVID-19 pandemic and related impacts. Dr. Modi noted the stress COVID-19 placed on already underdeveloped child protection and care systems, which in some countries were buckling under the strain of the crisis. She cited as examples the failure to classify child protection case workers as essential workers and ad-hoc closures of institutions in response to the pandemic, which in some contexts left children and young people exiting care without adequate support or follow up. Dr. Modi stressed the need to improve political will for care reforms, address deficits in the policy and implementation framework for family strengthening and called for a multisectoral approach to reforming care systems.

Ms. Otani noted the strong progress made in discouraging detention and institutionalization of children, in recognition of the harms to children's wellbeing and development. Ms. Otani noted this was relevant not only to alternative care systems, but to other sectors/settings, including juvenile justice and migration, where children have been detained and deprived of their liberty. Ms. Otani drew attention to the work of the Committee in clarifying the implications of the CRC regarding these issues. Examples given included updates to General Comment no.24 on juvenile justice, to more explicitly promote diversion and non-custodial measures, and the joint release of General Comment no. 23 with the Committee of Migrant Workers (General Comment 4), which states that children should never be detained in the context of migration. In addition, Ms. Otani referenced the 2019 Study submitted by independent experts to the UN General Assembly on children deprived of liberty, highlighting the need for prevention of detention and institutionalization of children.

Ms. Singh iterated the call from Care Leavers to change the orientation of the care system for the sake of children who remain in care. She noted the lack of attention given to transition support for young people exiting the care system, and stated that Care Leavers have unanimously felt they were not prepared to leave care and that the system must change and give them opportunities to thrive and to become who they want to be. Ms. Singh highlighted the role of Care Leavers Networks in providing support and facilitating connections, and the importance of forums such as BICON in engaging young people in the care reform agenda.

Dr. Chopel underscored a key challenge with respect to the deinstitutionalization agenda, noting that much of the discussion is centered around the 'quality' of these settings, and insufficient attention is given to how children feel and their experiences of living in those settings. He called for more weight to be given in the decision making processes to the voices of children and young people who were care experienced.



## Solutions, promising practice and calls to action

Speakers also highlighted a range of solutions to challenges faced by Asian countries, giving examples of promising practices and articulating calls to action for governments and civil society stakeholders to consider. Dr Modi noted that despite the pressure COVID-19 had exerted on child protection systems, it had also provided the opportunity to promote family as the best place for children to grow up. It has fast tracked reforms in several countries and led to increased investment in family oriented social protection services and care reforms. Dr Modi also highlighted the significance of the 2021 DGD, noting the strong involvement of children

and young people in the event. She noted that within the context of the DGD children and youth survey, the word 'love' had been mentioned 688 times, clearly demonstrating how important love is to the development and wellbeing of children in care. The significant level of child participation in the DGD was also reiterated by Ms Otari, who further stressed its importance as a cross cutting issue across the whole field of child rights. She emphasized the need to invest in the technical and financial support of families to prevent child institutionalisation, and in the context of migration detention, to promote due process and community-based measures. In the juvenile justice context, Ms Otani called for a child rights-based approach to be applied.

Ms. Singh called on participating individuals and organizations to personally commit to supporting children and young people without parental care, in particularly through mentoring. She furthermore encouraged care experienced young people to rally and use their own experience and desire for family to drive the conversation about care reforms. Lastly Ms. Singh called on governments to adopt formal measures to involve Care Leavers in policy reforms pertaining to Care Leaver issues, improve housing, education, skills development, and employment services for Care Leavers and remove challenges to Care Leavers accessing critical services through the issuing specialised identity cards.

Dr Chopel ended the session with a call to acknowledge and heed the voices of children and young people, and recommendations made by them, and prioritise the rights of children in all decisions made about children's care.

“

***We cannot emphasize enough the importance of children growing up in families.”***

**MS. MIKIKO OTANI,**  
CRC COMMITTEE MEMBER



## SESSION 2. TACKLING UNNECESSARY SEPARATION IN ASIA: INTRODUCTION



### Session Speaker:

- **Mr. Otto Sestak**, Head of Learning and Engagement, Hope and Homes for Children

Mr. Otto Sestak, from Hope and Homes for Children, welcomed participants to the session, stating that all discussions on child protection should start at the point of the topic at hand: tackling unnecessary separation. As Mr. Sestak noted, all agree with the sentiment that prevention is better than a cure, yet often in the practice of caring for children, this sentiment is forgotten, if not lost. Children and their families remain unseen when at risk, and only become visible when their well-being, safety and security are already seriously threatened. When dealing with these effects, interventions are often costly and unlikely to provide an outcome in a short period of time. The apparent lack of immediate results and high costs of other interventions become the key arguments for placing children in alternative care, and often orphanages. However, what if this trend could be reversed? What if this could be prevented? What if there was a way to strengthen families and help them build resilience, strengthen them to look after their children and prevent separation? These were the questions posed for discussion throughout this session.

Mr. Sestak introduced the three thematic areas of prevention to be discussed in each of the breakout sessions and introduced the respective speakers. A summary of discussions from each of the breakouts can be found below.

### 2.1 Tackling Unnecessary Separation in Asia: Family Strengthening



### Session Speakers:

- **Mr. Sumantra Mukherjee**, State Head, Child in Need Institute (CINI), India
- **Ms. Rita Panicker**, Founder and Director, Butterflies, India
- **Ms. Chanthana Le Mouellic**, Community Manager, Friends International, Thailand

### Session Overview

As part of the second session of BICON on 'Tackling Unnecessary Separation in Asia', this breakout session, moderated by Mark Riley (HHC), sought to look for ways to strengthen families at risk of separation. In particular, Mr. Sumantra Mukherjee, from Children in Need Institute (CINI) shared insights on how CINI works to strengthen community gatekeeping in India. Additionally, Ms. Rita Panicker, founder of Butterflies India, shared insight on her organization's therapeutic approach to strengthening families. Finally, Ms. Chanthana (Nang) Le Mouellic, from Friends International in Bangkok, shared good practices of local support to communities to prevent family separation in Thailand.



## Summary of key challenges

Speakers highlighted a range of challenges that impact prevention efforts in Asia and continue to lead to child separation. Mr. Mukherjee highlighted the impact of pull factors, such as the ongoing overinvestment in residential care, including financial and human resources, that results in a deficit of community-based services and continues to incentivize separation and recourse to residential care. He also noted challenges with the top-down models of child protection employed by governments that fail to secure buy-in and generate ownership in local communities. Ms. Panicker and Ms. Le Mouellic drew attention to the range of push factors affecting families, including family breakdown, violence, substance abuse, poverty, unemployment, conflict, and the lack of inclusive schools. Ms. Le Moullic emphasized the role of communities and community-based responses in driving sustainable action to prevent separation and the importance of governments and civil society working with and supporting local community efforts.



## Solutions, promising practice and calls to action

Mr. Mukherjee presented on CINI's gatekeeping model, which seeks to reduce the flow of children into residential care as well as the number of children in residential care through reintegration and reunification efforts. CINI's model relies on three approaches: 1) improving opportunities for child and youth engagement and participation in local communities; 2) vulnerability tracking at the local level; and 3) integrating children within government child and social protection schemes and services, as well as community-led approaches to identifying vulnerable children and preventing separation. Ms. Panicker highlighted similar practices as integral to Butterflies India's work in preventing separation. She stressed the importance of working with families, communities, and schools to support children and place as much focus on supporting families' emotional wellbeing as on their physical needs. She gave the example of how Butterfly case workers, who are psychiatric social workers and qualified medical personnel, support families at risk of separation to address underlying disharmony and breakdowns in communication as part of efforts to preserve the family unit. Ms. Le Mouellic described the work of Friends International's Child Safe Movement with children left behind in migration, children on the move and children in shelters to enable reunification and prevent re-separation. In their prevention work, Friends International trains and utilizes a network of community-level Child Safe Agents, who become an essential part of supporting vulnerable families and children. Their work entails referrals, protection intervention, awareness raising, and school reintegration of children reunified with families. Ms. Le Mouellic noted that investing in such grassroots mechanisms leads to more sustainable approaches to preventing separation, as they tend to outlive and outlast NGO programs.

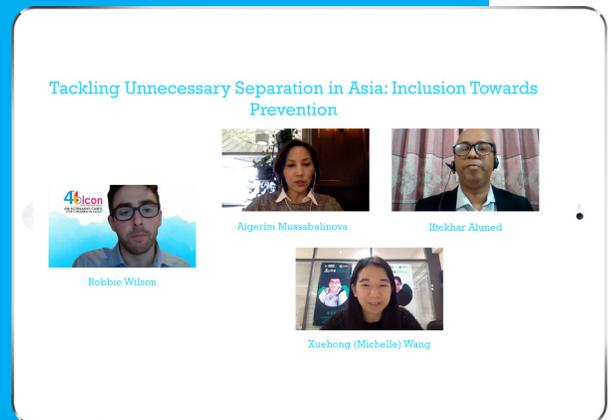


## 2.2 Tackling Unnecessary Separation in Asia: Inclusion Towards Prevention



### Session Speakers:

- **Ms. Aigerim Mussabalinova**, Research Assistant, Nazarbayev University, UNICEF Consultant, Kazakhstan
- **Ms. Michelle Wang**, Beijing Rongai Rongle Family Support Center for Persons with Intellectual and Developmental Disabilities, China
- **Mr. Iftekhar Ahmed**, Director, Centre for Services and Information on Disability (CSID), Bangladesh



### Session Overview

In this session, moderator Robbie Wilson, from Lumos, noted how in Asia, and around the world, children with disabilities have been disproportionately represented in alternative care, particularly in residential care. Unnecessary family separation and institutionalization present risks to children with disabilities and can deny them their rights to a family life and to participate fully in society (all amplified by COVID-19). Poverty, stigma and discrimination, and a lack of access to inclusive services, are among the key drivers behind the separation of children with disabilities from their families in Asia. Children with disabilities and their families have been let down by care reform and family strengthening initiatives, either out of failure to ensure inclusive and participatory planning, or out of a misguided belief that it is not possible to provide family care for all children. Mr. Wilson shared how in this breakout session, speakers would discuss these challenges, and identify promising practices and learning that could be used to improve inclusive services and interventions and prevent unnecessary separation of children with disabilities from their families.



### Summary of key challenges

Ms. Aigerim Mussabalinova, of Nazarbayev University, highlighted the situation facing children with disabilities in Kazakhstan. She noted that stigmatization and exclusion of children with disabilities from mainstream society was commonplace and a 'post-Soviet State legacy'. Professional services are underdeveloped and as a result, over 16,600 children are deprived of family life and living in residential care boarding facilities. These facilities do not provide holistic care, appropriate education, or opportunities for social integration. There is a lack of training for social workers, poor interagency collaboration, and strong resistance to reforms.

Ms. Michelle Wang, from the Beijing Rongai Rongle Family Support Center for Persons with Intellectual and Developmental Disabilities in China, focused on the impact of COVID-19 on children with disabilities and the lack of attention given to children with disabilities in pandemic prevention policy development. She noted that children with intellectual disabilities struggled to adapt to public health requirements, in particular to handwashing, routine changes, and to mask wearing mandates. The pandemic also interrupted support services for children with disabilities, including critical early intervention and social and living skills development programs.

Mr. Iftekhar Ahmed, Director, Centre for Services and Information on Disability (CSID), Bangladesh, emphasized the need to prevent unnecessary separation of children with disabilities from their families, stressing their right to family life. Mr. Ahmed elucidated the legal framework for family separation under Bangladeshi law and stressed that institutional care for children with disabilities is an inappropriate and inadequate response. He cited the heightened risks of experiencing gender-based violence and abuse in institutional care settings, the more protective, holistic care afforded by families, and the feasibility of meeting children’s needs through home-based therapeutic and other community-based services. Mr. Ahmed noted some of the key reasons why separation continues to occur, noting the influence of stigma, lack of support for caregiving, increased costs of caring for a child with a disability, the option to sell a child with a disability to others for begging, and the communication gap of neuro-developmental disability and hearing and speech.



### **Solutions, promising practice and calls to action**

To respond to these challenges, speakers identified a range of solutions and gave examples of progress within their respective countries. Ms. Mussabalinova noted that UNICEF Kazakhstan, the Ministry of Labor and Social Protection of the Population of the Republic of Kazakhstan, and Family Academy (2020-2021) are rolling out trainings in alternative professional care for children with disabilities for social workers from residential care for children with disabilities. The trainings cover a range of topics, including child rights, case management and a multidisciplinary team approach to the provision of social services, alternative care in family environment, early diagnostic and early interventions, inclusive education, community-based rehabilitation, and a model for providing specialized alternative care.

In China, Ms. Wang gave examples of initiatives implemented by the Beijing Rongai Rongle Family Support Center for Persons with Intellectual and Developmental Disabilities. These included:

- The Health Game Box: Developed to respond to COVID challenges, the ‘Health Game Box’ is a child centered kit designed for parents and considers their learning level. It includes toys, theater games and a parents handbook and video that help explain to children preventative COVID measures, such as why to wear masks, and the need for hand washing.
- Rongai Rongle Family Support Center collaborated with the U.S.-based Best Buddies International to adapt the E-Buddies Program model for the China context. This program provides online opportunities for children with disabilities to maintain daily communication with peers and service providers during COVID-19 lockdowns. Activities include social activities, developing interests and hobbies, exercising, and singing.

Ms. Wang also described important progress made regarding policy and advocacy, noting the recent development of two sets of guides: guidelines for social support services for the protection of persons with disabilities in major infectious disease outbreaks; and guidelines for the protection of persons with disabilities in major infectious disease outbreaks.

Mr. Ahmed identified priority action areas that are needed to prevent unnecessary separation and institutionalization of children with disabilities, including resilience building for children, parents and caregivers, capacity building for caregivers on basic therapeutic interventions and activities of daily living (ADL), access to medical treatment, including surgery, medication

and assistive devices, to reduce pressure on family members providing care, the formation of children’s self-advocacy groups, extra-curricular support for children with disabilities, and community sensitization targeting teachers, service providers, and community members to reduce stigma and change community attitudes towards people with disabilities.

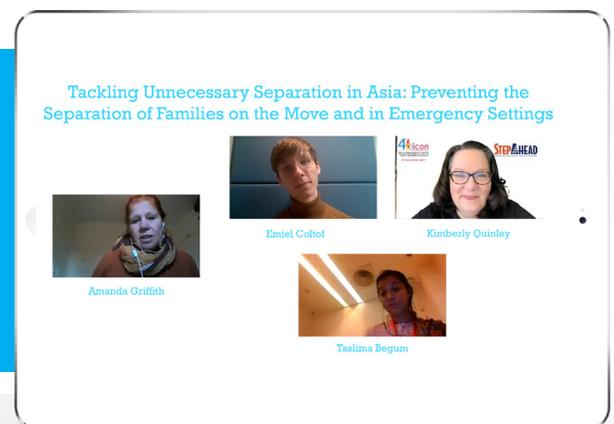
In responding to questions posed by participants, speakers gave examples of how stigma and discrimination is being addressed through trainings targeting families, communities, and the social services workforce.

## 2.3 Tackling Unnecessary Separation in Asia: Preventing the Separation of Families on the Move and in Emergency Settings



### Session Speakers:

- **Ms. Kimberly Quinley**, Director, Step Ahead Thailand
- **Mr. Emiel Coltof**, Senior Research Officer, Lumos, UK
- **Ms. Taslima Begum**, Case Management Specialist, Save the Children, Bangladesh



### Session Overview

The session, moderated by Ms. Amanda Griffith of Family for Every Child, focused on the impact of family separation on children, noting that while they suffer the most from separation, they are often the most invisible. Institutional care is often the only alternative care option available to them, despite its known detriments. To better protect children it is important to keep families together.



