MAKE OUR VOICES COUNT

Children and young peoples’ responses to a global survey for the Day of General Discussion 2021 on Children’s Rights and Alternative Care
Dear Members of the Committee on the Rights of the Child,

We are the Research Group, a team of 13 members from 10 countries who represent the wider Children and Young People’s Advisory Teams (CAT and YAT) made up of 25 members located across 18 countries. Together, we have created this letter to you to introduce our report for the Day of General Discussion taking place in September 2021.

This report captures the views, ideas and experiences of children and young people across the world who participated in a global survey. Although every child and young person has their own unique story, we have been struck by just how many of us have similar experiences of alternative care around the world. A lot of these experiences are negatively impacting our human rights; drastic change is needed. While the report outlines the key themes to have emerged from the global survey findings, the following were particularly significant to us as the Research Group:

- **Listening to children and young people:** Children and young people want to be heard and listened to. All too often, adults do not consider their opinions in decisions being made about their lives and this needs to change.

- **Prevention:** Children and young people want duty bearers to focus on prevention, ensuring that alternative care is a last resort, where all other options for supporting families to stay together are exhausted first.

- **The ongoing impact of COVID-19:** A lot of children and young people have been affected by the COVID-19 pandemic and special attention needs to be given to this.

- **Leaving alternative care:** Children and young people must be psychologically and practically supported after life in alternative care so they can live happy lives in adulthood.

Ahead of the Day of General Discussion in September 2021, we hope that this report will help you to better understand the situation for children and young people in alternative care and consider important ways to prevent family separation. We hope it helps you to feel more aware of the issues faced by many children and young people in different countries. However, this report is not just for you. We want the views, ideas and experiences in this report to reach as many people as possible working with, and making decisions about, children and young people locally, nationally and internationally.

We need the international community to take collective action to make sure that children and young people have a safe, nurturing family environment to grow up in and to make alternative forms of care better, when children cannot live with their own families. This must involve creating accountability systems to make sure all countries create and provide high standards of alternative care which respect and protect children and young people’s human rights. At the same time, we know that there needs to be targeted action towards different regions and countries; it is not a one-size-fits-all situation.

Our final message to you is that the attitude of society towards the children and young people living in alternative care must change. We are an integral part of society and we must be respected, loved and cared for, regardless of caste, ethnicity, ability, color, gender, and/or religion for our happiness, development, and development of our world as a whole.

With thanks,

Research Group of the Children and Young People’s Advisory Team
July 2021
On 16-17 September 2021, the United Nations Committee on the Rights of the Child will hold a Day of General Discussion (DGD) in Geneva on Children’s Rights and Alternative Care.

The DGD is a public meeting aimed at fostering a deeper understanding of the contents and implications of the UNCRC as they relate to specific topics. This report was commissioned by a group of civil society organizations (CSOs) in an effort to get a broad sense of what children and young people themselves think about their experiences in alternative care. A global survey was carried out online from 12 April to 30 May 2021. It entailed six quantitative demographic questions about gender, age, disability status, alternative care placement and country, as well as 11 qualitative questions with topics that ranged from what prevents separation of children from families, to what makes good quality care, to how COVID-19 has affected participants’ lives. 1,188 children and young people aged five and 25 from across the world participated. The data was analyzed and this report details the themes that emerged.

It is important to note that this report is only the beginning of the conversation about what children and young people think and feel about being in alternative care, their suggestions for change, and about how children and young people like themselves can better realize their rights. This report does not offer definitive solutions for how to go forward, but instead is illustrative of how crucial it is to listen to children and young people who have experienced care to improve the prevention and response processes and strategies used by adults, service providers, and systems.

Overall, some emergent themes differed in relation to the regions in which participants reside. Those in Europe and North America tended to be more specific about their needs and what they thought should improve. For instance, they made reference to specific rights that children and young people should be able to realize, such as the right to education and the right to protection. Furthermore, children and young people from these regions saw themselves as having a kind of expertise that should be listened to by duty bearers. Those in Africa, Asia, and Latin America and the Caribbean were broader in their answers, citing key themes such as love, safety, food, and medicine. They were no less passionate about their lived experience, although they were less likely to frame themselves as experts.

While these geographic differences were evident, there were also many similarities across the world. Participants from all regions showed a desire to be listened to, respected and taken seriously by adults. Children and young people in all regions also demonstrated a need for fun, free time and personal space. They highlighted the importance of building trust and having safe, dedicated time and space to share feelings and thoughts with adult caregivers; be it in foster care, residential care, or kinship care arrangements. Children and young people around the world want adult caregivers to be patient and kind, and to make time for them. Respondents in all regions showed the importance of education, socialization and feeling loved. In fact, love was mentioned 688 times in the global survey responses, illustrating its centrality to the experiences of children and young people in care.

Besides geographic differences, there were other key differences that emerged in the data as well, in particular about groups that experience particular challenges in care; such as those with disabilities, girls, young people leaving care, and those who identify as LGBTQ2I. For children and young people with disabilities, a few key themes emerged about caregivers being trained on how to best support them, access to education, and the effects of poverty. Girls all over the world...
Children and young people highlighted the following ideas for change:

- **Prevention.** Children and young people want duty bearers to focus on prevention, ensuring that alternative care is a last resort and where all other options for supporting families to stay together are exhausted first. This includes providing financial support systems and material resources to alleviate pressures and working with children and young people to design and deliver inclusive parenting education, training and support (including psychosocial support).

- **Listening to children and young people.** Children and young people want to be heard and listened to. All too often, adults do not consider their opinions in decisions being made about their lives and this needs to change. Provide consistent training and education for adults on how to meaningfully listen to and involve children and young people in their day-to-day lives, and emotional and practical support they need to have their say.

- **Good quality alternative care.** Make sure parents have access to counselling, mental health support and respite services; prioritize keeping siblings together and keeping children and young people with their culture; and keep children and young people safe from harm.

- **Leaving alternative care.** Children and young people must be psychologically and practically supported after life in alternative care so they can live happily in adulthood. Provide the kind of support that young people ask for, including financial, emotional and psychological support as needed.

Finally, it is important to note the importance of COVID-19 in the experiences of respondents. At the time of writing, the COVID-19 pandemic is continuing to have a major impact on children and young people’s lives, compromising the breadth of their human rights – many of which were far from fulfilled prior to the pandemic. Children and young people in alternative care have faced, and continue to experience, significant challenges as a result of the social, emotional, economic, and physical hardships created by the pandemic. Children and young people described the feelings of loneliness, isolation, anxiety, boredom, depression, anger, sadness and fear the pandemic has brought into their lives. In addition, children and young people described situations in which parents and caregivers had died or become seriously ill from the virus, and the impact this has had on their care, wellbeing and safety.

Children and young people around the world provided thoughtful and incisive answers to questions around alternative care. It is incumbent upon duty bearers to listen to and hear children and young people as they are at the centre of alternative care, they are the experts based on their lived experiences, and they have the highest stake in how we move forward.
**Acknowledgements**

We wish to thank the 1,188 children and young people who took the time to share their views, experiences and ideas as part of the global survey consultation to inform the UN Committee on the Rights of the Child’s Day of General Discussion (DGD) 2021 on children’s rights and alternative care.

We also wish to say a special thank you to the 25 children and young people from 18 countries involved in the DGD CAT and YAT, and particularly to the small, voluntary research group within this team who co-designed the methodology, supported the analysis of the findings, and shaped this report. It has been a joy and a privilege working with and learning from you and, as child human rights defenders, you have each played a key role in ensuring children and young people’s views and experiences are heard within this year’s DGD.