### Summary of key challenges

Ms. Kimberly Quinley, from Step Ahead Thailand, focused on separation in the context of migration, and shared a case study highlighting the challenges families face during immigration, including separation in immigration detention facilities. Kimberly noted that boys above a certain age are placed in the male cells. Children who attain legal age while in detention can no longer be helped by the child services. Family bonding suffers as the family is separated.

Mr. Emiel Coltof, from Lumos, spoke about research findings for Asia from the global trafficking review, which evidenced four cycles of ‘institution related trafficking’. These included:

1. Children recruited/trafficked into institutions – i.e. orphanage trafficking.
2. Children trafficked out of institutions into exploitation (i.e. sexual abuse, forced labor).
3. Children placed into institutions for their protection but are then re-trafficked.
4. Care Leavers at risk of being trafficked.

According to the findings, practices that put children at risk of experiencing institution related trafficking in Asia include the inappropriate use of institutional care in emergency and humanitarian responses, and orphanage voluntourism.

Ms. Taslima Begum, from Save the Children, Bangladesh, described challenges faced by the Rohingya community in Cox's Bazaar refugee camps in Bangladesh, where the majority of residents are women and children. During the displacement in 2017, many children were separated from parents. Separation is also a risk within the camp due to its size and lack of any identifying marks and/or signage. Furthermore, there are child protection concerns in the camps due to child care arrangements, such as unaccompanied or abandoned children. The annual cyclones also increase the risk of separation. Due to COVID 19, all meeting spaces are closed and children have a lot of free time. They are sometimes left unsupervised while parents' work. Children are also involved in work; some leave the camp for work and often do not want to return. Stigma against unmarried mothers is rife and makes it difficult for them to access assistance.



### **Solutions, promising practice and calls to action**

Ms. Quinley called for the end of immigration detention for children and highlighted positive alternatives to detention, such as Step Ahead's pilot foster care program for migrating children. Ms. Quinley highlighted the importance of collaboration, noting its far-reaching impact. She highlighted efforts leading up to the signing of the 2019 MOU with Thai ministries to end the detention of children in Thailand and the development of Standard Operating Procedures and an MOU to release mothers in detention. To support the release of mothers, Step Ahead acts as a bail guarantor for families in detention. In addition, they organize visits for children with parents still in detention to build family bonding and bi-weekly family therapy sessions once the family is released.

Mr. Coltof called for Governments to ensure monitoring of residential care providers, develop national policies to ban unskilled volunteering in residential care facilities, prioritize family- and community-based care systems, monitor and regulate funding, and eliminate policies that are detrimental to protection/safeguarding of children.

Ms. Begum made a range of practical recommendations to prevent family separation among children on the move and in refugee camps, including:

- Giving children bracelets with their basic information (name/address);
- Teaching children a song so they learn their address;
- Establishing lost child points and meeting points in all camps;
- Training family and staff about what to do if children get lost;
- Teaching other actors (such as health and education personnel) on what to do if they find an unaccompanied child;
- Ensuring that no action is taken that can interfere with tracing efforts;
- Teaching family members to have their own plan during an emergency;

- Continuing positive parenting programs to ensure a violence-free family environment;
- Encouraging caseworkers to find the best possible care solution for children. These may include kinship care, foster care, or temporary residential care. The caseworker needs to continuously monitor each child, following identification procedures and developing a care plan for child and family.

Ms. Begum also noted the challenge of inadequate numbers of available foster families to make family-based care accessible for separated children. She proposed solutions, including creating pools of foster families who can take on children, and child-safe spaces for when no foster family is found.

## SESSION 3. FAMILY-BASED ALTERNATIVE CARE FORMAL AND INFORMAL: INTRODUCTION



### Session Speaker:

- **Ms. Anju Pun**, National Director, Forget Me Not, Nepal

Moderator Anju Pun, Forget Me Not Nepal, opened the Session 3 plenary by underscoring the importance of family-based alternative solutions for children without parental or family care. She noted the COVID-19 pandemic had pushed millions of children and families to the breaking point in Asia, exacerbating risks of separation and recourse to residential care. However, she cautioned that we must pay attention to the learning from the HIV/AIDs epidemic that demonstrated the inadequacies of institutionalizing children in response to crises. We must avoid replicating any response that proves ineffective and harmful to children. Ms. Pun noted the significant progress that had been made at the global level to care reforms, with commitments made through the ACG, UNGA Resolution and DGD, and called on the community to build on this momentum through BICON and beyond.

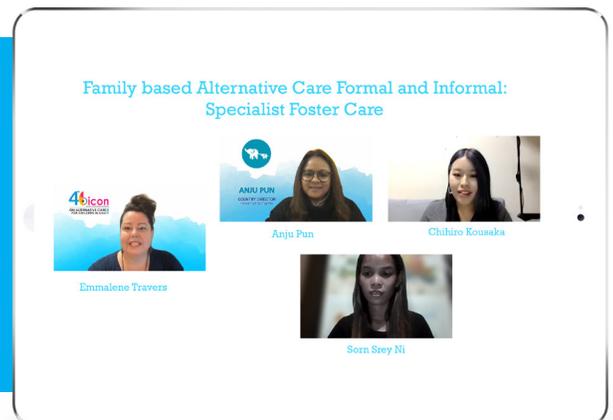
Ms. Pun introduced the three thematic areas pertaining to family-based care to be discussed in each of the breakout sessions and introduced the respective speakers. A summary of discussions from each of the breakouts can be found below.

### 3.1 Family-based Alternative Care Formal and Informal: Specialist Foster Care



### Session Speakers:

- **Ms. Anju Pun**, Country Director, Forget Me Not, Nepal
- **Ms. Sreyny Sorn**, ABLE Project Manager, Children in Families, Cambodia
- **Ms. Chihiro Kousaka**, Care Experienced Advocate, International Foster Carers Association, Japan



## Session Overview

A comprehensive foster care system is often one of the most challenging and last components of the family-based care system to develop. In addition to scaling up generalized foster care, countries must also grapple with developing specialized foster care services to ensure it is accessible and suitable for children with disabilities and special needs. In this session, moderator Emmalene Travers, Forget Me Not Australia, welcomed participants and introduced the panel of experts who provided insights into the critical need for specialized foster care services, the challenges associated with scaling back the use of residential care when specialized foster care is not in place, how specialized foster care can be developed, even in contexts where services for children with disabilities and special needs are limited, and the role of care experienced young people in advocating for inclusive foster care services in countries where it does not yet exist.



## Summary of key challenges

Ms. Anju Pun, from Forget Me Not, Nepal, noted the lack of consideration given to disability mainstreaming in care reform in Nepal, both in terms of legal and policy reforms and practice. Children rescued from abusive or substandard residential care facilities are often those with disabilities and special needs. Without comprehensive foster care services, including specialized foster care, these children end up being left behind or are transferred to other institutions. This diminishes the effectiveness of reform efforts, and results in inequitable attainment of the right to grow up in a family and within an atmosphere of love and understanding.

Ms. Sreyny Sorn, from Children in Families, Cambodia, described Cambodia's historical overreliance on residential care solutions for children and the mindset that has led to the overrepresentation of children with disabilities in residential care. For many years orphanages were the main place where children with disabilities could receive help. Many people in Cambodia continue to think that an orphanage is the best option and the first place to turn to for children in need. Parents who are poor are still encouraged to send their children to live in an orphanage, where they are told they will have enough food to eat and receive an education. Donors wanting to help 'orphans' don't realize that they are creating more orphans by causing children to be separated from their families in order to receive help. For families caring for a child with disabilities, the pressure to place that child in an orphanage is even stronger. They often do so hoping their child will have a good caretaker and receive special services to improve their quality of life. Even some practitioners who promote family-based care may continue to treat children with disabilities as exceptions and defend the ongoing use of residential care for these children. This is based on the sentiment that it is too difficult to make family-based care accessible to them. There is also a lack of acceptance of children with disabilities in the community, which can make families feel that they have a duty to place their child with disabilities in an orphanage. It may seem impossible to recruit a family willing to foster a child with disabilities, but experience shows that's not the case.

Ms. Chihiro Kousaka shared from her own experience, explaining that when she was 15 years of age, she was removed from her family as a result of parental abuse and lived in residential child protection facilities. She noted that 45,000 children are in the care system in Japan; 80% of them live in residential care facilities, and only 20% in family-based care. Today she is using her



experiences as a care experienced young person to advocate for change and the development of a comprehensive system, one that includes specialized foster care for children with disabilities and special needs. Ms. Chihiro noted that efforts to promote care reform and family-based care are relatively new in Japan and there are very few services for children with special needs. Mental health services are also inadequate. In addition, children and young people's voices are often neglected, as there is no mechanism for child and youth participation. This complicates advocacy efforts.



### **Solutions, promising practice and calls to action**

Ms. Pun highlighted the progress that has been made in Nepal to reform the care system and create a legislative and policy framework for foster care. The new Act Relating to Children recognizes the need for special protection for children with disabilities and specialized needs. The piloting of formalized foster care is currently underway, yet it is not specialized in nature. Informal foster care is also culturally normative and widely practiced. As Ms. Pun noted, there is a foundation in Nepal upon which specialized foster care services can be developed, but there is a need for education, awareness, and sensitization to further promote foster care and build momentum for specialized foster care services. In addition, specialized training and additional support must be provided by governments to professionals, NGOs and foster carers. As Ms. Pun noted, children thrive in families, and no matter the challenges, it's time to transform the child welfare system and develop inclusive foster care services.

Ms. Sorn gave the promising example of Children in Families' (CIF) inclusive foster care program ABLE. The ABLE project helps remove barriers to inclusion in all forms of family-based care, from family preservation to kinship care to foster care. When a family with a child with a disability is referred to Children in Families, the offer of support they receive is often all it takes to keep them from admitting their child into an orphanage. When recruiting foster families, staff look for people in the community who have had experiences that make them open to caring for a child with disabilities. By supporting these families to care for children with disabilities in their communities, CIF can help them become community advocates; this makes communities in general more open to people with disabilities. To support children with disabilities in foster care, the ABLE program provides home-based rehabilitation services and support, access to adaptive equipment and mobility aids, access to medical services and advocacy, access to education, respite care and adjusted stipends. CIF has supported more than 70 children through the ABLE project to achieve full inclusion in family-based care and community life.

Ms. Kusaka noted that in 2016 there was a sweeping reform of child welfare in Japan. The major focus was transforming the country's childcare policy framework, shifting alternative care placements from institutional care to family-based care. The government's goal was to enhance the emotional and physical wellbeing of children by providing family-oriented placements. But 80% of children and youth in care still live in residential care facilities. National and local government agencies set specific goals and strategies to place these children in settings that simulate normal family lives. However, much more needs to be done to make family-based care accessible, including for children with disabilities.

## 3.2 Family-based Alternative Care Formal and Informal: Informal Kinship Care



### Session Speakers:

- **Mr. Sumanta Kar**, Senior Deputy National Director, SOS Children's Villages, India
- **Ms. Khadijah Madihi**, Founder, Asia Family First
- **Ms. Vandhana Kandhari**, Child Protection Specialist, UNICEF, India



### Session Overview

The objective of this session was to consider informal kinship care as one type of informal family-based alternative care. Amanda Griffith, from Family for Every Child and session moderator, opened the session and introduced each speaker discussing issues around informal kinship in various contexts across Asia. Mr. Sumanta Kar gave an overview of the SOS model of kinship care in India. Ms. Khadija Madihi spoke about the long tradition of extended family caring for children of their relatives and how this can be understood within the sphere of alternative care solutions. Finally, Ms. Vandhana Kandhari discussed kinship care in India and introduced two projects in different states that have promoted this type of family-based care as a preventative measure to avoid institutionalization of children.



### Summary of key challenges

Speakers noted a range of challenges that impact upon kinship care in countries across Asia. Mr. Kar noted the sheer scale of child protection issues, stating that 20 million children in India are in need of care or protection. This has been exacerbated by the COVID pandemic. Challenges with kinship care include monitoring, support for young people in kinship care after the age of 18 and identifying alternative caregivers in the event of the death of an extended family member providing kinship care. Ms. Kandhari noted that kinship care is not yet legalized in the Indian system. In addition, whilst kinship caregivers often receive support from other family members, challenges include a lack of skills, particularly regarding mental health support for children who have lost their parent/caregiver, financial support to ensure children go to school, issues with monitoring, and property rights/access to inheritance.



### Solutions, promising practice and calls to action

Mr. Kar noted the importance of kinship care as part of the continuum of alternative care options. He recognized the various strengths associated with kinship care, including how it helps to protect children's identity and social networks. Children stay within the same community, which supports cultural continuity and facilitates property inheritance. Mr. Kar shared examples of how SOS supports children in kinship care and their extended families, including help accessing government schemes and services such as education and health. They also connect each child with a mentor and put protection mechanisms in place. The SOS model is a long-term program that works to provide children with basic education, at least one employable skill, as well as social and IT skills.

Ms. Madihi noted how common and culturally normative informal kinship care is in Indonesia and across regions within Asia. It is often used as an inter-family mechanism to give children access to better quality education, or to mitigate poverty by placing children in the care of a more affluent family member. Asian families are often more than just the blood unit and can be inter-generational, with multiple households living together. The sense of shared community responsibility for raising children is a strength and connects religious as well as cultural values within the system of care in most Asian communities. Due to its normative practice rooted in culture, there is extensive vocabulary for informal kinship care. It is therefore not a new system, but an existing one to be built upon.

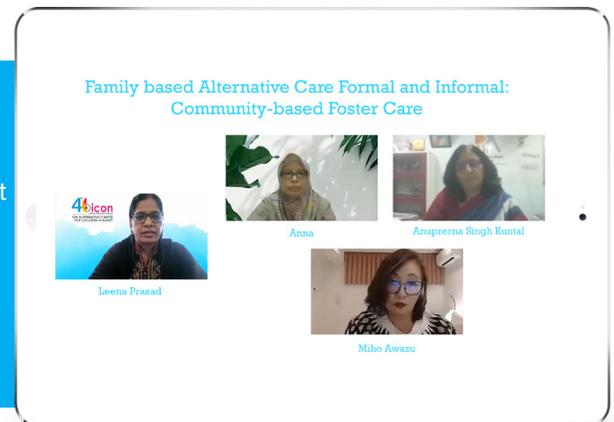
Ms. Kandhari highlighted aspects of a promising practice in India, noting a village level model of coordinated action that brings together different government departments to support families. This has been implemented in Maharashtra since 2014 and is now being replicated in other areas. In addition, a project in Gujarat developed mechanisms to follow up on children sent home during COVID lockdowns to check on their safety and ability to access services. Case management was conducted by a local partner organization with an expedited case management process.

### 3.3 Family-based Alternative Care Formal and Informal: Community-based Foster Care



#### Session Speakers:

- **Ms. Anuprerna Singh Kuntal, IAS**, Commissioner and Joint Secretary, Department of Child Rights, Govt. of Rajasthan, India
- **Ms. Miho Awazu**, Executive Director, International Foster Care Alliance, Japan
- **Ms. Anna Sakreti**, Vice Secretary, Muhammadiyah, Indonesia



#### Session Overview

This session, moderated by Leena Prasad of Udayan Care, India, focused on the role of community-based foster care systems that enable children to grow up within loving, safe family homes, and in an environment that enables them to thrive. Experts from India, Japan and Indonesia presented on three models of community-based foster care and explored what is needed to make it work and how to scale up and replicate existing models throughout Asia.