The International Institute for Child Rights and Development (IICRD) was commissioned to develop this global survey, conduct data analysis and lead on the report by the Consultation Working Group within the Child and Youth Participation Task Force of CSOs supporting the organization of the Day of General Discussion 2021. This commission was funded by SOS Children’s Villages International.

**Consultation Working Group**
Claudia Ariki (SOS Children’s Villages International), Lopa Bhattacharjee (Family for Every Child, Co-Chair), Nyonsuabeleah Kolue (Lumos), Manel Mhiri (Inclusion International), Caroline Rose (Lumos), and Emmanuel Sherwin (Hope and Homes for Children, Co-Chair).

**Data Processing Team**
Anne-Marie Barry (Family for Every Child), Rachael Chapman (Lumos), Amy Drage (Lumos), Emmanuel Sherwin (Hope and Homes for Children) and Magdalena Sikorska (SOS Children’s Villages International).

**Digital Team**
Liselle Finlay (Family for Every Child), Jamila Rhel (Open Social) and Filip Meirelles (Family for Every Child).

**Communications and Design**
Members of the CSO Communications Task Force for the DGD, and Elisabeth Schmidt-Hieber (SOS Children’s Villages International, Chair), Neil Tinson (Hope and Homes for Children, proof reader), and Robin Stannard (designer). Kindly funded by Changing the Way We Care.

**Translation and Interpretation Services**
Kindly funded by Changing the Way We Care, Family for Every Child, Save the Children International, and SOS Children’s Villages International.

**Ethics Approval**
We would like to give our special thanks to Professor John Oates at the Open University, in the United Kingdom, for his time and effort in helping shepherd this project through the Ethics process, to enable the participation of children and young people. We are grateful for his commitment to ensuring that this report meets the high ethical standards. We also extend our gratitude to The Human Research Ethics Committee (HREC) at the Open University for their support and positive guidance, and swift turn around in our ethics approval.

Finally, we are grateful to:
- The Task Forces and members of the group of civil society organizations (CSOs) tasked with supporting the planning and delivery of the 2021 DGD, working in partnership with the UN Committee on the Rights of the Child’s Working Group on the DGD.
- Members of the CSO Content Task Force for the DGD, and Florence Martin (Better Care Network, Co-Chair) and Rebecca Smith (Save the Children UK, Co-Chair).
- The numerous CSOs worldwide that either supported the participation of members of the CAT and YAT in this work, or provided language, material or other support to children and young people around the world to enable them to participate in this global survey.

**Glossary of key terms**

**Alternative care**: Cross-culturally, there are many different interpretations of the definition of ‘alternative care.’ For the purpose of this global survey and this report, alternative care is defined as when children and young people do not live with their parents and are in the care of relatives or other adults who are not their family members.

**Children’s rights**: Rights are things that every child, young person or adult should be able to have, enjoy, or do. Children (anyone under 18) have additional rights as set out in the United Nations Convention on the Rights of the Child to recognize the extra protection and empowerment they need to experience their rights equally.

**United Nations Convention on the Rights of the Child (UNCRC)**: Children’s rights are enshrined in the United Nations Convention on the Rights of the Child. The Convention was created in 1989, and is the most signed international treaty in the world. The Convention has 54 articles that cover all aspects of a child’s life and set out the civil, political, economic, social and cultural rights that all children everywhere are entitled to. It also explains how adults and governments must work together to make sure all children can enjoy all their rights. Every child has rights, whatever their ethnicity, gender, religion, language, abilities or any other status. Read about the United Nations Convention on the Rights of the Child here: ohchr.org/EN/HRBodies/CRC/Pages/InformationForChildren.aspx.

**Children and young people**: The UNCRC Convention defines ‘child’ as someone under the age of 18. This global survey was open to persons aged five-25, so in addition to children, it covered young people aged between 18 and 25. In this report, we use the terminology ‘children and young people’ to reflect the group covered by the global survey. The term ‘young people’ refers to both those over 18 and older children under 18 who prefer the term young people.

**United Nations Committee on the Rights of the Child**: The United Nations Committee on the Rights of the Child: A group of 18 experts that check if governments around the world are making sure children exercise their human rights.

**Day of General Discussion (DGD)**: Every two years, the United Nations Committee on the Rights of the Child holds a Day of General Discussion to gain a deeper understanding of what the Convention means for children, young people and their rights, focusing on specific articles or topics. In September 2021, the Committee will hold its next DGD about ‘Children’s Rights and Alternative Care.’

**The Guidelines for Alternative Care of Children (2009)**: The Guidelines are intended to support the implementation of the UNCRC. They aim to ensure that children do not find themselves in out-of-home care unnecessarily and that the type and quality of out-of-home care provided is appropriate to the rights and specific needs of the child concerned.

**LGBTQ2I**: Lesbian, gay, bisexual, transgender, queer, 2-spirit and intersex. Article 1 of the Universal Declaration of Human Rights declares that “all human beings are born free and equal in dignity and rights.” Article 2 declares, “Everyone is entitled to all the rights and freedoms set forth in this Declaration.” All people, including LGBTQ2I individuals, are entitled to enjoy the protection provided by international human rights law, which is based on equality and non-discrimination.
Introduction

To inform the DGD in September 2021, a global survey for children and young people was commissioned by the CSO Task Force on behalf of the Committee. The global survey was created by members of the DGD CAT and YAT and researchers from the International Institute for Child Rights and Development (IICRD). Between April and June 2021, 1,188 children and young people across the world participated in the global survey online, sharing their views and experiences as well as recommendations for further realising children’s rights and alternative care.

Across the world, millions of children and young people live without parental care. According to the UNCRC and the Guidelines for Alternative Care of Children, in these circumstances, the state has the duty to provide alternative care that fulfills children and young people’s rights. The guidelines state that whenever possible, children and young people should remain with families. When not possible, the state is responsible for protecting the rights of children and young people through alternative care arrangements including kinship care, foster care, other forms of family-like care, residential care or supervised independent living arrangements.

For children and young people without parental care, alternative care can pose numerous challenges for them as they grow up. This includes potentially delayed development and experiencing a lack of connection to their culture, maltreatment, abuse, stigma, poor mental health and wellbeing, and difficulties transitioning out of alternative care into the adult world. Many countries have tried to reduce the number of children and young people living in institutional care and other forms of alternative care, and have been working to reunite children and young people with their family and culture.

There is insufficient data on precisely how many children and young people are in alternative care. Recent research suggests that 5.4 million children globally live in institutions, but that many of them currently go uncounted due to limitations with national data collection. According to UNICEF, approximately 2.7 million children live in residential care, although UNICEF acknowledges that this is likely an underestimate, and - crucially - is only referring to children and young people in residential care, not other forms of alternative care. Limited data exists on all forms of alternative care, which is challenging for researchers and policy makers because a full picture of the number of children and young people in these settings and the quality of these settings does not exist. Better data collection by national and sub-national actors is an important step in improving our understanding of children and young people’s experiences of care and improving the quality of care as well as more effective prevention strategies.

In recent years, strides have been made internationally toward better awareness, understanding – and, in some cases, implementation – of children and young people’s human rights so that they are reflected in the services for children and young people in need of, and at risk of needing, alternative care. However, too often programs and services are still not developed in ways that uphold and promote children and young people’s rights. While children and young people’s participation is increasingly recognized as essential for developing rights-based alternative care placements, children and young people are still not consistently consulted as part of alternative care services and policies.

The UN Committee on the Rights of the DGD comes at a critical moment in time, when children and young people around the world have been significantly impacted by the COVID-19 pandemic, including those in alternative care. It provides a vital opportunity to meaningfully consult with children and young people about the state of alternative care globally, with the aim of realizing children’s rights so every child and young person has loving care, support and protection.

---

Participatory focus groups with the DGD CAT and YAT

In early 2021, members of the Day of General Discussion (DGD) CAT and YAT were invited to participate in the design and development of the DGD 2021 global survey for children and young people. In participatory focus groups facilitated by the International Institute for Child Rights and Development (IICRD), the CAT and YAT worked together remotely and online to co-design the global survey questions and accompanying guide for supporting adults, and to analyze and write up the findings presented in this report.

With the children and young people being located across different time zones, participatory focus groups were complemented with creative tasks to complete before and after the scheduled call times. This allowed for rich, ongoing dialogue between children and young people for whom time zones, geographical distance, multiple languages and restrictions linked to the COVID-19 pandemic made it challenging to connect.

“It’s very beautiful to have [had] that experience and, despite the difficulties of the internet, we were able to achieve even more than we thought we would!”

Member of the CAT and YAT

The global survey

The global survey was designed to be anonymously completed online by children and young people between five and 25 years old. It consisted of six closed questions, including questions about gender identity, disability status, type of alternative care experience, age and country; and 11 open-ended ones. Open ended questions addressed issues ranging from experiences of safety in alternative care to how participants felt about the impact of COVID-19 on their lives. The global survey was open from 12 April 2021 to 30 May 2021 for children and young people from all over the world, and available in English, French and Spanish. In total, 1,188 children and young people from across the world participated in the online global survey. Participants were not selected; instead, they ‘opted-in’ either by finding the global survey online themselves, or through a service, organization or network that they had a pre-existing relationship with. Outreach to children and young people occurred in a number of ways and required strong efforts by CSOs and other bodies to work safely during the pandemic and address limitations related to internet access. The consultations sub-group and broader group of CSOs working on the DGD reached out to partners, posted the survey in newsletters including Child Rights Connect and Better Care Network, as well as on social media.

Overview of global survey respondents

<table>
<thead>
<tr>
<th>Age range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 to 10</td>
<td>31.1%</td>
</tr>
<tr>
<td>11 to 14</td>
<td>34.8%</td>
</tr>
<tr>
<td>15 to 17</td>
<td>24.5%</td>
</tr>
<tr>
<td>18 to 25</td>
<td>9.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girl</td>
<td>56%</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>1.2%</td>
</tr>
<tr>
<td>Boy</td>
<td>42.5%</td>
</tr>
</tbody>
</table>

6. Participants self-identified their care experience and could select more than one type of care. We could not verify which of the many sub-types of care participants were referring to when they selected an option. ‘Residential care’ and ‘foster care’ in particular are big categories within which there are different forms and shapes of arrangements across countries that we could not capture in detail with the global survey. For foster care, global survey data does not tell us if foster care is professional or voluntary, formal or informal. This is the same for residential care: we cannot differentiate poor quality institutional care from family-like care in small group facilities with at least one consistent caregiver or small group homes with supervision in shifts.

7 See Appendix B for further breakdown by country.
Due to accessibility limitations of digital, online participation, some participants completed the questions offline in a focus group format and a supporting organization inputted the data into the online global survey on their behalf. Responses were submitted in different languages other than the three primary languages of the survey through local translation services, allowing children and young people to express their thoughts and experiences in their own languages. While this was essential for valuing local languages and supporting children and young people to share rich data, we recognize that language holds values and beliefs with particular cultural, social, and political meanings which may not have conceptual equivalence when translated.

To analyze the data, we used framework analysis and began by creating a matrix which had categories for different emerging themes. This allowed us to see both similarities and differences in the data. With close to 1,200 global survey responses, the volume of responses impacted the duration of analysis. Each survey was read by a different member of the data analysis team, and coded appropriately. There was a second round of analysis done by the IICRD where themes were solidified.

Key areas in the global survey design, global survey administration, and completion need to be acknowledged.

- There are varying cross-cultural interpretations of what constitutes ‘alternative care’ (for example, in some contexts it is understood as ‘an alternative to institutions’). We provided a definition for clarification of the meaning used in the global survey which was readily available in English, Spanish and French. However, we are aware that supporting organizations across the world independently carried out translations into additional languages which may have unintentionally resulted in misinterpretation of the term, as well as the questions posed.

- The global survey was only accessible for all children and young people who speak English, French, or Spanish; or have access to translation services; and for those who could access the internet or were linked with an organization that could.

- Time and resources were stretched with the timeline and resources available for translation and a higher number of global survey responses to analyze.

The IICRD worked in partnership with the Open University to ensure strong procedural and relational ethics were in place with do no harm principles, anonymity, confidentiality, reciprocity, disruption of child-adult power dynamics, adherence to data protection laws, as well as to enable children and young people to meaningfully participate in decision-making and sharing their ideas safely. Ethics was approved by the Open University Human Research Ethics Committee (see Appendix A, C and D for further information).

Geographic breakdown of responses

- Europe 548 (46.5%)
- Africa 116 (9.9%)
- Latin America & Caribbean 138 (11.5%)
- North America 373 (31.4%)
- Asia 8.7% (7.2%)
- Oceania 3 (0.3%)

Total 1,188

Alternative care situation

- Living in an independent home under regular adult supervision 35.4%
- Living with a relative, not mother/father 20%
- Receiving support to live with parents 7.2%
- Adopted 2.8%
- Residential care 1.4%
- Foster care 9.4%
- No answer 0.3%

Disability

- Intellectual disabilities 14.8%
- Psychosocial disabilities 3.4%
- Physical disabilities 0.2%
- Other 9.8%
- Blind/low vision 3.4%
- Deaf/hard of hearing 9.4%
- Deafblindness 0.3%
- No answer 0.2%

Ethics and limitations

Due to accessibility limitations of digital, online participation, some participants completed the questions offline in a focus group format and a supporting organization inputted the data into the online global survey on their behalf. Responses were submitted in different languages other than the three primary languages of the survey through local translation services, allowing children and young people to express their thoughts and experiences in their own languages. While this was essential for valuing local languages and supporting children and young people to share rich data, we recognize that language holds values and beliefs with particular cultural, social, and political meanings which may not have conceptual equivalence when translated.

To analyze the data, we used framework analysis and began by creating a matrix which had categories for different emerging themes. This allowed us to see both similarities and differences in the data. With close to 1,200 global survey responses, the volume of responses impacted the duration of analysis. Each survey was read by a different member of the data analysis team, and coded appropriately. There was a second round of analysis done by the IICRD where themes were solidified.

Key areas in the global survey design, global survey administration, and completion need to be acknowledged.

- There are varying cross-cultural interpretations of what constitutes ‘alternative care’ (for example, in some contexts it is understood as ‘an alternative to institutions’). We provided a definition for clarification of the meaning used in the global survey which was readily available in English, Spanish and French. However, we are aware that supporting organizations across the world independently carried out translations into additional languages which may have unintentionally resulted in misinterpretation of the term, as well as the questions posed.

- The global survey was only accessible for all children and young people who speak English, French, or Spanish; or have access to translation services; and for those who could access the internet or were linked with an organization that could.

- Time and resources were stretched with the timeline and resources available for translation and a higher number of global survey responses to analyze.

The IICRD worked in partnership with the Open University to ensure strong procedural and relational ethics were in place with do no harm principles, anonymity, confidentiality, reciprocity, disruption of child-adult power dynamics, adherence to data protection laws, as well as to enable children and young people to meaningfully participate in decision-making and sharing their ideas safely. Ethics was approved by the Open University Human Research Ethics Committee (see Appendix A, C and D for further information).

Key areas in the global survey design, global survey administration, and completion need to be acknowledged.

- There are varying cross-cultural interpretations of what constitutes ‘alternative care’ (for example, in some contexts it is understood as ‘an alternative to institutions’). We provided a definition for clarification of the meaning used in the global survey which was readily available in English, Spanish and French. However, we are aware that supporting organizations across the world independently carried out translations into additional languages which may have unintentionally resulted in misinterpretation of the term, as well as the questions posed.