#### Summary of key challenges

Ms. Anuprerna Singh Kuntal from India commenced by stressing the significant impact the COVID-19 pandemic had on children. She noted that the foster care system is a critically important part of the alternative care system, however challenges exist in terms of implementing international and national commitments with respect to ensuring family-based care for children. She stated that residential care must be regarded as the last resort of alternative care, and that children feel more content in a foster care environment. But she recognized that currently institutional care remains the first intervention under alternative care for children.

Ms. Miho Awazu, from the International Foster Care Alliance, Japan, noted that in Japan, most children in the care system continue to live in large residential care facilities. In 2009, the Government of Japan received a warning from the United Nations, stating that since there were presently no family-based care options available to children and no ‘choice’ regarding where they lived, the placement of children in residential care institutions constituted a “violation of human rights”. It carried a strong recommendation to move children living in infant nurseries and group facilities into family-based care, including kinship and foster care.

Ms. Anna Sakreti, from Muhammadiyah Indonesia, also noted the ongoing overreliance on residential care and the prevalence of residential care facilities in Indonesia, stating that over 400 orphanages are in operation.



### **Solutions, promising practice and calls to action**

Recognizing the role of the Government as a custodian of child rights, Ms. Singh Kuntal shared the measures the Government of Rajasthan has taken to ensure compliance with national and international commitments and overcome the challenges in their implementation. Rajasthan is the first state in India to have a department for child rights. The department aims to protect the rights of children and to implement the Juvenile Justice (Care and Protection of Children) Act, 2015 and the Protection of Children from Sexual Offence (POCSO) Act, 2012 and schemes like the Integrated Child Protection Scheme (ICPS) and CM Hunar Vikas Yojana. The government has outlined ways to support foster care, including those focused on recruitment and training of foster carers, in collaboration with civil society partners.

To promote and scale up foster care in Japan, Ms. Awazu spoke of the launch of the Mockingbird Family Model (MFM) in Japan in 2019, in partnership with the Mockingbird Family Society. MFM is an innovative model for foster care delivery. At the center of the Mockingbird Family Model is the concept of the MFM Constellation, which establishes a sense of extended family and community around the participating children, youth, and families. Each MFM Constellation functions like an extended family; six to ten families (foster, kinship, foster-to-adopt, and/or birth families) live close to a central, licensed foster or respite care family (Hub Home), whose role is to provide support. Parents and children do not have to encounter problems alone and can depend on the experience and support of an extended community of peers who understand the challenges they face each day.

Ms. Anna Sakreti, from Muhammadiyah, Indonesia, explained how developments in the regulatory framework in Indonesia had progressively created a more enabling environment for family-based care. In 2017 the government released foster care regulation, which for the first time formalized foster care and established its position within the formal alternative care service sector. Despite only being formalized in 2017, Muhammadiyah has a long history of providing foster care, in addition to other alternative care services, as far back as the 1970s. Ms. Sakreti stated the priority has been increasingly shifting towards family-based care and reduced use and reliance on residential care services. In addition to alternative care services, Muhammadiyah provides family support services aimed to prevent separation. Ms. Sakreti highlighted the importance of developing culturally integrated and relevant models of foster care. She gave the example of the Fatwa about Child Care, a book that unpacks 13 principles relating to various aspects of care for children in foster care under Islamic law and tradition. She noted the importance of collaborating with the community and with the philanthropic sector to improve care practices for children and promote family-based care.





### Speakers in this session included:

- **Ms. Dikshya Thapa**, Founder, Shine Together Care Experienced Network, Nepal
- **Mr. Chanda Phang**, Children and Families Section Lead, This life, Cambodia
- **Mr. Anil Patil**, Founder and Executive Director, Carers Worldwide
- **Ms. Jatuporn Rojanapanich**, Director General of the Department of Children and Youth (DCY) Ministry of Social Development and Human Security, Thailand.
- **Mr. Manoj Udayan**, Udayan Care representing the BICON Care Leavers Reference Group

### Overview of presentations

Ms. Thapa shared how in Nepal, quality care is an evolving concept and starts with the prioritization of family-based care, including prevention of separation from family of origin and kinship care for children who are unable to remain with their family. Mr. Udayan shared his experience of being in a small group home residential care facility and stated that quality care is where the rights of children are respected and ensured, where the children are loved and treated with dignity and where the views and opinions of the children are respected, heard, and given value. Quality care is when the children are able to learn what is right and wrong, where a child is made confident and resilient and where they are given options and have decision making powers from the time the child enters care, including with respect to the development of their care plans. Mr. Phang noted that quality care must include high quality reintegration services and gave examples from the Cambodian context. Mr. Patil suggested that quality care needs to include appropriate remuneration of caregivers, noting the issue of unpaid caregivers in many low- and middle-income countries in Asia.



### Summary of key challenges

To ensure quality care across the Asian continent, several challenges were identified by speakers that need to be addressed. These included the need for strong enforcement of laws and policies that mandate child participation in care planning and decision making. Mr. Udayan noted that in India, such laws exist, however are rarely implemented. Mr. Phang noted the importance of donors redirecting their funding towards family-based care and for residential care services to support and enable children's reintegration. Mr. Patil drew attention to the plight of young girls across Asia providing care to family members, including siblings and in some cases, children with special needs. These responsibilities infringe upon their ability to continue with their education. Despite the long-term impacts, the caregiving responsibility shouldered by young girls often goes unrecognized and unaddressed. Ms. Thapa noted that more needs to be done to address the shortage of foster families in many Asian countries to make family-based care more accessible for children unable to live with their family of origin or kin. Ms. Jatuporn Rojanapanich, speaking of the situation in Thailand, highlighted the current over dependence on residential care and the logistical challenges of making the transition from a system characterized by over 433 residential care facilities, the vast majority of which are privately run, to a family-oriented care system. She emphasized the critical role of data collection and using existing tools to track progress in reforms to improve the quality of care in the country.



## Solutions, promising practice and calls to action

Mr. Udayan called for a greater level of child and youth participation in care and reintegration planning. Service providers and social work force personnel should be required to work with children and youth in the planning process, provide them with options and help them to set their own life goals, as well as take into account their fears and previous traumatic experiences when making decisions. Mr. Udayan explained that in his case, when his mentor mother asked about his goals and aspirations and gave him options between studying and vocational training, it helped him to become more focused, pursue his goals and created in him a sense of ownership and responsibility over his own future. He stressed the increased importance of giving young people between the ages of 15-18 greater opportunities to set their own goals and make decisions.

He called on governments to review their alternative care laws and policies, and recognize the right of children to not only access care, but quality care. Quality care should be defined in laws or policies and be strengths-based. This would ensure that care service providers, social workers and caregivers could be held accountable on the basis of the 'quality' of care provided, not simply its provision.

Ms. Thapa called on governments to ensure that social protection schemes support alternative care placements to make the provision of family-based care more feasible for a wider number of families. She also called for increased support for independent living and Care Leavers networks.

Mr. Phang stressed the need for reintegration to be approached thoughtfully and holistically, calling for multisector collaboration across all levels of government, civil society, community and with childrens' extended families. The capacity of the social workforce to support reintegration must be prioritized as part of ensuring quality care.

Mr. Patil articulated several recommendations emerging from a consultation process with young caregivers in India. He called for young caregivers to be supported to access education and gave an example of a promising practice from India that supported 300 young caregivers to balance their caregiving responsibilities with education. Twenty-five community caring centers were established, and adult caregivers trained so that children, including those with special needs, could receive care during the day while their sibling caregivers pursued education and training. In addition, young caregivers were provided with extra tutoring,



***"The reality," he said, is that "life changing decisions for children are taken by others, how fair is that?"***

MANOJ UDAYAN,  
INDIA



***"Reintegrating children is not like moving around furniture. It requires thoughtful care, consideration, participation and planning."***

MR CHANDA PANG,  
CAMBODIA

including through online classes, and a network of young carers was established to provide peer support and enable young caregivers to participate in efforts to advocate for their rights and needs.

Ms. Jatuporn Rojanapanich, speaking from a government and systems perspective, stressed the importance of adopting a national strategy and approach to care reforms. Systems strengthening efforts need to incorporate:

- Enforcement of legal registration and monitoring of alternative care services;
- Family strengthening policies to prevent unnecessary separation and recourse to alternative care, especially due to poverty;
- National plans to promote and strengthen domestic adoption;
- Social workforce capacity building;
- Scaling up of family-based services to reduce referrals to residential care services;
- Strengthening multisector collaboration across government departments and with civil society;
- Mechanisms to promote and ensure child participation, particularly in the development of children’s individual care and development plans.

“

***All children belong in safe nurturing families.”***

MS. JATUPORN ROJANAPANICH, THAILAND

## SESSION 6. DAY 2 OPENING AND SESSION

In the opening session of day two of BICON 2021, moderator Andrea Nave from Forget Me Not, Australia, welcomed participants and recapped some of the highlights from day one’s sessions. She noted how strongly and clearly the voices of young people had shone through, including in calling for more meaningful engagement of children and young people in care related decisions and reforms.

Ms. Nave also reiterated the emphasis speakers placed on the importance of families, the trend towards deinstitutionalization and the important role local communities and grassroots child protection bodies play in preventing separation, including throughout the pandemic. After this recap, Ms. Nave introduced the topic of the next session, Children with Disabilities, and welcomed the session’s first speaker.

“

***Don’t decide for us, include us and support us.”***

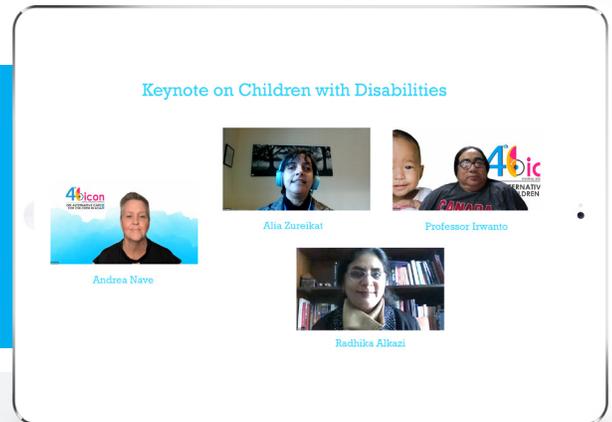
MISS KARISHMA SINGH

## SESSION 7. CHILDREN WITH DISABILITIES



### Session Speakers:

- **Ms. Radhika Alkazi**, Founder, ASTHA, India
- **Ms. Alia Zureikat**, Higher Council of Affairs of Persons with Disabilities, Jordan
- **Professor Irwanto**, Founder and Director, Centre for Disability Studies, Indonesia



### Overview of presentations and summary of key challenges

The first speaker, Ms. Radhika Alkazi from ASTHA in India, focused on societal attitudes towards children with disabilities as one of the greatest barriers and underlying causes of the over representation of children with disabilities in residential care facilities. Ms. Alkazi gave an example of an 8-year-old girl called Sima from a slum in Delhi, who was living with a physical disability. Sima could not move on her own and had pressure sores that would not heal. Doctors suggested that Sima couldn't be treated, and in response, her mother urged them to find an institution where Sima could receive treatment. This response captures the sentiment of many families of children with disabilities across the world. Many people still assume it is in the best interest of a child with disabilities to be cared for in an institution. The assumption that children with disabilities will not grow up to achieve any degree of independence in the community is a mindset with disastrous consequences. It causes people to believe that it is not worth investing in these children or their development. Institutions, however, do not provide proper care for children with disabilities. They routinely fail to provide appropriate education or support for transition out of care. There is little outcry at country level because the prevailing position is, 'we don't know what to do with the child'.

Ms. Alia Zureikat spoke of the work of her government agency, the Higher Council for the Rights of Persons with Disabilities. The council is responsible for ensuring infrastructure is in place to support the 1.2 million Jordanians with disabilities and has been collaborating with Lumos over the last five years on deinstitutionalization and the development of family-based care. Ms. Zureikat referenced the 10-year deinstitutionalization strategy, launched in 2019, and included a focus on legislative reforms around alternative care and the development of operationalizing regulations and buy-laws. Furthermore, since 2017, Jordanian law has prohibited the establishment of new childcare institutions. Efforts are underway to work with existing institutions to transition and to support the 1741 residents currently living in them.



***De-institutionalisation can happen - I am proof of that, children learn what they live.***

MS. ALIA ZUREIKAT

Professor Irwanto, the final speaker in the session, described how extended family care has been a part of Indonesian culture for generations. However, there are a range of structural challenges that result in children with disabilities being disproportionately separated from families and referred to residential care facilities in the Indonesian context. These include stigma and discrimination within the community towards people with disabilities, limited government services and supports for children with disabilities, lack of parental capacity to care for children with special needs, lack of inclusive education, and the concentration of the social workforce with disability specific training in residential care settings. In addition, the fact that government spending on social welfare is largely allocated to residential care facilities, rather than invested in families, incentivizes separation and the admission of children into residential care. These systemic issues need to be addressed for children with disabilities to equally benefit from the cultural tradition of family care, as well as from system reforms.



### **Solutions, promising practice and calls to action**

Ms. Zureikat identified a range of solutions and recommended strong and concise action be taken to ensure children with disabilities can reclaim their right to be part of their family and community. This included recommendations to:

1. Identify children with disabilities. Often these children are invisible and hidden away by their families and communities.
2. Support the reintegration of children with disabilities out of residential care and assist families to resume care of their children in the community. Children reintegrated out of care settings should receive ongoing monitoring and follow-up support post reunification.
3. Build on community-based inclusive rehabilitation practices. Services must not be concentrated in larger hospitals, but be close to local communities and accessible to families. There are good examples of community-based rehabilitation services in many countries across Asia, but they are often not documented. These need to be documented and scaled.
4. Community-based services should include a focus on housing, transport, and affirmative action must reach communities.
5. Support families caring for children with disabilities, including with service access, dealing with discrimination, and by providing them with emotional support to build their resilience.
6. Strengthen formal protections for the rights of children with disabilities, including their right to obtain birth certificates and adequate health care, including immunization.
7. Develop peer support networks for parents caring for children with disabilities.
8. Support the development and scaling up of kinship care for children with disabilities.
9. Re-examine the role of residential care facilities for children with disabilities and improve the training of residential care staff and personnel.

10. Governments must ensure policies and laws are aligned with the rights of children with disabilities as enshrined in the CRPD and CRC. Policies must protect the rights of children with disabilities to identity and to family and community life. Policies must therefore recognize and seek to prioritize community-based responses for children with disabilities.
11. End discriminatory treatment of children with disabilities. The needs of children with disabilities are often no different from those of other children. Look at the similarities of needs and design strategies accordingly. A twin track approach should be employed to ensure disability is mainstreamed across policy and practice, and that targeted services are developed.

## SESSION 8. WORKFORCE DEVELOPMENT AND SYSTEMS STRENGTHENING: INTRODUCTION



### Session Speaker:

- **Ms. Jane Calder**, Senior Advisor for Child Protection for the Asia Pacific, Save The Children

In this plenary session on workforce development and systems strengthening, Ms. Jane Calder from Save the Children introduced the topic, noting that the social service workforce is at the heart of any child protection system. Social service workers are at the forefront of protecting children. This includes preventing family separation and fulfilling gatekeeping roles to prevent children from being brought unnecessarily into the alternative care system. The social service workforce is also responsible for protecting children already in alternative care and supporting young people transitioning out of care and delivering aftercare services.

Ms. Calder introduced the three topics to be discussed in each of the breakout sessions and introduced the respective speakers. A summary of discussions from each of the breakouts can be found below.

### 8.1 Workforce Development and Systems Strengthening: Trends in Social Welfare Workforces in Asia



### Session Speakers:

- **Mr. Hugh Salmon**, Director, Global Social Welfare Workforce Alliance
- **Ms. Ha Thi Minh Duc**, Deputy Director, Department of International Cooperation, Ministry of Labor, Invalids and Social Affairs, Vietnam
- **Mr. Lo Leang**, Save the Children, Cambodia,

This breakout session, moderated by Ms. Vuthaya Charoenpol from SOS Children's Villages, focused on examples and trends in social welfare workforce strengthening in Asia to prevent family separation and unnecessary resource to alternative care.

### Overview of presentations

Mr. Hugh Salmon, from the Global Social Welfare Workforce Alliance, commenced with a summary of the state of the social welfare workforce across a number of Asian regions. He provided a definition of the social welfare workforce, stating that it encompasses government, non-governmental, professionals and paraprofessionals working with children, youth, adults, older persons, families, and communities to ensure healthy development and wellbeing. Drawing on key findings from the Social Services Workforce Analysis from the East Asia and Pacific Region, he noted the disparity in size of the social welfare workforce among countries, due to resourcing constraints and definitional discrepancies. Most countries have degree programs for social work, and an increasing number of countries are introducing Master and PhD programs. In addition, most countries now have professional associations in operation. The findings highlighted deficits in the legal and policy framework for social work. Only three out of the 22 countries reviewed in 2019 had laws to define and regulate the social service workforce. All other countries had some provisions defining the roles of social service workers in specific laws, such as juvenile justice or child protection policies. However, as Mr. Salmon noted, these do not provide the systematic framework required for the full development of the social welfare workforce. Mr. Lo Leang from Save the Children, Cambodia, shared highlights from efforts to strengthen the social service workforce in Cambodia, noting the increase in training programs provided by governments and NGOs and the increase in graduates. However, he underscored the lack of harmonization.

Ms. Ha Thi Minh Duc highlighted efforts within ASEAN to promote social work and strengthen the social services workforce, including through the [Hanoi Declaration on Strengthening Social Work towards Cohesive and Responsive ASEAN Community](#). She noted the significant progress made across ASEAN countries, but also recognized the disparities in which the social services workforce is structured, trained and supported across different countries.



### Summary of key challenges

Speakers identified some of the salient challenges facing Asian countries that need to be addressed as part of efforts to strengthen the social service workforce. These included the lack of a legal framework, low social worker per population ratios, low capacity of the current workforce, insufficient training institutions and professional development options, poor harmonization and coordination of existing training options, limited budgetary allocations, poor assessment of the social services workforce needs and inadequate planning for development, low salaries of social service workers, and lack of clarity of social workforce roles.



### Solutions, promising practice and calls to action

Speakers highlighted areas where progress had been made and gave specific examples of milestones and promising practices. Consistent across all presentations was the call to increase budgetary allocations to the social services workforce, improve the legal and policy framework, and scale, strengthen and harmonize social service workforce training and capacity building efforts.

Mr. Salmon noted that the COVID-19 pandemic had catalyzed greater recognition of the essential role of the social service workforce, following successful advocacy by national associations and others. This had resulted in additional resourcing and policy reforms in some countries. Technology developed as an adaptive mechanism in response to pandemic restrictions enabled new and flexible ways of working. In some countries, social protection schemes were expanded and better integrated with social services, including emergency cash transfers. Many of these were rolled out through digital platforms. These innovations could become part of future social service workforce practice. Mr. Leang highlighted some of the recent progress made in Cambodia, noting the recent endorsement of the new Guidelines on Basic Competency for Social Services Workforce, the drafting of a new national curriculum, and the significant body of child protection and social services workforce policy and regulatory reforms underway. Ms. Ha Thi Minh Duc iterated Vietnam’s commitment to implement the ASWC Roadmap and Workplan for 2021-2025, which includes priorities such as strengthening the legal framework, establishing professional associations, increasing resource allocation, promoting partnerships, strengthening coordination with UN agencies and ASEAN bodies, and realizing the Hanoi Declaration at the regional level.

## 8.2 Workforce Development and Systems Strengthening: Community and Cultural Approaches to Child Protection and Safeguarding



### Session Speakers:

- **Mr. Sophorn Ngath**, Research & Development Manager, Cambodian Children’s Trust, Cambodia
- **Mr. Deep Purkayastha**, Director, Praajak, India
- **Mr. Guy Thompstone**, Founder & Director, Child Frontiers, Thailand



This breakout session, moderated by Ms. Lopa Bhattacharjee from Family for Every Child, focused on the role of community and cultural approaches to child protection and safeguarding and identifying ways of strengthening, replicating, or adapting cultural and community approaches to the various contexts in Asia. Speakers discussed a range of challenges, identified promising practices, and highlighted the role and support needed from governments, civil society, donors and other stakeholders to overcome challenges and effectively implement community-level solutions.

### Overview of presentations

Speakers stressed the critical role of community-level child protection mechanisms in responding to child protection issues and preventing separation and recourse to alternative care. Mr. Ngath noted that local level mechanism are more agile and able to respond to issues rapidly, more aware of the local dynamics and contexts and therefore able to respond in a more timely, appropriate and empathetic way. This is critical to preventing the escalation of issues, in particular the referral of children to residential care. Speakers drew attention to the distinctions between government and nongovernmental community-level services, noting that while both are often necessary, government services often fail to reach the local level due to geographic

and resourcing challenges and restrictions. Communities often employ their own protection mechanisms for children and families, in part to fill this deficit of public services available at the local level. As noted by Mr. Guy Thompstone, the development of community-led mechanisms was particularly noticeable during the COVID-19 pandemic.



### Summary of key challenges

Mr. Ngath noted that in many communities, government and non-government services do exist, however often these services lack a holistic approach and are therefore ill-equipped to address complex, multifaceted vulnerabilities and strengthen families. As noted by Mr. Thompstone, these services are often sporadically available at the local level, with limited resources hampering national reach. Mr. Purkayasthra highlighted specific challenges facing underprivileged itinerate boys in contact with the railways, noting the impact of traditional ideas and cultural notions on grassroots protection of these children. Mr. Purkayasthra shared how adolescent boys often fall through the gaps of community-level child protection mechanisms. Based on prevailing traditional and cultural notions of childhood, children over the age of 10 or 11 exist in between childhood and adulthood. As such, community-level child protection and child rights issues are often not perceived as relevant to this cohort of adolescents. In addition, corporal punishment remains commonplace and is supported by traditional ideas. These issues decrease grassroots protections during adolescence. When they migrate to from rural to urban areas, often doing so through the railways, they are exposed to increased risks of exploitation, sexual assault, and trafficking.



### Solutions, promising practice and calls to action

Speakers emphasized the need for holistic community services to strengthen families and prevent separation, and the importance of identifying existing community roles and utilizing and strengthening existing networks, rather than reinventing them. In addition, new networks need to be built and connected to existing services, mainly via referral pathways to ensure interventions are holistic and occur in a timely manner. Community social workers should be recruited, and recruitment strategies should tap into the existing local community resources, including local authorities. This enables better interventions and referrals. Mr. Ngath noted that when community social workers are recruited locally, they can deploy their local knowledge in addressing child protection incidents and concerns and tend to approach families with greater levels of empathy. He stressed the importance of using non-paternalistic approaches in social work, underscoring the belief that the family needs to be in the driver's seat. Mr. Thompstone highlighted the importance of engaging with faith leaders in the community and embedding them as a cornerstone of child protection systems, including through recognizing their mandate in national policy. He cautioned against manipulating community roles or formalizing them through handbooks or SOPs that can undermine community leaders' legitimacy. Their work is grounded in accepted social norms and customs and can be undermined by attempts to shift that grounding through formalization. As Mr. Thompstone noted, although community leaders are not paid, they should be considered as central to child protection mechanisms at the local level and not treated as add-ons. Social service workforces need to recognize the role of community leaders as part of the workforce and invest in them. It is important they feel validated and not taken for granted by professionals higher up in the hierarchy. We must also be realistic about

community-level mechanisms and their limitations, as often societal harmony can trump individual rights of children. In these cases, community dialogue and reflection is essential.

Mr. Purkayasthra stressed the importance of recognizing the agency of children and young people and how giving them choices can help to address stigma, discrimination and reduce violence against them. He gave an example of how forming girls collectives at the local level and empowering and working with adolescent girls through these collectives to address gender discrimination and gender norms had enabled them to intervene in situations of gender-based discrimination in the family. He stressed the importance of achieving the right tension between child participation and burdening children by making them responsible for solving child protection issues. He noted that children have insights that we need to tap into, however this does not negate the work of identifying support mechanisms in the community and getting them on board to increase the protection and support provided to vulnerable children.

### 8.3 Workforce Development and Systems Strengthening: Experience of Supporting Aftercare



#### Session Speakers:

- **Dr. Ganga Bahadur Gurung**, Deputy National Director, SOS Children's Villages, Nepal
- **Ms. Nimali Kumari**, Generation Never Give Up, Sri Lanka
- **Mr. Krishna Thapa**, Founder, Voice of Children, Nepal



The topic of this session moderated by Ms. Leena Prasad, Head of Advocacy, Udayan Care, India, was the role and responsibility of the social workforce in supporting children after they leave care (usually at 18 years of age). Aftercare is the last leg in the continuum of care approach. It prepares and supports children growing up in alternative care for independent living by establishing the necessary collaborative arrangements within the community. However, as speakers noted, it is often underdeveloped and inadequately considered within the context of care reforms.

#### Overview of presentations

Speakers in this session discussed the importance of providing strong, multidisciplinary aftercare support services and shared some of the challenges faced by Care Leavers when appropriate support is not forthcoming. Ms. Kumari described her own experience of transitioning into independent living after 18 years spent in residential care. Despite receiving excellent support with furthering her education, Ms. Kumari also experienced bullying and social exclusion, demonstrating how important holistic support is and how one-dimensional approaches to aftercare still leave young people exposed to risks and detriment. All speakers, drawing on their programmatic experience supporting Care Leavers in countries across Asia, provided examples of promising practices and recommendations to improve aftercare services. They jointly emphasized the importance of involving young people in their own aftercare planning and commencing the process as soon as a child enters care, not when exit is imminent.



## Summary of key challenges

Dr. Bahadur spoke of research that shows Care Leavers are often required to move out and achieve independence well before their peers who grow up in families, putting them at a distinct disadvantage. Care Leavers are at risk of poor outcomes across a range of domains, including education, health, and employment. In addition, it is common for Care Leavers to experience social exclusion and isolation unless they receive adequate support. Dr. Bahadur noted that minimizing these risk starts while the child is in care, and with the provision of stable placements, good quality care and care that promotes self-efficacy. Ms. Kumari highlighted the role of Care Leaver Networks in providing peer support to young people exiting care and in addressing social isolation and exclusion, and the importance of supporting the development of Care Leaver Networks across Asia. Mr. Thapa noted that the challenges of preparing young people for independent living increase with the length of time spent in residential care. He described how the dependence fostered in residential care settings can translate into unrealistic expectations of what support residential care service providers will extend to Care Leavers once they exit. He gave examples of young people unwilling to disclose their age out of fear of being required to leave care after spending extended periods in a residential care facility. He noted how critical it is to therefore prepare young people mentally as well as practically for the transition. Mr. Thapa also stressed the importance of incorporating independent living into the continuum of care options that are considered and assessed as soon as a child or young person is admitted into a residential care facility. Doing so could help ensure aftercare services were not positioned as alternatives to reintegration with family, thus prolonging institutionalization, or seen as undermining reintegration and deinstitutionalization efforts. Secondly, it would ensure preparation for independent living commenced as soon as this pathway is identified as most suitable, rather than close to the time of planned exit. He further noted that young people who have spent considerable time in residential care are often distrusting, and therefore case workers need to allocate sufficient time to building trust and relationships with these young people, so they are receptive to receiving support in preparation for leaving care. Ms. Kumari drew attention to several specific challenges young people who leave care often face, including with employment and housing. She highlighted the central role of governments in ensuring adequate policies and funding mechanisms are in place to support Care Leavers to secure employment and housing. Dr. Bahadur noted that challenges and risks faced by Care Leavers, particularly with employment, had been compounded by the COVID-19 pandemic. As such there was a need for additional support or the extension of timeframes for accessing support through this time.



## Solutions, promising practice and calls to action

Dr. Bahadur provided an overview of SOS Nepal's aftercare support program, that includes close monitoring and integration support for three years after leaving care. Care Leavers access support with employment and entrepreneurship training, mental health and psychosocial support, and dedicated funds to assist with entrepreneurial start-ups. Care Leavers are considered fully integrated into society at the age of 23, once they are independent and can sustain themselves in society. Throughout COVID-19, SOS Nepal offered additional training and upskilling to Care Leavers to support them to diversify employment and income generating opportunities. He furthermore stressed the importance of peer support networks and highlighted the International Care Leavers Convention in 2020, which SOS Nepal participated in. This led to the launch of the Care Leavers Network in Nepal and regular opportunities for cross-country peer exchange among Care Leavers through virtual cafes.

Ms. Kumari gave another example of the development of a Care Leavers Network, called Generation Never Give Up, which was launched in 2017. The network provides opportunities for Care Leavers to access peer support and discuss and find solutions to vulnerabilities Care Leavers face after leaving alternative care services. A collective of organizations, called the 18+ Alliance, was established to resource and support Care Leavers, including through the Generation Never Give Up Network. This is a positive example of how organizations can collaborate to support the formation and running of Care Leaver Networks in different countries. Ms. Kumari stressed how important it is for organizations to recognize peer support as a critical component of aftercare services, and as such to help resource the formation and running of these networks. Young people need opportunities to engage with other Care Leavers to share experiences and to engage in advocacy, which is important in continuing to shape aftercare services in addition to facilitating involvement in wider care reform advocacy.

All speakers emphasized the need for aftercare support to be multidisciplinary and adaptive to the varying needs of young people and the situations they face when aging out of care, and to be strengths-based. Developing aftercare services needs to be approached collaboratively and delivered through public-private sector partnerships. It needs to be comprehensive and coordinated. COVID created unique challenges that required adapting existing Care Leaver support programs to not only support transition into independent living, but also to support young people who had already left care and were disproportionately vulnerable to COVID related impacts, including loss of employment.

Mr. Thapa and Dr. Bahadur both stressed that preparation for leaving care must be integrated into alternative care service plans and commence upon admission of children into care, not at the point of aging out. Supporting young people to transition out of care should be considered as an option in the continuum of reintegration options and pursued when reintegration into the family of origin, extended family, or non-relative family-based care options are not available or not in the best interest of the individual child. Young people need to be at the center of planning and in control of agenda setting. Organizations need to play a supportive role and support young people to consider the range of challenges they may face when transitioning out of care, and young people's expectations need to be realistically managed throughout that process. The Care Leaver motto, 'Nothing about us without us', must

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***Helping one person may not change the whole world but could change the world for one person.”***

MS. NIMALI KUMARI

be adopted. Listening to children and young people must be at the heart of designing and developing aftercare services at all levels.

Additionally, Mr. Thapa and Dr. Bahadur highlighted monitoring as a crucial element of Care Leaver support frameworks and recommended that monitoring extend for a period of several years after the young person transitions out of care. Monitoring needs to be initially frequent, and the intervals between monitoring visits can be extended over time as young people develop skills and confidence. Monitoring should be proactive and designed to prevent the occurrence of issues, not reactive and in response to problems. Young people need to know that they have an open door to access support should they ever experience challenges and need support. This is critical to building their confidence and ensuring they don't fall through gaps.