- The global survey was only accessible for all children and young people who speak English, French, or Spanish; or have access to translation services; and for those who could access the internet or were linked with an organization that could.

- Time and resources were stretched with the timeline and resources available for translation and a higher number of global survey responses to analyze.

The IICRD worked in partnership with the Open University to ensure strong procedural and relational ethics were in place with do no harm principles, anonymity, confidentiality, reciprocity, disruption of child-adult power dynamics, adherence to data protection laws, as well as to enable children and young people to meaningfully participate in decision-making and sharing their ideas safely. Ethics was approved by the Open University Human Research Ethics Committee (see Appendix A, C and D for further information).

Key areas in the global survey design, global survey administration, and completion need to be acknowledged.

- There are varying cross-cultural interpretations of what constitutes ‘alternative care’ (for example, in some contexts it is understood as ‘an alternative to institutions’). We provided a definition for clarification of the meaning used in the global survey which was readily available in English, Spanish and French. However, we are aware that supporting organizations across the world independently carried out translations into additional languages which may have unintentionally resulted in misinterpretation of the term, as well as the questions posed.

- The global survey was only accessible for all children and young people who speak English, French, or Spanish; or have access to translation services; and for those who could access the internet or were linked with an organization that could.

- Time and resources were stretched with the timeline and resources available for translation and a higher number of global survey responses to analyze.
I. Prevention of unnecessary separation from parents and families

In our words: Themes and discussion

In the following chapters, key findings to emerge from across the global survey responses are described including direct quotations from children and young people throughout, and associated Articles from the UNCRC.

In my view, financial support comes at the top. If there is a good flow of money, then there is less chance of dissatisfaction and frustrations in the family. After that comes emotional support. If we support our family by providing love, support, reassurance, acceptance and encouragement then we can strengthen our love bond further. Family members should take an interest in each other's activities and encourage each other to talk about what is happening in their life.”

Young woman, 18–25, Nepal

“"We need to change the policies... there must be work and food to be able to return and be with my family. Guarantee jobs so the families do not leave the country to find them.”

Girl, 15–17, Venezuela.

Preventing children and young people from unnecessary separation from parents and families was one of the most important issues highlighted by children and young people across every region. Many children and young people mentioned the need for more support from the government so that poverty was not a reason that children and young people ended up in alternative care. Children and young people described types of social, emotional, psychological and economic support that families should be provided with – especially those facing challenging circumstances and hardship – in order to keep children and young people in their family home.

“In my view, financial support comes at the top. If there is a good flow of money, then there is less chance of dissatisfaction and frustrations in the family. After that comes emotional support. If we support our family by providing love, support, reassurance, acceptance and encouragement then we can strengthen our love bond further. Family members should take an interest in each other’s activities and encourage each other to talk about what is happening in their life.”

Young woman, 18–25, Nepal

““We need to change the policies... there must be work and food to be able to return and be with my family. Guarantee jobs so the families do not leave the country to find them.”

Girl, 15–17, Venezuela.

In our words: Themes and discussion

In the following chapters, key findings to emerge from across the global survey responses are described including direct quotations from children and young people throughout, and associated Articles from the UNCRC.

In our words: Themes and discussion

In the following chapters, key findings to emerge from across the global survey responses are described including direct quotations from children and young people throughout, and associated Articles from the UNCRC.
Children and young people feel strongly that there needs to be better access to inclusive health and education facilities, transportation and respite services so that all children and young people can realize these rights, with particular attention paid to the specific needs of those with disabilities, who are LGBTQ2I and/or from minority groups.

Most commonly, children and young people stated that helping families to build strong relationships, “become more united” (Boy, 15–17, Nicaragua), and strengthen “family ties” (Girl, 11–14, Peru, living with physical disabilities) is key to preventing children and young people entering alternative care. Many felt that families need to have fun together, to experience joy within the family, and love one another wholeheartedly.

Many children and young people highlighted that to achieve this, there needs to be inclusive parenting education, training and support so parents understand how to better care for their children and young people, respect children’s rights, nurture loving family values, and positively communicate with/listen to children and young people. This would also support parents to positively respond to difficult situations instead of using violence, abuse or physical and humiliating forms of punishment, and take responsibility for their actions when mistakes are made.

For children and young people with disabilities, participants noted that extra support from governments and agencies was often needed to prevent unnecessary family separation. A child with intellectual and physical disabilities, 11–14, Austria (did not disclose their gender identity), stated what they saw as needed: “better support for disabilities, support for transportation, (and) appointments.” Additional support was also seen as important for children and young people from Indigenous backgrounds, so that families could remain together. Participants noted that cultural-specific assistance by supporting organizations was crucial in helping them stay with their parents or relatives.

“Parents should be given advice on how to resolve conflict in a non-aggressive manner, especially in front of children as this behavior affects the children adversely and could lead to psychological problems for the child.”
- Young man, 18–25, South Africa.

Recognizing that poor parenting can be a result of intergenerational hardships and challenges, children and young people highlighted the need to help parents overcome their own traumas so they can better care for their children and young people. Many children and young people shared that their parents were in need of counselling and mental health support, also highlighting a widespread need to address societal stigma attached to receiving this type of support. One young person (Young woman, 18-25, United Kingdom, person with psychosocial disabilities) stated the challenge of stigma “around parents or caregivers thinking that if they speak out that they are struggling they are going to get their children taken away.” Children and young people feel that psychosocial support should be provided to parents first, before threats of legal action and child removal are made.

Many children and young people emphasized the importance of supporting their parents. “If a parent is struggling through poverty, help them financially. If parents are struggling with stress and getting angry, help them deal with the issues that are stressing them out so they can be a better parent. DO NOT STEAL THEIR CHILDREN! This harms EVERYONE in the family including the children and parents.”
- Girl, 15–17, United Kingdom.

It is important to highlight that many children and young people understand that not all families can stay together, recognizing that sometimes children and young people need to live away from their parents for their own safety, mental and physical health, and wellbeing. However, one commonly held view by children and young people was ensuring that siblings are able to stay together, if alternative care is in their best interests.
In our words: Themes and discussion

II. Defining quality care

“A place that feels like home.”
Boy, 15–17, South Africa

“Good alternative care is what makes you feel secure, safe and sound. Not worried about what's to happen to you in the next moment.”
Young woman, 18–25, India

“Children should be made to feel at ease as if they were in their own families and to be given all the maternal and paternal love they need.”
Young man, 18–25, Haiti

“It’s a place where there are adults who love the children and treat them like their own children, because children need that. Good alternative care is also a place that is safe in terms of security and also adult presence.”
Girl, 15–17, South Africa

“Where the children feel like they are in their own home, have someone to share their joys and hardships with, have someone to always guide and support them and help them in their academic as well as personal growth.”
Young woman, 18–25, Nepal

“Give her food, help with homework, treat her lovely, tell me I’m a pretty girl, and I say that I love her very much.”
Girl, 5–10, Honduras

“In my opinion, there’s not a single way to care for a child or help them grow because every child is different with different opinions, dreams and way of living. The best way is to let them be themselves and guide them through the difficult times and when they are losing focus. It’s about acknowledging them for who they are and that their existence matters.”
Young woman, 18–25, person living with physical disabilities, Nepal

Children and young people defined good quality alternative care as something that must include qualities to ensure that children and young people’s human rights are met so they can reach their potential. Across all regions, children and young people described good quality alternative care as feeling loved, supported, respected by people who truly care about them. Many children and young people also emphasized the importance of being treated with empathy, and feeling a sense of belonging. Because children and young people in alternative care are often away from their families, they look to adult caregivers as role models who they trust to listen to, guide and teach them, and who stand up for their rights.

The issue of mental health, wellbeing and emotional support was frequently mentioned by children and young people as important in ensuring good quality alternative care. They also highlighted the importance of being engaged and involved in decisions that impact them, from everyday experiences and their care placements to wider policy matters.

III. A safe and nurturing environment of alternative care

Children and young people shared that a respectful, safe environment is needed so they are able to grow and to thrive without fear of violence or abuse. In such environments, they can experience happiness, explore their own potential and interests, and have a safe space to play and be free to express themselves. Children and young people also emphasized the importance of having regular day-to-day routines that support them to know what is coming up next in their schedules, so they are not surprised by visits or other unscheduled activities.

Maintaining a safe environment for children and young people in alternative care also includes providing basic needs such as access to food, shelter, health services and clean water, as well as providing freedom from worrying about financial security, and protecting them from violence, abuse and neglect. Children and young people in all parts of the world mentioned that adults should protect children and young people, even though the dangers they listed differed. For instance, a girl, 11–14, Bulgaria, with intellectual disabilities mentioned: “They ought to keep us safe from the dealers, the traffickers, from cars and buses too.” Safety in alternative care at night was an important issue for young participants in West Africa.

“Treat each other with love, with respect, give each other protection. We should take good care of each other and also not fight with each other.”
Girl, 5–10, Ecuador

Protecting children and young people, ensuring they grow up free from abuse and violence, was a resounding theme. Children and young people’s protection was understood as more than systems of prevention and response to violence and abuse, but rather a holistic understanding that supports children’s rights, wellbeing and development.

Children and young people described

19 Article 19: Protection from violence. Governments must protect children from violence, abuse and being neglected by anyone who looks after them.

25 Article 25: Review of a child’s placement. Every child who has been placed somewhere away from home – for their care, protection or health – should have their situation checked regularly to see if everything is going well and if this is still the best place for the child to be.

9 Trafficking was not mentioned in many responses, but perhaps would be an interesting topic to explore in future studies.
spaces to play, education, food, shelter, and as being important for ensuring children and young people’s protection in alternative care. Children and young people highlighted the importance of positive relationships for ensuring children and young people’s protection and having a variety of “support bubbles” (Young woman, 18–25, United Kingdom) at school, in social care, mental health services, work spaces, the home, and community.

“We can feel safe if we have open communication with our elders so that we are never afraid to speak out when we are faced with situations where we could be put in harm.”
Girl, 15–17 South Africa

Having access to safe spaces where they can talk to a trusted adult with open communication and constructive responses was recommended by many children and young people. Children and young people also voiced the need for governments and local authorities to provide clear guidelines and to follow up with regular monitoring visits to ensure quality care is being provided. Such visits should routinely involve the meaningful participation of children and young people themselves, to ensure their experiences are being heard and appropriate actions being taken in response.

“We children should receive information about their rights, making them able to report when a right is violated. In alternative care, it is important to monitor and evaluate services.”
Young man, 18–25, Moldova

Children and young people spoke of the need for caregivers, biological parents, service providers (e.g. teachers, mental health workers), and alternative care systems workers to engage in regular education and awareness training sessions to prevent and respond to violence and abuse, in line with guidelines for and consistency of quality care. This also extends to making sure children, young people and adults are taught about children’s rights. Such training would support adults to understand how to behave with, and care for, children and young people, practice patience, learn positive disciplinary tactics that do not involve verbal or physical abuse, and actively think through how their decisions impact the children and young people in their care.

For example, a girl in Cameroon (15–17) suggested “a safeguarding and protection program is needed for each child so that they can learn about all their rights and understand that they are all equal no matter who they are.” Others recommended detailed training for adults on child safeguarding, child protection, rights, and areas of discrimination, with a particular emphasis on disability.

“Believe us, even if we had troubles at one time or another. We aren’t our files. People change and evolve.”
Girl, 5–10, Guatemala

Children and young people want to be recognized for who they are, and not defined by their experiences of alternative care.

“Even if children in care don’t talk about their backgrounds, the adults still have a responsibility to help them maintain their identity.”
Young woman, 18–25 New Zealand

Allow them [children] to express their creativity with a view to better understanding their background.”
Young woman, 18–25, Cameroon

“Digging into our roots to find out where we come from (is important).”
Boy, 11–14, Ecuador

Historically, children and young people were often discouraged, or actively prevented, from maintaining various aspects of their cultural or personal identities while in care. This was particularly detrimental for children and young people from structurally vulnerable or minority groups, and in some contexts, resulted in lack of access to culture and even to loss of their cultural identity. A young woman, 18–25, in Canada, notes: “culturally appropriate training and support for adults supporting youth (is needed), and Indigenous youth especially need support.” Increasingly, governments and social services are realizing the importance of children and young people maintaining ties to their individual identities while in care and are striving to match children and young people with care that aligns more closely with their identity.

For many children and young people across each region, staying connected with their personal and cultural identity and language is crucial. This was particularly important to children and young people from across Africa, North and Latin America, and Asia. The role that language played in maintaining cultural
roots was very evident in a number of responses from Africa. A girl, aged 11-14, in Equatorial Guinea, stated: “speak to them [children] in their dialect and let them know about their people.” Many of those who wanted to know about their culture noted the importance of supporting children and young people to have pride in their history, native language and culture.

“Celebrate their culture/religion, encourage communication with relatives, and provide them with knowledge of their caste.”
Young man, 18-22, Nepal

Children and young people also stressed the importance of being able to access personal records, calling on care providers to tell them the truth about their backgrounds. One of the roles that adults and organizations can play is ensuring that proper records are kept, and that children and young people can maintain access to their culture and celebrate their identity. For some children and young people in alternative care, they have not lived with their parents in a very long time (if ever).

“Celebrate their culture/religion, encourage communication with relatives, and provide them with knowledge of their caste.”

To children and young people, good quality care prioritizes their mental health and wellbeing. The issue of mental health, wellbeing and emotional support was frequently mentioned by children and young people, with many expressing mental health support and care services as being of similar importance to providing for a child's basic survival and developmental needs.

“Emotional support is the most important thing when someone is in alternative care.”
Girl, 11-14, Peru

“Emotionally being there for them, and being able to empathize with the child and see things from their perspective.”
Young woman, 18-25, Canada, person with psychosocial/mental health disabilities

An important aspect of emotional and mental health support is strong, consistent relationships with adult caregivers. Significantly, children and young people spoke about the importance of, and their desire for, loving supportive connections for their mental health and wellbeing. Out of the 1,188 global survey responses, love was mentioned 688 times. Children and young people also highlighted the importance of building trust and having safe, dedicated time and space to share feelings and thoughts with adult caregivers. Children and young people want adult caregivers to be patient, take time to talk to and listen to them, support them with individual difficulties, and ultimately recognize – and empathize – with the fact children and young people experience diverse, complex emotions when transitioning from one alternative placement to another, or out of care into adulthood.

“Listen carefully to children and young people, tell them not to give up and to keep going. Even if they don’t have a parent, they can do it.”
Girl, 11-14, Costa Rica

To promote and support their mental health and wellbeing, children and young people in alternative care want adults in their lives to stand up for children’s rights, to listen to them, to pay more attention to their needs, to encourage them to express themselves, and when they are sad or lonely, to ‘sit with them’ so they feel like they are not alone and have someone looking out for them.
In our words: Themes and discussion
V. Supporting mental health and wellbeing

Some children and young people pointed out the challenges of high staff turnover in alternative care settings making it difficult to build trusting relationships with staff, only to have them leave. One young person highlighted a common experience: “I have had ten different social workers in four years.” Young man, 18–25, Sweden.