## SESSION 9. CARE EXPERIENCED YOUNG PEOPLE SESSION

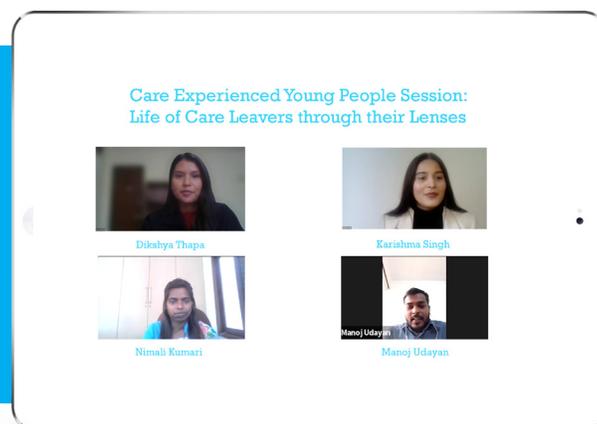
This session, moderated by Ms. Suruchi Poon, Forget Me Not, Nepal, brought together perspectives from care experienced young people regarding pertinent issues identified by care experienced experts and the BICON Care Leavers Reference Group. Issues discussed during this session included:

- Challenges faced by Care Leavers in Asia, including throughout the pandemic period;
- The role of Care Leavers Networks in supporting young people leaving care;
- Issues regarding mental health and the impact of inadequate responses to mental health challenges experienced by Care Leavers;
- Examples of promising practices from Asia and beyond.



### Speakers who presented during this session include:

- **Ms. Dikshya Thapa**, Founder of Shine Together Care Experienced Network, Nepal
- **Ms. Nimali Kumari (Nimmu)**, Generation Never Give Up, Sri Lanka
- **Ms. Karishma Singh**, Care Leavers Association and Network (CLAN), India



### Overview of presentations

The session began with a poignant video introduced by the first speaker, Ms. Dikshya Thapa, in which Care Leavers shared their experiences of growing up in residential care in different countries throughout Asia. Young people described the situations which led to their family separation and admission into care, their experiences of receiving a good education, yet feeling unloved and struggling with identity and with integrating into society. Some shared experiences of being bullied, coerced and deprived of liberty. Several young people described experiencing discrimination and stigma, both while in care and after leaving care. Other young people pointed to challenges experienced during adolescence, including with mental health, and

stressed the need for additional support during teenage years. Most Care Leavers highlighted the struggles with reintegrating back into society, including challenges with social integration, housing, and employment. Several Care Leavers spoke of the importance of Care Leaver Networks in providing them with peer support and networking opportunities, which were critical to overcoming various challenges they faced.

Subsequent speakers, Ms. Kumari, Ms. Singh, and Mr. Udayan provided additional insights into the challenges faced by children in residential care settings and Care Leavers, which are summarized below.



### Summary of key challenges

Ms. Singh drew attention to the fact that most children who enter the care system have undergone trauma. If trauma is not addressed promptly, a child's development can be compromised. This, coupled with the significant differences between residential care settings and society, places young people at a disadvantage when they must leave care and function in a world vastly different to the setting they have come to know. Mr. Udayan stressed that residential care must be used as a last resort measure precisely because it does not adequately prepare young people for the wider world or provide holistic care. Ms. Kumari drew attention to the lack of privacy afforded children in some residential care facilities, where children's personal details and images are made public in an effort to raise funds. Ms. Kumari labelled this as exploitation and noted it can have long-reaching effects on Care Leavers; information, once released, can rarely be retracted from the public domain. Ms. Thapa noted that other forms of exploitation and abuse are common among care experienced children and young people, including in care settings and post reintegration.

Speakers described the identity crisis which is common for young people leaving residential care settings, and which stems from spending extended periods of time in care, separated from family, and in situations where children's identification documents and records are often falsified or inaccurately recorded. In addition, some young people are not provided with their identity documents when they leave care. This is a significant source of mental stress for young people, especially after they leave care and face situations where they are unable to provide information required of them, for example, on forms that request details of parents or extended family members.

Discrimination and stigmatization, both while in care and after leaving care, was another common challenge raised by speakers. Discrimination within the family post reintegration was often a product of prolonged periods of separation and challenges integrating back into society. Being labelled an 'orphan' or looked down upon or with sympathy for growing up in care creates a sense of shame for children and young people who want to be treated normally.

Struggles integrating back into society was an issue raised by all speakers. Many young people are forced into independence before they are ready, solely on the basis of having reached adolescence, yet without having learned the critical life skills that will enable them to function in society. Ms. Kumari described how painful it is to be asked to leave the only home you've ever known. Care Leavers often lack financial literacy, opportunities, identity documents, guidance, and therefore struggle with access to higher education, health care, financial support, and secure safe and affordable housing.

A recurring theme raised by speakers was the mental health challenges faced by Care Leavers. Ms. Thapa noted that despite mental health issues being commonly experienced by Care Leavers, mental health support is rarely prioritized within Asian regions. Mental health challenges have been exacerbated by the lack of aftercare services and support and by the additional stress of the COVID-19 pandemic. Both Ms. Kulmari and Ms. Thapa stressed the serious consequences of leaving mental health challenges unaddressed. In addition to negatively affecting integration, they said, it can lead to suicidal ideation and self-harm.



### **Solutions, promising practice and calls to action**

Speakers made a range of recommendations and articulated numerous calls to action for governments and civil society. These included:

- Family-based care must be prioritized and made available to reduce reliance on residential care.
- Alternative care supervision and oversight should be strengthened to ensure providers uphold the rights and best interests of children, provide more holistic support, prepare young people for leaving care more effectively, and fulfill their mandatory obligations towards children and young people in care and during the reintegration process.
- The privacy of children in care must be respected by caregivers and alternative care providers. In addition, training on safe use of social media should be incorporated within services for Care Leavers to ensure the use of social media doesn't undermine their privacy and have long-term ramifications.
- Care Leavers should be given access to training and life skills development – starting at a young age – to prepare them for effective integration back into society.
- Alternative care providers and/or government should be required to ensure all young people exiting care have appropriate identity documents.
- Governments should have in place appropriate laws and policies that mandate support for Care Leavers. As wards of the State, Care Leavers should be able to look to the State for support transitioning into the 'real world'.
- Aftercare services should be holistic, provided for a minimum of 2-3 years, and include mental health services, psychosocial support such as mentoring and counselling, support for housing, employment, health care, education, vocational training and finance.
- Care Leavers should be involved in decision making regarding services or any decisions that affect their lives. Decision-makers and policymakers must listen to the voices of those who are most affected.
- Investments in Care Leaver Networks need to be prioritized and greater recognition must be given to the critical role Care Leaver Networks play in providing peer-support and engaging young people in care reform advocacy. These networks increase in importance during times of crisis and should be used as mechanisms to provide additional support to Care Leavers.

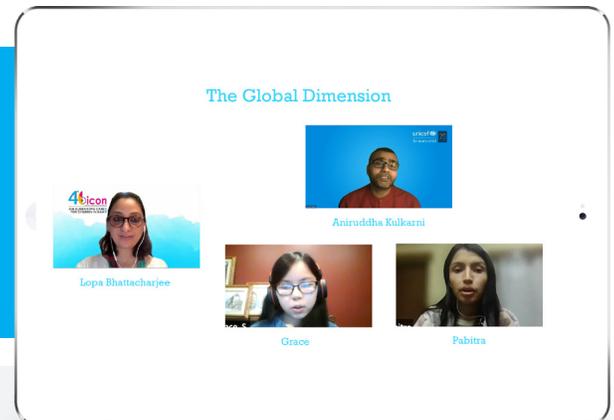
## SESSION 10. THE GLOBAL DIMENSION: RESULTS FROM THE UN DAY OF GENERAL DISCUSSION ON ALTERNATIVE CARE

This session, moderated by Ms. Lopa Bhattacharjee, from Family for Every Child, brought together perspectives from youth researchers from the 2021 Day of General Discussion (DGD) and global child protection specialists. It reflected on the findings of the DGD child and youth consultation process, the implications for Asian States, and highlighted the barriers and opportunities for ensuring quality family-based care for all children across Asia.



### Speakers in this session included:

- Youth Researchers from the UN DGD Global Research (names withheld for privacy and child protection reasons)
- **Mr. Aniruddha Kulkarni**, Child Protection Specialist, UNICEF Headquarters, USA



### Overview of presentations

Introducing the session, Ms. Bhattacharjee highlighted the relevance of the recent global DGD submissions to Asia and shared a series of powerful quotes from the DGD child and youth consultation process. Quotes shared included recommendations made pertaining to the prevention of family separation, kinship care, foster care, residential care, and child and youth participation in decision-making. Children and youth voices underscored that more needs to be done to keep families together rather than tearing them apart through unnecessary alternative care. They stressed the importance of providing young people in care with stability and clarity, noting that continued moves between placements and poor communication (including with biological families, social workers, etc) damages children and young people’s self-confidence and undermines their confidence and trust in others. Young people called for child protection systems to be more sensitive to gender, sexual orientation, and self-perceived identities. Social welfare workers were implored to engage and listen to young people, recognizing their role is more than a job. As Ms. Bhattacharjee noted, while these quotes were collected for the purpose of global consultation, they echoed sentiments shared by youth speakers throughout BICON and lent weight to the critical issues raised as pertinent for Asian countries.

Youth researchers involved in the global DGD survey provided insights into the process of consulting with children and young people in preparation for the DGD. Firstly, Children and Young People Advisory Teams came together to generate questions for the online survey. The aim of the survey was for children and young people with experience in alternative care to share their stories and recommendations. Questions included:



***We must be the protagonist of our own life project.”***

QUOTE TAKEN FROM THE CHILD AND YOUTH DGD SUBMISSION

- ***What makes good quality alternative care?***
- ***How can we prevent children and young people being separated from families?***
- ***How has Covid affected children's lives?***

1180 responses were received from children and young people between 5 – 25 years of age from around the world. The survey findings clearly demonstrated the centrality of family to children and young people and the importance of preventing unnecessary separation and recourse to alternative care.



### Summary of key challenges

The DGD child and youth survey shed light on a range of issues, key challenges, and concerns as expressed and experienced by children. These included:

- The issue of ableism and the overrepresentation of children with disabilities in alternative care. The survey found that children with disabilities were acutely aware of the role poverty played in their lives.
- Children and young people felt they were often not listened to and that they lacked spaces to share personal experiences and perspectives.
- Children in care cited frequent discrimination (on the basis of background, religion, ability, culture, ethnicity, race, gender, age, sex, sexual orientation, and socioeconomic status) as barriers to good quality alternative care.
- Children highlighted the importance of family and preventing unnecessary separation.
- Children indicated that the global pandemic created feelings of loneliness, isolation, depression, sadness, boredom, and anger; many children lost caregivers.

Mr. Kulkarni highlighted inaction rather than a lack of technical knowledge as one of the major barriers to care reform in Asia. Most of the issues, recommendations and solutions raised during the DGD have been previously raised, however implementation has lagged. Mr. Kulkarni stated that now is the time to heed the recommendations made by children and young people with lived experience through the DGD forum, and work with them to effectively implement solutions. Mr. Kulkarni also identified some of the systemic issues that would need to be addressed for implementation to progress, including increased investment in reforms and in inclusive services, specifically inclusive education, and investment in early education. Mr. Kulkarni noted there are numerous promising examples of practice across Asia, yet the challenge was to see those scaled.





## Solutions, promising practice and calls to action

Youth researchers involved in the DGD survey identified numerous aspects of care or concerns around which children and young people are calling for greater attention and action. Children highlighted the importance of being engaged and involved in decisions that impact them; they need to be listened to, heard, taken seriously, and trusted. Decisions must not be made without their voices being meaningfully considered. Children want to be listened to and respected, to be given personal space, personal choice and free time, to have their individuality and identity respected, to have opportunities for personal and academic growth, to feel secure, and to have caregivers make time for them. Children emphasized the importance of being treated with empathy in care and feeling a sense of belonging – meaning they feel secure without worrying about moving again. Love was mentioned 688 times in global survey responses, showing how central love is to children and young people in care.

Children and young people need more support from governments, including social, emotional and psychological, and economic support. The issue of mental wellbeing and emotional support was frequently mentioned by children and young people as important in ensuring good quality alternative care. Counselling or emotional support from a caring adult is important for children and young people, including those with disabilities and LGBTQI+ children. Caregivers need more training to be better equipped to provide support to LGBTQI+ children. In line with CRC article eight, children wanted support to know about and take pride in their history, native language, religion, and culture. Continuity of relationships with biological families, peers and social workers is very important and children need more support and advice around transitions and reintegration, which creates great stress. Children have expertise to share with adults but rarely recognize themselves as experts.

Mr. Kulkarni noted the DGD was an excellent opportunity to further advocate for countries to implement the commitments made in the CRC and UNGA resolution. He affirmed that the voices of young people with lived experience are the most vital to this discussion and we must act on their recommendations made during the DGD and BICON. He stressed the importance of focusing on prevention and channeling efforts to support governments, communities, and families to address the root causes of family separation, including poverty, and to strengthen families and parenting capacities. Efforts must include ensuring access to inclusive services at the community level. Inclusivity is key to ensuring



***Children and young people described good quality alternative care as feeling loved, supported and being respected by people who truly care about them.”***

YOUTH RESEARCHER  
DGD GLOBAL RESEARCH



***One thing that I do know is that all of our experiences within the alternative care system are different. We’re all experts in our own stories.”***

YOUTH RESEARCHER  
DGD GLOBAL RESEARCH

family-based care is accessible for all children, including children with disabilities, children on the move, and LGBTQI+ children.

Mr. Kulkarni argued for the expansion of social protection, noting the importance of ensuring caregivers can secure decent work. In addition, the importance of caregiving work must be acknowledged, and caregivers need access to proper resources and skills. Investment is needed in Early Childhood Education with a need to learn from experts in Asia and strengthen the Education sector to prevent separation and reform the care sector. Mapping of workforces in Asia has produced learning that governments must act upon to establish a strong culture of child protection.

Investment is needed to develop more safe, high-quality, temporary, family-based alternative care services across Asia, with reflective processes that feed in to the design of contextually appropriate foster care models. As Mr. Kulkarni noted, Asian countries have an amazingly rich culture of kinship care. He said, 'In many of our families we have directly known and seen children being taken care of by extended families and we really must advocate with governments to recognize the important role kinship carers play in caring for children and to provide kinship carers with the support that they require.'

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**Every program needs to start with inclusivity.”**

**MR. ANI KULKARNI,**  
 UNICEF GLOBAL

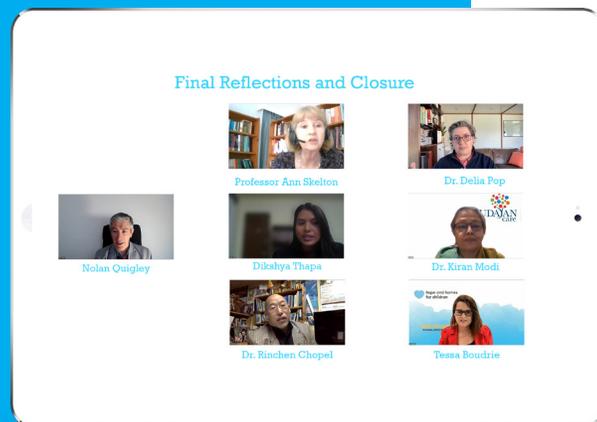
## SESSION 11. FINAL REFLECTIONS AND CLOSURE

The final session of the 2021 BICON, moderated by Nolan Quigley of Hope and Homes for Children, was a forward-facing session that captured the opportunities to build on the important discussions throughout BICON and leverage momentum at the international level to progress regional reforms across Asia.