As well as day-to-day support for their mental health and wellbeing, children and young people across all regions called for more accessible, quality mental health support and psychosocial services for children and young people, including formal provision of such services by counsellors, psychologists and other mental health professionals. In particular, children and young people highlighted the need for greater support during transitions from care placements and/or beyond care into adulthood.

“[Children] should be given psychological support, so that they have a person of trust to whom they can tell their concerns, their problems and in the same way give them a solution to this, that makes them feel appreciated and that they are not alone.”
Young woman, 18–25, Ecuador

Children and young people highlighted a greater need mental health support for adults responsible for looking after children and young people in alternative care, so caregivers are in a better position to support those in their care.

“Be able to talk your heart out.”
Girl, 15–17, India

“We have to be heard and considered experts of life in care. We so often are overlooked in the processes of case planning, case management, training for staff, and policy writing – we are the ones who live through these decisions made by adults who often only have scholarly knowledge or service provision knowledge of what we have to live every day. ASK US!”
Young woman, 18–25, Canada

Despite a growing global recognition of children’s participation rights, children and young people’s reflections highlight the many challenges and barriers that continue to exist for those living in alternative care. Children and young people’s reflections focus on the desire to be listened to and heard, be taken seriously and believed in, have spaces of trust, and be active – and meaningfully – involved in decision-making about their experiences of care.

It was evident that children and young people seek meaningful opportunities for participation, moving beyond merely being listened to, to being heard. Children and young people highlighted that they have “so much to share and say” (Boy, 15–17, South Africa) and that adults should welcome this and create a safe trusting space for children and young people to feel confident to voice their views, ideas and experiences.

Clear, consistent communication between children and young people and adults caring for or working within alternative care systems is key to achieving good quality alternative care. Children and young people do not want transactional relationships of power or of being listened and responded to, but seek dialogue with adults. To feel heard, children and young people want adults to approach them with an open mind...
VI. Listening to and involving children and young people

In our words: Themes and discussion

that impact them.

to be engaged and involved in decisions

people pointed specifically to their right

placements. Some children and young

they want to eat, and about their care

about engaging in family activities, what

everyday experiences, such as decisions

contributions to large scale advocacy.

comfortable to them from anonymous

themselves in whatever way was

desire for more opportunities to express

communication. The majority voiced a

and to be open and softer in their

adults to talk to them about ‘everything’

providing translators so they are able

greater access and attention given to

children and young people on the move,

and young people's participation, moving

own biases and perceptions of children

Adults need to critically reflect on their

we are being impolite” and are not heard.

Adults need to critically reflect on their

on the basis of religion, culture, ability,

discriminated against on the basis of

that they had at least one disability.

Approximately 25% of respondents noted

to disclose their disability status, and

about their lives. We asked young people

to be consulted in any and all decisions

and positions them as experts that should

This phrase validates the lived experience of those with disabilities,

and decisions about their lives. We asked young people
to disclose their disability status, and

as you can see from the charts above,

they have (for the most part) done so.

of respondents noted

that they had at least one disability.

In our analysis, we were able to look through the answers of children and

were aware of how

child abuse, and if there is a

if this is done,

the person who does so is punished.

Adults need to inform about children’s

with disabilities and found that

access to education was a particular

right to be engaged and involved in decisions

that impact them.

and heart, patience, free of judgement

or assumptions about their capacity

and/or lived experiences, and recognize

that adults are not always right. Many

highlighted that adults need to be

empathetic towards the fact that many

children and young people in care are

facing difficult transition experiences.

Children and young people wanted

adults to talk to them about ‘everything’

and to be open and softer in their

communication. The majority voiced a

desire for more opportunities to express

themselves in whatever way was

comfortable to them from anonymous

contributions to large scale advocacy. Many

wish to have more of a voice in
everyday experiences, such as decisions

about engaging in family activities, what

they want to eat, and about their care

placements. Some children and young

people pointed specifically to their right

to be engaged and involved in decisions

that impact them.

“As children, we need to be consulted

about everything. I feel that adults

sometimes don’t understand this.”

Boy, 15–17, South Africa

It is evident that children and young

people are not routinely able to have their

say, nor be taken seriously. For example,
a girl in Nepal (15–17) stated that when

children and young people “try to speak

our opinions, they tend to mistake that

we are being impolite” and are not heard.

Adults need to critically reflect on their

own biases and perceptions of children

and young people’s participation, moving

away from desire for ‘polite’ or adult-

like young people and instead, respect

different ways of communicating.

Some children and young people also

highlighted persistent practical barriers
to effective dialogue between children

and young people and adults. For

children and young people on the move,
it was evident that there needs to be

bigger access and attention given to

providing translators so they are able

to communicate with caregivers.

VII. Support for children and young people in vulnerable situations in alternative care

Article 2: No discrimination. All children have all these rights, no matter who they are, where they live, what language they speak, what their religion is, what they think, what they look like, if they are a boy or girl, if they have a disability, if they are rich or poor, and no matter who their parents or families are or what their parents or families believe or do. No child should be treated unfairly for any reason.

Discrimination was mentioned frequently as a key issue experienced by children and young people in alternative care. To children and young people, ensuring no one is discriminated against based on background, religion, ability, culture, ethnicity, race, gender, age, sex, sexual orientation, socio-economic status and lived experience is important to achieving good quality care.

“In our alternative care, people are not discriminated against on the basis of any religion, culture, caste, society, family background, etc. If this is done, the person who does so is punished. Adults need to inform about children’s rights and child abuse, and if there is a problem, they need to be provided with a place to talk.”

Boy, 15–17, Nepal

Children and young people across many regions highlighted the particular challenges faced by those living with disabilities, calling for greater protection and support so their full range of needs are provided for, including health care and education. A cornerstone of the disability movement is “nothing about us without us”. This phrase validates the lived experience of those with disabilities, and positions them as experts that should be consulted in any and all decisions about their lives. We asked young people to disclose their disability status, and as you can see from the charts above, they have (for the most part) done so. Approximately 25% of respondents noted that they had at least one disability.

In our analysis, we were able to look through the answers of children and youth with disabilities and found that access to education was a particular theme for these respondents. A girl, 11–14, Peru, with an intellectual disability noted that she wanted “education (in order) to know rights.” Second, children and young people with disabilities were acutely aware of how poverty played a role in their lives. A girl, 11–14, Bangladesh, with intellectual disabilities states: “I have been mentally
In our words: Themes and discussion
VII. Support for children and young people in vulnerable situations in alternative care

In our words: Themes and discussion
VII. Support for children and young people in vulnerable situations in alternative care

VIII. Transitions to other care placements, family reintegration and leaving care

“We need to be encouraged that everything will be well in the end.”
Girl, 11–14, Bulgaria

Children and young people’s reflections from across each region show that transitioning between care placements, and leaving care altogether and transitioning into adulthood, can be a stressful time. While there are often good reasons that children and young people must be moved from one care placement to another, this remains one of the major stressors for those in alternative care. Children and young people emphasize that both kinds of transitions – to new care placements or leaving care – require particular support and assistance.

Firstly, emotional support is crucial for such transitions. Young people need to have advice and support from supportive adults; this is not a process they can go through alone. They also wanted to continue to be in contact with biological families, and often with social workers or other adults and peers that know who they are and what they have been through. This continuity in relationships was important for children and young people.

“They should be made well aware about the situations or people they will be facing, taught well on whom they can trust and what kind of people they should stay away from.”
Young woman, 18–25, Nepal

Secondly, care-leavers need financial and practical support. This was named by respondents in all regions as one of the major kinds of help that is needed when leaving care. Financial support was often seen as one step towards independence, as was job help. Many wanted to have assistance in finding a career, and also in figuring out how to continue their education. This shows that children and young people are aware of the importance of the right to education, and that adults can and should play a role in ensuring this right can be met. Practical support – such as support in obtaining documents or having a suitcase rather than a garbage bag – also is key in making sure that children and young people transitioning care placements, or leaving care, are treated with dignity.

Of key differences across regions and countries, one was that young people in India were much more likely to say that girls and boys needed different kinds of help when leaving care. For girls, help getting married was seen to be key, whereas for boys, the crucial need was for vocational training. Another key difference was that in parts of Asia and Africa celebrating leaving care was seen as an important step.
IX. Impact of COVID-19

At the time of writing, the COVID-19 pandemic is continuing to have a staggering impact on children and young people’s lives, compromising the breadth of their human rights – many of which were far from fulfilled prior to the pandemic. While some positive impacts of COVID-19 have been highlighted in other global studies with children and young people (e.g. COVIDUnder19), children and young people in this global survey primarily focused on the negative impacts. Children and young people in alternative care have faced, and continue to experience, significant challenges as a result of the social, emotional, economic, and physical hardships created by the pandemic.

In the global survey and participatory focus groups, children and young people described the feelings of loneliness, isolation, anxiety, boredom, depression, anger, sadness and fear the pandemic has brought into their lives. Many children and young people described situations in which parents and caregivers had died or become seriously ill from the virus, and the impact this has had on their care, wellbeing and safety. Some described having experienced the virus themselves, and the impact this has had on their physical and mental health – especially those unable to access adequate health care and support.

Intensified time spent within the family home due to quarantine and isolation regulations in place has led to increased stress, pressure, violence, and dys functionality. Children and young people recognize that such challenging circumstances have exacerbated issues around children and young people’s care, protection, safety and wellbeing. Such challenging situations have led to more children and young people being separated from their families and placed in alternative care – such transitions being made all the more difficult due to physical distancing regulations that affect their ability to see family and friends.

“I am not being able to go out. Not able to meet with friends either. Feel scared to go out of home. Wear mask. Washing hands once in a while. Father and older brother work as labour but their work isn’t available now. No income. They are scolding me...”

Overall, however, there was widespread agreement that organizations that host children and young people in care, or provide support for children and young people in alternative care, have responsibilities for both care leavers, and those transitioning to other placements. Support should not simply disappear when a child or young person hits a particular age of adulthood.
In our words: Themes and discussion

IX. Impact of COVID-19

a lot. Not being able to invite my elder sister and brother-in-law to visit the village.”

Girl, 11–14, India

“Firstly, some young people do not have a stable support bubble of family or friends. The isolation of the pandemic has had a huge impact on children and young people’s mental health with limited or no access to relevant support. The rates of domestic violence in the UK have skyrocketed and many young people or children may be trapped in violent relationships or situations. The reduced access to support or social workers have discouraged young people from coming forward or asking for support. Professionals are often dismissive towards young care experienced people as there is no consideration of how the present situation may be a trigger of their past.”

Young woman, 18–25, UK

For children and young people already living in alternative care, many issues were highlighted around protection from the transmission of the virus itself. As some alternative care settings, such as institutional or residential care, are places where large numbers of children, young people and adults live, many describe the realities of living in an environment where the risk of transmission is much higher. The data showed that many continue to face tough, stressful and anxiety-inducing restrictions put in place to curb the virus from spreading from one person to another in these settings. Children and young people described the challenges around limited access to hand-washing and sanitation facilities, having to wear masks for extended periods of time, not being able to see friends or play sports. Older children and young people were more likely to note how the pandemic affected the broader community. A young woman, 18–25, in Benin articulates this clearly: “For me, COVID-19 has impacted all of us in the sense that it has reminded us all in a fraction of a second that we as humans cannot control everything in this life; at any moment we can pass away. We are all vulnerable and this doesn’t just happen to others.”

Across all regions, the severe impact of the pandemic on children and young people’s mental health and wellbeing was frequently highlighted. Many shared their worries about the health and safety of loved ones, struggling with learning from home and achieving necessary qualifications for higher education or career ambitions, and navigating leaving alternative care in times of such uncertainty. Losing contact with friends and not being able to socialize or play outside were highlighted amongst children and young people of all ages – with some recognizing the long-term impact such limited social and play opportunities will inevitably have on children and young people’s growth and development. Children and young people also frequently described the loss of physical affection such as hugs as having a significant impact on their mental health and wellbeing, and relationships with caregivers.

“You can no longer give hugs, give love, you must keep a distance, you can no longer go out to live with people outside and do activities outside.”

Boy, 11–14, Guatemala

Many children and young people described the challenges of accessing food, clean water, and health care, and support services – many of which were a result of families losing income. Most commonly, children and young people highlighted that they have experienced hunger and malnutrition as a result of a lack of food due to shortages, market closures, financial insecurity due to loss of household income as a result of restrictions on work. This was especially the case for manual labor occupations, those in employment which lack basic economic structures or resourcing for ensuring worker’s rights in times of turmoil, or in countries where state support is not available or accessible for those unable to work.

Children and young people across all regions described the significant impact the pandemic has had on their right to quality education. Many described the challenges associated with having the right materials for online learning, such as digital technology and the internet, as a result of the rapid shift to online, remote learning in many educational settings. Missing out, falling behind, feeling bored and underachieving in their education are experiences felt by many children and young people.

Whilst the majority of responses highlighted the negative impacts of the pandemic, a small minority highlighted the positive impacts they have experienced. For some, increased time spent at home with family or alternative caregivers has given them the opportunity to strengthen relationships and get to know one another better.
Regional themes

This infographic presents some of the crucial issues of particular concern for children and young people in each region. While there were themes that cut across all regions, there were also key differences, some of which are rarely mentioned in conversations about alternative care. This further illustrates the importance of asking children and young people themselves about their care experiences. The issues reflected below do not correspond to the weight of the number of respondents, but are a summary of what was presented to us, as far as possible. The lists reflect issues in order of prominence. Care should be taken not to generalize these responses as being sufficient evidence for each region.

Africa
- Feeling safe at night in institutional care settings
- Feeling loved and being physically cared for
- Worrying about leaving care
- Preserving language and cultural identity
- Treating children and young people with dignity and respect
(Total respondents = 138)

Oceania
- Celebrating and maintaining identity
- Having access to counselling when needed
- Ensuring parents have access to help as a way of preventing unnecessary removal of children and young people from family homes
- Attending cultural events that keep them connected to their family and culture
- Having consistency in care placements, and avoiding changing placements unless necessary
(Total respondents = 3)

Asia
- Feeling loved by caregivers
- Having rights, knowing rights and being rights-holders
- Being able to practice religion freely
- Having personalised support and care
- A desire to be looked after as though they were the caregivers’ own child
(Total respondents = 373)

Europe
- Having freedom and autonomy when living in alternative care
- Trusting relationships with adults
- Accessing mental health services
- Feeling safe at night in institutional care settings
- Families being separated because of substance use
- Need for financial security
(Total respondents = 116)

North America
- Protecting LGBTQ2I rights
- Having a say in their care experience
- Treating young people as experts in what they need in care
- Recognizing the challenges faced by Indigenous children and young people
- Feeling supported in dealing with past and present trauma
(Total respondents = 10)

Latin America
- Accessing food and medicine
- Knowing one's personal history
- Feeling loved by those looking after them
- Accessing psychosocial support
- Being impacted by financial hardship and poverty
(Total respondents = 548)
Our ideas for change: Key findings and conclusions

Children and young people offered the following ideas to help tackle issues of prevention, quality alternative care, safe environment, celebrating and maintaining identity, mental health and wellbeing, listening and involving children and young people, support for and non-discrimination of vulnerable groups, transition and leaving care, impact of COVID-19, and alternative care in emergency situations.