### Speakers in this session included:

- **Dr. Delia Pop**, Director, Tanya’s Dream Fund
- **Prof. Ann Skelton**, Professor of Law at the University of Pretoria and member of the UN Committee on the Rights of the Child
- **Dr. Kiran Modi**, Founder and Managing Trustee, Udayan Care, India
- **Ms. Tessa Boudrie**, Regional Director for Asia, Hope and Homes for Children
- **Dr. Rinchen Chopel**, Director General of the South Asia Initiative to End Violence Against Children and member of the UN Committee on the Rights of the Child



Dr. Delia Pop commenced, noting that as a sector, we are now at the point of building on the global momentum for change and listening deeply to the voices of young people with lived experience of care, paying attention to their needs and priorities; this includes the need for support, protection, quality care, respect and transparency. Dr. Pop highlighted the need to consider the various impacts of COVID-19 on children and families and provide them with access to the resources and support required in a concrete, non-bureaucratic approach. In addition, social workforce strengthening must be prioritized so they are equipped to work with children and families and build resilience before crises occur. The paradigm must shift towards investment in parental capacity and creating the conditions for all stakeholders to achieve the shared purpose of ensuring all children are able to grow up and thrive in a family, even amid uncertainty. Young people in care need to access appropriate support to enable them to transition successfully into adulthood. Civil society engagement with government needs to move away from coming to the table with pre-defined solutions towards first understanding government priorities and co-creating sustainable solutions across three distinct stages, including:

1. Inception (when governments are considering reforms): The focus should be on supporting the government to develop expertise and understand the problem and root causes, as well as build public will for change.
2. Pilot: Civil society should provide resources (funding and knowledge) to support the piloting of new initiatives.
3. Scaling-up

Finally, Dr. Pop noted we must pursue systems change at three levels: structural change (policies, strategies, funding streams); relational change (work across the board); and transformational change (shifting mental models).

Professor Ann Skelton took the floor next and drew attention to the need to move beyond normative debates and focus on developing expertise on how to reform care systems. She noted the intention of the Committee to finalize the DGD report in January 2022, which will mark the beginning of the next phase of the process of implementing global commitments and recommendations. The DGD highlighted the need to support governments in shifting budgets to invest more in prevention, addressing the root causes of family separation, and facilitating family reunification. She implored the sector to learn from the success of early childhood development practitioners in their government-facing advocacy efforts. Professor Skelton noted the importance of highlighting both partnerships between international and national organizations and the CRC to help enlighten and differentiate the CRC's work with each State party. In this regard, the CRC is reliant and open to receive practitioners' contributions and expertise on issues and good practices from across Asia.

Dr. Kiran Modi stressed the importance of building on the BICON platform, noting that it has become Asia's largest platform on care reform. Over the course of the two days, numerous challenges facing regions across Asia were identified, including the need to address the root causes of family separation, including social and economic challenges, prevention of unnecessary institutionalization, ensuring adequate support of families, and community-based care mechanisms. Dr. Modi noted that as a sector we must focus on: the creation of community platforms; scaling up and improving reintegration services; redirecting resources in favor of deinstitutionalization and family-oriented policies; and strengthening the social workforce, quality data, children's participation, and cross-border coordination – especially in migration contexts. He also said we must ensure access to critical services for children, families and Care Leavers, including social protection, education, and health services, including mental health. Dr. Modi emphasized that to reach the best outcomes for children and families in Asia, we must ensure interministerial cooperation and co-creation, as well as strong national commitments.

Ms. Tessa Boudrie praised the many young people involved in BICON 2021, including the young people who played a crucial role in organizing it, and those who shared inspirational messages over the course of the two days. Ms. Boudrie noted that Asia is ready to have a proper care reform platform, and we must keep the momentum going and increase collaboration between governments and civil society organizations. Ms. Boudrie expressed thanks to all partners and sponsors of BICON.

Dr. Rinchen Chopel commended the BICON as a leading Asia-wide platform, providing a critical connection point between the CRC, DGD and regions within Asia. He noted it is an excellent mechanism to feed into the work of the CRC Committee and other entities working on alternative care, and to guide the work needed to move forward across the continent. The outcomes of BICON, together with the outcomes of the DGD, will provide the Committee with much help to guide the discourse and dialogue with State parties. We must now strategize on how to move the process forward, he said, and how to bring governments on board to work together to create better accountability and commitments, lobbying for redirected and expanded resources for child care reform. In particular, Dr. Chopel stressed the importance of informing governments of the outcomes of the debates which could be achieved through the organizing of a regional interministerial conference on care reform.

Ms. Dikshya Thapa formally closed the event by describing her experience of participating in the BICON organizing committee as an empowering experience, which had led to the creation of the Shine Together Care Experienced Network in Nepal. Through this network, Ms. Thapa will seek to continue to raise and amplify the often unheard voices of Care Leavers and to advocate for the rights of children. In drawing the session to a close, Ms. Thapa reiterated some of the core recommendations from Care Leavers directed towards governments and donors across Asia. These included:

1. Prioritizing safe family based alternative care for children;
2. Ensuring adequate aftercare support for Care Leavers, including psychosocial counselling and emotional support, life skills trainings and job opportunities;
3. Mandating education support for care experienced children and young people, which at a minimum should be to the level of secondary school graduation;
4. Prioritizing the formation and resourcing of Care Leavers Networks;
5. Ensuring meaningful participation of Care Leavers in the creation of policies impacting care reform;
6. Restricting the use of residential care to an absolute last resort.

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***Young people participating in every single meeting, keeping us focused, keeping us really to the point of what it is that young people need.”***

TESSA BOUDRIE

# ANNEXES

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## ONE: SPEAKER BIOS



**Mr. Iftekhar Ahmed**, Director, Centre for Services and Information on Disability (CSID)

Iftekhar has more than fifteen-year's professional experience in Disability, Child Protection, Rights Based Advocacy, Monitoring, Communication, Training and Research, Documentation, Development Programmes Implementation, Monitoring & Evaluation, Project coordination and Livelihood. Iftekhar is working with Centre for Services and Information on Disability (CSID) from 2005. As a Director of CSID, his duty mainly involves to manage all the projects for the most vulnerable children and adult with disabilities, towards enhancement of their empowerment and self-development through providing necessary skill training, education, medical support, advocacy to make them aware of their right, aiming to rehabilitate them in the mainstream society.



**Ms. Radhika Alkazi**, Founder and Managing Trustee, ASTHA

Ms RADHIKA ALKAZI is the founder and Managing Trustee of ASTHA, an organization that works with children / people with disabilities and their families in India since 1993. ASTHA, a cross disability community-based organization runs services, works in urban resettlement colonies, conducts research, provides information and links action with policy concerns. In this, ASTHA prioritizes children and people with disabilities belonging to the poorest and most vulnerable sections of society.

Ms Alkazi has worked actively both with children and persons with disabilities and their families and at the level of policy and advocacy. She has authored many reports and organized workshops and meetings on the status of children with disabilities in education and in the protection systems over the last 30 years. An area of special concern has been institutionalization of children with disabilities and the importance of community-based alternatives.



**Ms. Miho Awazu**, Executive Director, International Foster Care Alliance [IFCA], nonprofit organizations in the USA and Japan.

IFCAs mission is to advance the child welfare system through exchange of ideas, collaborative work, and creating connections across the globe. Born in Tokyo, Japan. Moved to the U.S. in 1978. After graduating from California Polytechnic University, worked at Jiji Press Los Angeles Branch as a staff reporter. In 1988, became a freelance writer and wrote about American children and women for various Japanese periodicals. In 1990, began volunteering at a shelter and at a youth counseling programmes. In 1995, graduated from University of Southern California with a Master's Degree in Social Work and interned for the Ventura County Mental Health and Juvenile Justice Programmes. From 2001 to 2005, worked for the Ventura County Children and Family Services as a group care social worker. From 2006, working as a social worker for the Washington State Children's Administration's Everett Field Office and the Office of Indian Child Welfare in Seattle. In 2012, founded International Foster Care Alliance (IFCA), a Seattle-Tokyo based nonprofit organization and designed 3 major programmes for the organization. Licensed Clinical Social Worker in the State of Washington. Lives in Seattle. Author of two published books in Japan.



**Ms. Taslima Begum**, Case Management Specialist, Save the Children at Cox's Bazar Bangladesh

Taslima is a Case Management Specialist with Save the Children at Cox's Bazar Bangladesh. After completing the master's degree in Special Education from the University of Dhaka, Taslima started her work in the Rohingya Refugee context as a Case Management Officer in 2017 immediately after the influx. Since then, she is focused primarily on case management, alternative care, mainstreaming protection across other sectors, community engagement in case management, and psychosocial support for children. She has been leading and contributed to developing different guidelines, Standard Operating Procedures (SOPs), and training modules. Taslima's dream is to one day win the Nobel Peace Prize for her work and contribution to humanitarian response.



**Ms. Lopa Bhattacharjee**, Director of Alliance Programme, Family for Every Child

Lopa Bhattacharjee works for the global alliance, Family for Every Child as the Senior Programme Advisor, managing portfolios of preventing sexual violence against children, reintegration and child participation. Lopa has 21+ years of experience of working with a range of CSOs, INGOs, networks and government systems on violence against children and child protection in countries of Asia and other parts of the world. Prior to Family Lopa headed the Child Protection Programme in Terre des hommes Foundation in India. Lopa started as a social worker supporting children affected by trafficking and child sexual exploitation that enabled her deeper understanding of the drive and need for children to grow up in safe and caring families. Lopa lives in India. Lopa currently is also the Co-Chair of the task force for engaging children and young people in the UN-CRC's Day of General Discussions.



**Ms. Tessa Boudrie, Regional Director Asia, Hope and Homes for Children**

Tessa Boudrie, a Dutch national currently residing in Hong Kong, is a qualified social worker with a specialty in child protection policies and systems. She has 25 years of experience, of which 20 years in Asia. Currently she is the Regional Director Asia for Hope and Homes for Children. Tessa was retained as the lead advisor on a UNICEF Myanmar alternative care project in 2013 and 2014. As a Senior Associate at Maestral International, she was involved in developing the country's first case management system (with a focus on child protection). As the International Social Work Advisor for Friends International, Tessa developed child protection policies and social work training manuals. She has trained local governments and NGOs on case management and social work in Thailand, Cambodia, Laos, Indonesia and Myanmar. She has also developed case management systems, led social work trainings and facilitated the strengthening of child protection policies, and has managed and implemented several child protection projects in Nepal, India, Vietnam, Cambodia, Laos and Indonesia. Tessa established the first medical social work department at Angkor Hospital for Children in Cambodia, which now employs 15 social workers and functions as a national training institute. She has worked for UNICEF, OXFAM, Terre des Hommes and Friends International, as well as many others. Aside of her work in child protection, Tessa runs a philanthropic advisory company, advising family foundations, companies and schools on their giving.



**Ms. Jane Calder, Senior Advisor for Child Protection for the Asia and Pacific, Save the Children, Thailand**

Jane Calder is Save the Children International's (SCI) Senior Advisor for Child Protection for the Asia and Pacific regions, based in Thailand. A social science graduate (with distinction) and trained social worker with 40 years of working with vulnerable children, she has managed and / or advised protection programmes in the UK, in East Africa and in Asia and the Pacific. Jane is passionate about and known for developing, managing and advising innovative and cutting-edge programs and fully committed to improving the care and protection of the most vulnerable children. Jane co-leads SCI's global Technical Working Group on Child Protection Systems and leads innovative, competency-based ways of reaching the community and family level with a strengthened social service workforce. This approach is currently being adapted for internal scheme that allows for recognition and certification of Save the Children's child protection staff. Jane is a member of the Global Social Service Workforce Alliance Steering Committee.



**Dr. Rinchen Chopel**, Director General of SAIEVAC, Member, UN CRC Committee

He is a Bhutanese national currently serving as the Director General of SAIEVAC with Chapters in all 8 SAARC Member States. He is also a serving Member of the UN CRC Committee and the Focal Point for Asia and Pacific in the Committee.

Besides pioneering work in Bhutan in promoting and protection rights of women and children in Bhutan, he enjoys high regards as an expert on Gender, Human Rights and in particular as a key champion of Child Rights and Ending Violence Against Children, nationally, regionally and globally. He continues to support multitude of agencies including the SAARC Secretariat in many key regional initiatives for children. He has extensive experience in working with the Governments of South Asia as well as with the UN, INGO, NGO, Academia and Research Organizations in the Region and beyond.

He is a founding Member and the key architect and advocate of SAIEVAC which is the only SAARC Apex Body for Children. He is also the chief architect and Convener of the NACGs (National Action and Coordination Group to End Violence Against Children) which is the SAIEVAC CSO platform for driving the VaC agenda forward, operating in all 8 countries. He also represents SAIEVAC as a Special member of the SACG – the South Asia Coordinating Group for Ending Violence Against Children, the UN/INGO/Development Partners Network of South Asia.



**Mr. Emiel Coltof**, Senior Research Officer, Lumos, UK

Emiel Coltof is a Senior Research Officer at the international children's organisation Lumos, based in London, UK. He recently spearheaded Lumos' Global Thematic Review on the links between children's institutions and human trafficking. Working at the interface between research and advocacy, his areas of focus include the role of funding and voluntourism in the proliferation of institutions in Kenya and other contexts. Having joined Lumos in 2019, Emiel is passionate about children's rights and inclusion, and the role that research and advocacy can play in bringing about systems change. Previously, he worked at an international peacebuilding organisation and a social care charity as a Charityworks fellow. He holds an MSc in Social Policy and Development from the London School of Economics and Political Science and is an LLM candidate in Human Rights Law. He sits on the international advisory board of the Rutu Foundation, an INGO dedicated to advancing mother-tongue education for minoritised children. Emiel has previously worked in the Philippines and India.



**Dr. Ha Thi Minh Duc**, PHD in economic management, is the Deputy Director of the Department of International Cooperation under the Ministry of Labour, Invalids and Social Affairs of Viet Nam

She has been holding her post for more than 8 years after working for several years in some international development agencies including the International Labour Organization in Viet Nam.

Ms. Duc is in charge of the overall ASEAN cooperation in her Department, including the issues of labour and migrant workers, social welfare and development, women, children, persons with disabilities and older persons. She has been acting as Chair of ASEAN Social Work Consortium during the Chairmanship term of Viet Nam 2020-2021, Leader of Viet Nam delegates to the ASEAN Senior Official Meetings on Social Welfare and Development (SOMSWD), ASEAN Committee on Women (ACW) and has also been nominated as the Representative of Child's rights of Viet Nam to the ASEAN Commission on the Protection and Promotion of the Rights of Women and Children (ACWC) since 2016.



**Dr. Ganga B. Gurung**, Deputy National Director SOS Children's Villages, Nepal

Dr. Ganga B. Gurung is currently working as the Deputy National Director of SOS Children's Villages Nepal. Former school Principal of Hermann Gmeiner School Bharatpur, Nepal, Dr. Gurung also worked as the Head of Education and Youth Development of the organization prior to his selection as the Deputy National Director. Dr. Gurung is an experienced leader with a demonstrated history of working in various position for about two decades in the organization. Dr. Gurung is skilled in organizational leadership, educational research and strategic planning. An M. Phil graduate of Tribhuvan University, Nepal with the university top grades, Dr. Gurung later obtained his PhD from University of Tasmania in 2018 where he also worked as a Tutor of Education, Ethics and Professional Practice.



**Professor Irwanto**, PhD, MSc, Founder and Director, Centre for Disability Studies, Universitas Indonesia

Professor Irwanto is the founder and director of the Center for Disability Studies and the co-director for the Center on Child Protection at Universitas Indonesia, where he is an adjunct professor in the Department of Social Welfare within the School of Social and Political Sciences at Universitas Indonesia. In addition, Professor Irwanto is currently a professor in the Department of Psychology at Atma Jaya Catholic University in Jakarta, Indonesia. Professor Irwanto served as a member of an expert panel on setting a national agenda for disabled people's organizations after the ratification of the UN Conventions on the Rights of Persons with Disabilities (UN CRPD), and served as a resource person on the sexual and reproductive health rights of young people with disabilities for the UN Population Fund. Additionally, he served as the Chief Organizer and a Lecturer on the social protection of people with disabilities for 2010-2011 summer courses focusing on disability and development at Vrije University in the Netherlands. His active involvement in social studies won him the Excellence in Social Work Education award from the Association of Social Work Education in Asia and the Pacific in Penang, Malaysia in 2007. Dr. Irwanto was a recipient of a Fulbright-Hays scholarship, and earned his MSc and PhD from Purdue University. In 2002, he was awarded a Postdoctoral Fellowship at the Department of Community Health at the University of Illinois, Chicago



**Ms. Vandhana Kandhari**

Ms. Vandhana Kandhari is a Child Protection specialist with UNICEF India since 2012. She has over 20 years of experience of working in the area of child development and child protection in India. She has worked with NGOs as well as consulted with the Government of India. Her work primarily involves advocacy, networking, research in alternative care, child labor, children on the move and children affected by conflict. She has been actively engaged in advocating for ‘children without parental care’ and family strengthening for prevention of separation of children from their families.



**Mr. Sumanta Kar, Senior Deputy National Director of SOS Children’s Villages of India**

Mr. Sumanta Kar is the Senior Deputy National Director of SOS Children’s Villages of India (SOSCVI), one of India’s best childcare NGOs and the largest self-implementing agency providing an end-to-end Group Foster Care for children without parental care.

Mr Kar has over 30 years of experience in the field of alternative care. He joined SOSCVI in 1989 as a youth co-worker. Mr. Kar has conceptualized and implemented several development projects at SOSCVI. He led SOSCVI’s tsunami operation in the southern states of India between 2004-2007 - it was the largest ever emergency programme undertaken by the NGO so far.

Mr Kar was part of SOS International Core Group in defining programme strategies in Alternative Care, SOS Children’s Village Programme Policy and Families First Project. He had participated in various international working groups and supported different member associations in shaping their emergency programmes.



**Ms. Chihiro Kousaka, IFCA, Japan**

Chihiro has spent four years in a Yogohisetsu (group facility) in Japan and has a varied experience of being in care. She feels that children who live in group facilities and foster homes, are not aliens and must not be seen as so. She is an alumnus of IFCA’s alumni programs and activities. IFCA or International Foster Care Alliance A) is a 501 (C) 3 non-profit organization headquartered in Seattle, Washington, which also has its projects in Japan. Her goal is to let people know about foster care and to have a circle of people who can think about the future of foster children, to lessen the difficult experiences of fellow foster care alumni and to make sure that my young foster brothers and sisters have a brighter future.



**Mr. Aniruddha Kulkarni, Child Protection Specialist at UNICEF, US**

As Child Protection Specialist at UNICEF Headquarters, New York, Aniruddha contributes to international policy and program development on child protection systems strengthening, social service workforce strengthening, and care reform, and other systems strengthening initiatives. Aniruddha works closely with and supports UNICEF's Regional and Country Offices to set and implement the child protection agenda in these workstreams. Prior to joining the Headquarters in 2018, Aniruddha worked with UNICEF Bhutan, where notably, Aniruddha led the first ever national research on violence against children in South Asia. Before that, Aniruddha worked in India for over 13 years on various initiatives to strengthen national child protection systems, including prevention of family separation and alternative care. Aniruddha has a master's degree in social work from University of Mumbai, India, and has undertaken extensive research on trafficking and sexual exploitation of children, violence against children, adoption, and juvenile justice.



**Ms. Nimali Kumari, Generation Never Give Up**

Nimali Kumari, known as Nimmu is a Care leaver from Sri Lanka. She grew up in three child development centres through her childhood.

In 2010 she got a scholarship to India and completed the degree of BSc, Journalism, Advertising and Mass Communication from NIILM University, Haryana. She represented Sri Lanka in Nepal at a conference on Women Rights in 2015. Currently, she is working as a program officer at One of Sri Lanka's largest NGOs called Sarvodaya Suwasetha Sewa society.

In 2017 she was able to join the SOS Advocacy team for an 18+ campaign where she was one of the main speakers. She built and piloted a youth group called Generation Never Give up Network which is Asia's very first Care Leavers Network. GNG Network is doing great service to Sri Lankan care leavers. She also took part in 3d BICON in India and was a member of the UN Resolution youth group 2019.

Her ambition is to become a Crime Reporter and carry the good works of the GNG network. She has been a still photographer and assistant costume designer for Indian movie name DREAMZ in 2013.



**Mr. Lo Leang, Head of Child Protection Team of Family Care First, Save the Children International in Cambodia**

Prior to that Lo had worked with a variety of beneficiaries and stakeholders for almost a decade in the field of psychosocial and mental health after he graduated from BA in psychology and prior to pursuing his MSW in the United States.

He, then, has been providing consultancy services to various agencies including local NGOs, OIs, UN, government, and University. Lo’s expertise includes, but is not limited to, training in supervision; case management; individual/family/group counseling; community assessment and program development around psychosocial and mental health; juvenile justice; child protection program and system building; policy development and implementation (especially alternative care), training need assessment and training curriculum and TOT; children, youth and family programming (especially prevention); program monitoring and evaluation; and research.



**Ms. Khadijah Madihi, Founder, Asia Family First**

Khadijah is a versatile professional with a multi-disciplinary background in child rights and protection. With more than 20 years of experience, her work has extended to include strategic review, policy development and capacity building of social service systems for vulnerable children in Asia. Her published report “*Take Me Home*” provides a comprehensive overview of the alternative care systems across 10 countries in the region. She has worked with several international entities, regional and local stakeholders in transforming care to secure better outcomes for children in need of care & protection. Currently engaged by ISS, Maestral International and Global Social Service Workforce Alliance-Oxford Policy Management for technical expertise in the sector.



**Dr. Kiran Modi, Founder Managing Trustee, Udayan Care, India**

Dr. Kiran Modi founded Udayan Care, in Delhi, India, in 1994, with the vision of ‘Making Young Lives Shine’, which runs group homes for orphaned and at-risk children, amongst many of its projects. With a doctorate in American Literature from IIT, Delhi, Dr. Modi is a person of varied experiences in diverse fields, such as child protection, media, health and children’s theatre. Besides running programmes for Alternative Care of ‘Out of Home Care’ children, education and Livelihood programmes for disadvantaged girls and youth, she is keenly interested in raising standards of care in Alternative Care, and has been organising trainings and research, and publishing papers on Child & Youth Care. She is Founder Editor of an international bi-annual journal on Alternative Care: ‘Institutionalised Children: Explorations and Beyond’ (ICB). Besides her management responsibilities, she is a “Mentor Mother” to many children and youth, giving them personalised care and attention. Recipient of many prestigious awards, Dr. Modi continues to strive towards ensuring the rights of the underprivileged children and youth with the same passion and zeal as when she started out more than two and a half decades ago.



**Mr. Chanthana (Nang) Le Mouellic**, Community Manager,  
Friends International, Thailand

Chanthana (Nang) is currently managing the program “Saving Lives” at Friends-International in Thailand where she is also Deputy Director. Nang has been working as a social worker for 15 years with Friends-International directly supporting children on the streets, in communities, in slum areas and in Thai government shelters (with foreign migrants and Thai Juveniles). Nang helps organise and implement community-based prevention and response mechanisms through the development of the ChildSafe agent’s network. Nang also managed the program led by Friends-International, financially supported by UNICEF, aiming at supporting the government shelters under the Department of Children and Youth to adopt Safeguarding Policies.



**Mr. Sumantra Mukherjee**, State Head, Child in Need Institute  
(CINI), Jharkhand

Sumantra, a Master in Rural Development, has over two decades of experience of working in the social sector, most of which is with the tribal communities of Jharkhand. He has been working at leadership positions in various reputed national and international agencies, leading community-based interventions on Maternal and Child Health & Nutrition; Water Sanitation & Hygiene; Water Resource Management; and Child Protection. Sumantra has got the opportunity to work both in the field of social research as well as field implementation of development projects. In CINI, he is leading the state program in Jharkhand since 2018.



**Ms. Aigerim Mussabalinova**, Assistant, Nazarbayev University,  
UNICEF Consultant, Kazakhstan

Aigerim Mussabalinova is a research assistant at the School of Postgraduate Education, Nazarbayev University, Kazakhstan. She received her doctoral degree in Law from the University of Sussex, the United Kingdom. The title of thesis is: The Right of the Child to be Raised in the Family: Reflections on Decision-Making Processes in Child Placement in Kazakhstan in the Light of English Experience. Her research interests include children rights and protection, Central Asian studies on child’s protection system, inclusive education, and treatment of vulnerable groups of children. In addition to research and teaching experience, Aigerim collaborates with state and non-governmental organizations and provides consultancy as an expert on children’s rights and the best interests of the child. She was a consultant to UNICEF Kazakhstan on alternative care services for children with disability.



**Mr. Sophorn Ngath**, Research and Development Manager,  
Cambodian Children's Trust

Responding to the crisis of family-separation in Cambodia, Sophorn has spent ten years learning the root causes of family separation, and the effective ways of promoting family preservation. Through direct social work practice in the field, Sophorn recognizes that no parent is happy to send their children away from home into residential care.

Utilizing and strengthening the existing networks in community to prevent unnecessary family separation is one of the best strategies. While, building new networks, mainly via referral pathways, is an essential add-on to ensure the intervention happens in a timely manner.



**Ms. Mikiko Otani**, Chair United Nations Committee on the Rights of the Child

Ms. Mikiko OTANI is a practicing lawyer who specializes in family law with an advanced academic background and extensive experience of NGO activities in international human rights law. Her focus areas include migrant women and children, human trafficking, international child abduction, remedies for victims of human rights violations, access to justice and human rights education. Ms. Otani played an instrumental role in Japan's contracting the Hague Convention on the Civil Aspects of International Child Abduction in 2014.

As a female leader representing civil society in Japan, Ms. Otani was an Alternate Representative of the Delegation of Japan to the 60th and the 61st UN General Assembly (Third Committee) (2005-2006) and an Advisor (NGO Representative) of the Delegation of Japan to the 53rd UN Commission on the Status of Women (2009). Ms. Otani has been actively involved with NGOs and professional organizations at the regional and the international levels, having served as a Regional Council member of the Asia-Pacific Forum on Women, Law and Development (2005-2014) and as Co-Chair of the Women Lawyers' Interest Group of the International Bar Association (2013-2014).



**Ms. Rita Panicker**, Founder and Director, Butterflies, India

Rita Panicker is the founder and director of Butterflies, a non-governmental organization in New Delhi, working to protect & empower street connected & vulnerable children since 1989. Rita has a Master's degree in Social Work from Tata Institute of Social Sciences, Mumbai and a Masters in Development Studies from the Institute of Social Studies, Netherlands. She was a faculty member in the Women's Studies Unit, at Tata Institute of Social Sciences, Mumbai and from 1988-1992, served as the Director of the Board of ChildHope. In 1990 she was appointed Consultant to UNICEF Nigeria, to review and strengthen the Children in Especially Difficult Circumstances country programme.

Rita has published several papers on child rights issues and also co-authored a study on children in conflict with law. She is recognized internationally for her work in the child rights and protection sector and is the recipient of several awards, most recent being the 2020 International Cooperative Innovation Award.



**Mr. Anil Patil, Founder, Carers Worldwide**

Anil has 25 years of experience in the international development sector as a veterinarian, development practitioner, grantmaker and trustee. Experiences in his professional and personal life led him to establish Carers Worldwide in 2012 and continue to fuel his passion to transform the lives of unpaid family carers across the globe.

He is now Founder and Executive Director of Carers Worldwide which works across India, Nepal and Bangladesh to bring about systemic change for family carers and highlights the issues facing unpaid family carers in low- and middle-income countries, a group largely unrecognised and unsupported. It is the only international NGO exclusively and strategically addressing the social, physical, mental, and economic wellbeing of carers of chronically ill elderly and disabled loved-ones, so far it has transformed the lives of more than 79,000 carers and their family members. More details can be found at [www.carersworldwide.org](http://www.carersworldwide.org) He is also the Chair of the Membership, Recruitment and Engagement Committee of IACO, the International Alliance of Carer Organisations.



**Mr. Chanda Phang, Section Lead for Children and Families, This Life Cambodia**

Chanda Phang is the Section Lead for Children and Families at This Life with years of experience working with International organizations in the field of child protection, child rights and trafficking in person in Cambodia. Various experience working to support marginalized children and families to have access to support services for building their bright futures. Remarkable insight in building network and partnership with government and NGOs. Working closely with the Department of Social Affairs, Veterans and Youth Rehabilitation and other relevant government institution and NGOs for the reintegration of children from RCI to family and community-based care.



**Dr. Delia Pop, Director, Tanya's Dream**

Delia is a passionate advocate for children rights, with over 20 years' experience in implementing and leading the reform of childcare and protection systems across over 30 countries in Europe, Africa, Latin America, the Caribbean Region and Southern Asia.

Trained as a medical doctor, Delia started her career in child protection in Romania, her native country, where she pioneered the transition of children out of institutions back into families and communities.

Author, trainer, and mentor Delia is managing Tanya's Dream Fund, a grant making special initiative focused on ensuring that in Bulgaria, children grow up in families and have access to services they need to thrive. Delia is the co-founder of A Little Light, a social enterprise, with a mission to spark change by supporting women in leadership in grass roots organizations to reform their national systems for children and families.



**Ms. Leena Prasad, Asso Director, Advocacy, Research and Training, (ART), Udayan Care, India**

Leena Prasad is a trained lawyer based out of Delhi with a passion for advocacy on human rights. She currently works with Udayan Care, a 27-year-old organization working to bring sunshine in the lives of the underprivileged. Udayan Care since inception has been a child and youth care practitioner cum advocacy and research-based NGO in India, with a strong global presence in the area of Alternative Care.

Leena has over 20 years of experience of working with a range of CSOs, networks and government systems on gender equality, child rights with focus on child protection and alternative care. Prior to Udayan Care, she has worked with several INGOs, networks and government systems in policy relating to gender and child rights, some of them being CRY (Child Rights and You) and Lawyers Collective.



**Ms. Anju Pun, Child Rights Advocate and Nepal Country Director, Forget Me Not, Nepal**

Anju Pun is a child rights advocate and is the Nepal Country Director at Forget Me Not Australia. Anju has been working with socially excluded and marginalized communities in Nepal for almost 20 years including time with ActionAid Nepal and the United Nations Development Programme. She spent seven years working at the United Nations Office on Drugs and Crime strengthening the availability of lifesaving ARV drugs for people living with HIV in Nepal.

Her current work is focused on child protection and family reunification and reintegration for children residing outside of parental care, anti-slavery, care reform, orphanage trafficking prevention and family preservation. Anju is working with the Nepal Government and key stakeholders, including children and young people themselves, on care reform and the transition from orphanages to family-based care.

Anju's ten-year-old daughter is her inspiration and they both dream of a world where children grow up in safe and loving families.



**Mr. Deep Purkayastha, Director, Praajak, India**

Deep Purkayastha has an MBA from Jadavpur University where he also graduated in Economics. He is an Ashoka Fellow. He has been working with boys and young men on gender equity and masculinities since 1997 through Praajak, of which he is the founder-director. His work has been primarily focused on children, especially boys in difficult circumstances including itinerant children in contact with the railways and children in institutions.

He currently works with young people in 12 districts to set up youth collectives that campaign for gender equity and intervene during situations of gender discrimination and violence including child marriage, child trafficking and child sexual abuse. He has been advocating for the restructuring of the custodial approach to the rights of children, adolescents and other young people and has been highlighting how recognizing the agency of children and their choice and consent can eliminate institutionalized stigma, discrimination and violence against them.



**Ms. Kimberly Quinley** Executive Director Step Ahead, Thailand

Kimberly Quinley has spent 37 years in Thailand working with orphans, vulnerable children and their families. She is the Executive Director of Step Ahead Foundation in Thailand: an organization committed to seeing all children in Thailand thrive in safe and nurturing families. Step Ahead advocates, delivers services and strengthens the capacity of families and communities, as well as the social service workforce in government and civil society to increase wellbeing for children in Thailand. Step Ahead pioneered a unique foster care program as an alternative to immigration detention for children and a program called Freedom for Families to bail mothers out of immigration detention centers and reunite them with their children. Kimberly serves as an active, founding member of the CRC Thailand Coalition's subgroup, Alternative Care Thailand, and several Thai government committees.



**Ms. Jatuporn Rojanaparnich**, the Director-General of the Department of Children and Youth (DCY), Ministry of Social Development and Human Security (Thailand)

Ms. Jatuporn Rojanaparnich is now working as the Director-General of the Department of Children and Youth (DCY), Ministry of Social Development and Human Security. As the Director General of DCY, she leads and guides all officers to develop measures and engage in collaboration with related government agencies, civil society, the private sector and international organizations in protecting the rights of children especially children in special needs.

Ms. Rojanaparnich began her career in children and youth development since 1997. She has been promoted to be Assistant to Permanent Secretary and Inspector-General accordingly. Throughout her working experiences, she was involved in driving forwards many international cooperation projects and representing the country in international conference; Universal Periodic Review (UPR) and ASEAN Sectoral Ministerial Bodies/Committees meetings.

As Children and Youth National Focal Point of Thailand, she commits to give an opportunity to protect children and youth regardless their legal status and nationality and wishes to involve children and youth participation for the best interests of them as a primary consideration, the right to survival and development, the right to express their views freely on all matters affecting them.



**Ms. Anna Sakreti**, Vice Secretary in the Muhammadiyah Social Services Council, Indonesia

Anna Sakreti is the Vice Secretary of the Muhammadiyah Social Services Council in Indonesia. She has a Bachelor and a Master's degree in Social Welfare from the University of Indonesia, and is currently studying Doctoral at Social Welfare Study at the same university, conducting research on the topic: "Determinant of Child Resilience in Alternative Care". As the Vice-Secretary in the Muhammadiyah Social Services Council, Anna oversees the Muhammadiyah foster care program – supported by Family for Every Child. She currently works as a consultant at the Ministry of Women's Empowerment and Child Protection in the field of violence against women and children and is currently preparing Service Standards for Victims of Violence against Women and Children. Anna worked with the International Organization for Migration (IOM) for 8 years (2005 – 2013). She also works as an individual consultant for gender, child labor and labor welfare at Embode and Rapid Asia.



**Mr. Hugh Salmon**, Director, Global Social Service Workforce Alliance, Kyrgyzstan

Hugh trained and worked as a social worker in England in the 1990s. Since 2000, he has worked internationally, training and advising social service workers, managers and policy makers, across Eastern Europe, South and Central Asia, and Africa. In 2012, he joined Family for Every Child, a new global alliance of local NGOs committed to improving children's care. From 2018, based in Kyrgyzstan, he worked as consultant to strengthen social services and family-based alternative care in a wide range of countries, before joining the Global Social Service Workforce Alliance in August 2020.



**Mr. Otto Sestak**, Hope and Homes for Children, International Programmes, Head of Learning and Engagement

As Head of Learning and Engagement, Mr. Sestak has worked in a variety of international contexts around Europe, India, Eastern and Southern Africa and Latin America with a focus on capacity building and social workforce development. He has conducted programs to support and advise the development of deinstitutionalization, systemic reform and alternative care. He has developed online training platform for capacity building focusing on family strengthening and alternative care with a view to initiate systemic reform in childcare and protection.

Mr. Sestak has been a Country Director for HHC Romania between 2015 and 2017, where he led the delivery of operations to see the completion of child protection system reform in Romania and the complete transition from institutions to family and community-based care. Prior to this he was involved in childcare, working as a Training Manager for Hope and Homes for Children in Romania. He designs

and conducts training for professionals at national, regional and global levels and has led many such interventions in parts of Europe and Africa as well as South America and India. He has been central in the development of capacities of both preservice and in-service professionals involved in DI and childcare reform.

Mr. Sestak's qualifications include a Bachelor's Degree in English Language & Literature and Romanian Language & Literature, Master of Arts in Contemporary European History, in the field of History of Education and Art, Accredited Trainer through the National Council for Professional Training in Romania, and Business Coaching with the Business Coaching Academy. He has over 20 years of experience in the area of childcare reform and development.



**Ms. Anuprerna Singh, Commissioner and Joint Secretary for Department for Child Rights, Government of Rajasthan, India**

Ms. Anuprerna Singh Kuntal is an Indian Administrative Service (IAS) officer, currently posted as Commissioner and Joint Secretary for Department for Child Rights, Government of Rajasthan in India. She has a long 30 years of experience in administrative services. Prior to this, she has worked with India's Panchayati Raj and Rural Development sectors and has a good understanding of the real ground issues and challenges.



**Ms. Karishma Singh, Care Leaver, Care Leavers Association and Network (CLAN), India**

Karishma is a care experienced young adult, passionate about bringing about meaningful changes in people's lives. She started her career in 2017 as a Human Resource professional and she loves meeting people. She believes in herself no matter what the situation may be like. In 2018, along with a group of young people with care experience in Delhi, India, she set up CLAN (Care Leavers Association and Network) with the support of a few Civil Society Organizations.

CLAN is a youth-led initiative which envisions to collectivize, support and mentor Care Leavers and to sensitize people about the concerns, needs and rights of Care Leavers. She has represented CLAN at various platforms and strongly feels that a plethora of domains related to Care Leavers remains untouched and unrecognized. Karishma was an active contributing organising committee member at the 1st care leavers convention held virtually in 2020 and she anchored multiple sessions here. She has also been imparting training sessions to young care leavers and children staying in residential care in different parts of India, motivating them to work on their inner healing and become resilient individuals. She also steers the Global Care Leavers Community that she formed with other care leavers as an outcome of the first care leavers convention. A HR professional, she currently works with a leading corporate in India and loves meeting new people.



**Professor Ann Skelton**, Professor of Law at the University of Pretoria, UN Committee on the Rights of the Child Member

Professor Ann Skelton has worked as a children’s rights lawyer in South Africa for over 25 years. She played a leading role in child law reform through her involvement with the committees of the South African Law Reform Commission that drafted the Child Justice Act and the Children’s Act. Ann was the Director of the Centre for Child Law for ten years and initiated its strategic impact litigation work. She is currently a Law Professor at the University of Pretoria, where she also holds the UNESCO Chair: Education Law in Africa. She is an internationally recognised researcher and has published widely on children’s rights, education law and restorative justice. In addition to teaching Child Law and Education Law at the University of Pretoria, she teaches International Children’s Rights in the Masters in International Human Rights Law at the University of Oxford. She is a visiting professor of the University of Strathclyde and is the first holder of the Rotating Honorary Chair: Enforcement of Children’s Rights at Leiden University. She is an advocate and has appeared as counsel in many landmark child law cases in the South African superior courts, including 12 cases in the Constitutional Court. Her awards include the Honorary Worlds’ Children’s Prize, presented by Queen Sylvia of Sweden (2012) and the Juvenile Justice Without Borders award presented by the International Observatory on Juvenile Justice (2017) and she is currently an International Ambassador for the British Society of Criminology. She was the chairperson of the Advisory Board of the United Nations Global Study on Children Deprived of their Liberty. Ann is currently a member of the UN Committee on the Rights of the Child, her term of office started in 2017.



**Ms. Rebecca Smith**, Senior Child Protection Technical Adviser, Save the Children UK.

Rebecca Smith has been a Senior Child Protection Technical Adviser for Save the Children UK for the last 9 years. She supports multiple country offices to share lessons learned and best practice, challenges faced, and innovative solutions. As part of this role, Rebecca co-authored the Guidance for Alternative Care during COVID-19 on behalf of an interagency taskforce, the interagency Alternative Care in Emergencies toolkit, and wrote Save the Children’s policy brief on intercountry adoption. Prior to working for Save the Children, she worked for the International Rescue Committee for five years working: in Chad, being based in Darfur, Sudan for 2.5 years, and being deployed to humanitarian emergencies all over the world for 2.5 years including deployments to: Afghanistan, Ethiopia, Liberia, Myanmar, Pakistan, Yemen, and Haiti in 2010 where she set up family tracing and reunification programming immediately following the earthquake. Rebecca has a Masters Degree in Social Work and a Masters Degree in Public Health from Columbia University.



**Ms. Sreyny Sorn, Children in Families, ABLE Project Manager**

Sreyny Sorn has been managing Children In Families' ABLE project which provides support to children with special needs who are at risk of family separation and/or have been orphaned or abandoned by their families. ABLE works to ensure children are cared for in loving families in the communities instead of residential care through the provision of rehab support, training and follow up visits. Sreyny holds a degree in Physiotherapy from the Technical School for Medical Care and has 13 years' experience working to provide rehabilitation support to people and children with disabilities in both hospital and community settings. She has been with the ABLE project for over eight years.



**Ms. Dikshya Thapa, Care Leaver from Nepal  
Shine Together – Care Experienced Network Nepal**

Dikshya is a care experienced young adult from Nepal and a student of psychology. Being in institutional care for a long period she is highly motivated to advocate for the rights of care experienced, be the voice of unheard and vulnerable ones, bring change and awareness to the society and most importantly raise issues of care experienced children and youths. On November 18, 2020, she along with other care experienced from Nepal formed a network SHINE TOGETHER- Care Experienced Network Nepal. They have the vision to build a strong network where care experienced young people can be independent, empowered, and aspire for a better future. So, they are on a mission to create a platform where young care experienced can have a safe environment to connect with each other.



**Mr. Krishna Thapa is founder of Voice of Children, Nepal**

Krishna has 25 years' experience to protect children who are separated from their families and those who are vulnerable to sexual abuse, especially boys. He has developed the 'ladder approach' methodology, which provides opportunities for separated children to develop gradually and reintegrate with their family. He has facilitated the establishment of two thematic networks in Nepal, a national alliance of organizations working with street children and the National Child Protection Alliance.



**Mr. Guy Thompstone, Founder and Director, Child Frontiers,  
Thailand**

Guy Thompstone is a founder and director of Child Frontiers, based in Thailand. He is a qualified child and family social worker, with a focus on child abuse and sexual exploitation. Over the past twenty years, he has worked with UNICEF and INGOs to study and design national child and family welfare systems, with a particular emphasis on community norms and practices, in Africa, Asia, the Middle East and the Pacific Islands. More recently, Guy has worked with a range of governments in low and middle-income countries to analyse and assess the capacity of the social service workforce to deliver protective services to children at risk.



**Mr. Manoj Udayan**, Care Leaver Association and Network (CLAN), India

Manoj Udayan is a Care Leaver from Udayan Care NGO, India. Currently working as a Software Engineer in an MNC. He has been associated with a care leavers network group called “Care Leavers and Association Group (CLAN)” in Delhi, India since 2018. His vision and mission are to unite all care leavers and make every care leaver network strong and potential enough so that they themselves can stand to create and give support to all other care leavers in need.



**Ms. Xuehong (Michelle) Wang**

Senior Project Manager of Inclusion Education, Beijing Rongai Rongle Family Support Center for Persons with Intellectual and Developmental Disabilities. She holds a LL.M 19’ on International Human Rights and Disability Law, Syracuse University College of Law

From 2015-2018, she worked for Handicap International Federation (France) Beijing Office as a project manager to implement advocacy projects on disability, gender and sexuality in China that comply with the United Nations Convention on the Rights of Persons with Disabilities (CRPD).



**Ms. Alia Zureikat**, Advisor to the President, Higher Council for the Rights of Persons with Disabilities (HCD), Jordan

Alia Zureikat currently serves as Adviser to the President of the Higher Council for the Rights of Persons with Disabilities (HCD), Jordan’s primary disability policy-advocacy organization, a position she has held since March 2015. She is also Director of the International Relations and Co-operation Department, working to ensure that disability and human rights are upheld and sustained within a variety of national policies and strategies, including those belonging to donor agencies, so that international expertise and best practices in inclusion are brought in, contextualised for the benefit of local and national projects and initiatives.

With a Master’s degree in Politics and International Relations and a Bachelor’s degree in European Studies, both from the Royal Holloway, University of London, Zureikat’s strong academic background and professional expertise are further reinforced by her personal and practical experiences, in both Jordan and the UK, as a person living with multiple disabilities, as a result of Cerebral Palsy, acquired at birth.

## TWO: BICON DAY OF GENERAL DISCUSSION SUBMISSION

IN preparation for the 2021 CRC Day of General Discussion (DGD), the BICON organizing committee made a submission to CRC Committee, based on regional consultation and discussions that had taken place in the lead up to and organization of the 2021 BICON. The full submission can be accessed [here](#).

## THREE: BICON SESSION RAPORTEURS, ASSISTANT MODERATORS, AND FACILITATORS

We wish to acknowledge important contribution made by rapporteurs to the documentation of the BICON conference and to this report and express our thanks to each rapporteur.

Rapporteurs assigned to each session fulfilled the critical role of capturing an overview of each session, the key points, challenges, solutions and calls to action made, and examples of promising practice highlighted by speakers. Session reports drafted by rapporteurs were heavily relied upon in the drafting of this overarching 2021 BICON report.

Ms. Amelia Andrews, SOS Children's Villages  
Ms. Jo Dunlop, UNICEF  
Ms. Judith Johnson, Udayan Care  
Ms. Kara Kamari, Martin James Foundation  
Ms. Ailsa Laxton, Martin James Foundation  
Ms. Erika Macarty, Lumos  
Ms. Rebecca Nhep, BCN  
Ms. Alexandra Panaite, Lumos  
Ms. Marie Raverdeau, Hope and Homes for Children  
Ms. Emmalene Travers, Forget Me Not Australia  
Mr. Stephen Ucembe, Hope and Homes for Children  
Ms. Helen Veitch, Family for Every Child  
Mr. Robbie Wilson, Lumos

In addition, we also wish to acknowledge and thank the moderators, assistant moderators and facilitators for each session, for their vital support, including:

- Ms. Lopa Bhattacharjee, Family for Every Child
- Ms. Tessa Boudrie, Hope and Homes for Children
- Ms. Vuthaya Charoenpol, SOS Children's Villages
- Mr. William Gali, Family for Every Child
- Ms. Amanda Griffith, Family for Every Child
- Ms. Gurneet Kaur Kalra, Udayan Care
- Ms. Andrea Nave, Forget Me Not Australia
- Ms. Suruchi Poon, Forget Me Not Nepal
- Ms. Leena Prasad, Udayan Care
- Ms. Anju Pun, Forget Me Not
- Mr. Nolan Quigley, Hope and Homes for Children
- Mr. Mark Riley, Hope and Homes for Children
- Mr. Otto Sestak, Hope and Homes for Children
- Mr. Mani Sherwin, Hope and Homes for Children
- Ms. Rebecca Smith, Save the Children International
- Ms. Emmalene Travers, Forget Me Not
- Mr. Robbie Wilson, Lumos

Lastly we wish to acknowledge and thank Mark Riley, Hope and Homes for Children, for acting as the Child Safeguarding Focal Point in the lead up and throughout the conference.