- For families experiencing social and economic hardships, provide financial support, systems and material resources to alleviate pressures and stress that can lead to difficult relationships within the home.
- With children and young people, design and deliver inclusive parenting education, training and support so parents understand how to better care for their children, respect children’s rights, nurture loving family values, and positively communicate with their children and young people.
- Make sure parents have access to counselling, mental health support and respite services, and efforts are made to raise awareness and reduce stigma attached to receiving help and guidance.
- If alternative care is in the best interests of a child or young person, prioritise keeping siblings together and keeping children and young people with their culture, and support children and young people to sustain meaningful relationships in such transitions, as well as maintaining connectivity to language, culture and religion.
- Provide consistent training and education for adults on how to meaningfully listen to and involve children and young people in their day-to-day lives, and on decisions being made about their care. Such training should involve children and young people themselves so adults hear firsthand what helps them feel included, heard and valued.
- Recognizing the many barriers to meaningful participation, ensure children and young people have the emotional and practical support they need to have their say. This may include communication tools and translation support.
- Children and young people have been highly affected by the COVID-19 pandemic – especially those facing pre-existing inequities and rights violations. Actively seek to listen to children and young people’s experiences of the COVID-19 pandemic, so state-wide and international laws, policies and measures to control and recover from the virus put children’s rights at the heart.
- Ensure caregivers, biological parents, service providers (e.g. teachers, mental health workers), and alternative care systems workers engage in regular education and awareness training sessions to prevent and respond to violence and abuse, in line with guidelines for and consistency of quality care.
- Make sure children and young people have access to safe, private spaces where they can seek help and support in situations where their safety and protection are at risk.
- Specific attention needs to be given to protecting children and young people in alternative care in the response to, and recovery from, the COVID-19 pandemic.
- Case management of children and young people in alternative care should include regular monitoring of all care settings, and follow-up with children and young people, as well as the adults involved. There should be a clear procedure for solving problems, and for moving to a different care situation if necessary.
- Provide access to counselling and mental health support services for children and young people in alternative care, as well as family members when needed. Particular attention must be given to those navigating transitions, those who identify as LGBTQ2I, and those with disabilities. Such services should be underpinned by a children’s rights-based, socio-ecological and holistic approach to tackle root causes and support individualized prevention and response plans.
- Financial, emotional and practical support should be mandated for those leaving alternative care.
- Make sure children and young people in alternative care have access to safe, inclusive play spaces, outdoor environments and opportunities to spend time with friends, noting the detrimental impact the COVID-19 pandemic is continuing to have on such experiences.
- To reduce the detrimental effects of high staff turnover on children and young people’s relationship development, and ensure the health and wellbeing of alternative caregivers, provide consistent support and supervision with a strong focus on mental health and wellbeing.
- Provide children and young people with clear ways to access their personal data and information whilst in care and beyond.
- Actively challenge stigma and discriminatory cultural norms towards children and young people in alternative care, championing their human rights and nurturing a global movement that loves, values and respects every child and young person.
- Children, young people and adults need inclusive, children’s rights-based education and training to better understand children’s rights so they can uphold them and seek appropriate action when rights are being violated.
- Raise awareness and provide education on the importance of celebrating and maintaining a child or young person’s identity to make sure those in alternative care have knowledge of their culture, personal identity/history and access to their language, religious practices, and cultural celebrations.
Appendices

Appendix A: Ethics and safeguarding

Adult-young person power imbalances are considered one of the most significant ethics challenges when including young people in research. We began with the understanding that power dynamics are always present. We designed the global survey to be completely optional, and participants were welcome to withdraw at any time. The global survey began with a brief introduction of purpose, and encouraged children and young people to fill it out only if they wished to. Global survey responses were anonymous as no names or other personal identifiable information was collected; only age and location.

Children and young people were invited to participate in the global survey through a combination of purposive and snowball sampling with the support of civil society organizations located across the world who shared the global survey with groups and individuals in their networks.

All research with children and young people carries potential risks. As this research involved children and young people responding to questions on experiences of alternative care, there was a potential that questions could evoke unhappy emotions and/or reflections on negative experiences. The survey and focus group discussions used a strengths-based approach and depersonalized questions to seek to avoid questions that may act as triggers.

In the case of negative feelings as a result of the research data collection tools and/or engagement in other aspects of research, the research team developed and implemented preventative and responsive support mechanisms. For example, all participating CSOs supporting the CAT and YAT participants were required to have details of a local support person the child or young person could turn to if there were child protection and wellbeing concerns. Additionally, the global survey included child protection hotline phone numbers and sources of support children and young people could refer to. As a whole, the research project adhered to the Open University’s Safeguarding Policy & Procedures, UN DG Safeguarding Policy, and SOS Children’s Villages Child Safeguarding Policy as well as localized child protection procedures of the CSO partners and governments where young people reside.

All research was conducted in accordance with the UNCRC and best practices in researching with children (see Ethical Research Involving Children1).

Data protection and information security: Raw data was stored on password-protected locked files of a core research team member’s computer. Data was anonymized immediately and shared amongst the core research team using a password-protected server and file. Raw data will be destroyed one year after the data collection. Anonymized data will be retained for up to ten years in secure files for potential use in subsequent research and publication.

Appendix B: Geographic breakdown by country

<table>
<thead>
<tr>
<th>Latin America and Caribbean</th>
<th>Oceania</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina</td>
<td>Australia</td>
</tr>
<tr>
<td>Brazil</td>
<td>New Zealand</td>
</tr>
<tr>
<td>Colombia</td>
<td>Europe</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>Austria</td>
</tr>
<tr>
<td>Ecuador</td>
<td>Belarus</td>
</tr>
<tr>
<td>Guatemala</td>
<td>Bosnia &amp; Herzegovina</td>
</tr>
<tr>
<td>Haiti</td>
<td>Bulgaria</td>
</tr>
<tr>
<td>Honduras</td>
<td>France</td>
</tr>
<tr>
<td>Mexico</td>
<td>Ireland</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>Moldova</td>
</tr>
<tr>
<td>Peru</td>
<td>Spain</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>Sweden</td>
</tr>
<tr>
<td>Venezuela</td>
<td>Ukraine</td>
</tr>
<tr>
<td>Africa</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>Benin</td>
<td>North America</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Canada</td>
</tr>
<tr>
<td>Cote d’Ivoire</td>
<td>USA</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Asia</td>
</tr>
<tr>
<td>Ghana</td>
<td>Bangladesh</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>Bhutan</td>
</tr>
<tr>
<td>Kenya</td>
<td>Cambodia</td>
</tr>
<tr>
<td>Mali</td>
<td>India</td>
</tr>
<tr>
<td>Niger</td>
<td>Nepal</td>
</tr>
<tr>
<td>Senegal</td>
<td>Nepal</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>Nepal</td>
</tr>
<tr>
<td>South Africa</td>
<td>Nepal</td>
</tr>
<tr>
<td>Tanzania</td>
<td>Nepal</td>
</tr>
</tbody>
</table>

17. https://childethics.com/
Appendix C: CAT & YAT consent form FAQ

DGD Global Consultation Research Advisory Team

Children and Youth Consent Form

Introduction
We would like to share a project about research and consultation for the Day of General Discussion on Children in Alternative Care.

Who are we?
We are a team of researchers from IICRD - a child rights organisation. Our names are Vanessa Currie, Kate Butler, Katie Reid, and Laura Wright. We were invited by the DGD Global Coordination Group to work with you on research and consultation.

Why are we doing this project?
We are excited to work with you to develop a questionnaire and consultation tools to learn more from children and youth around the world on what they want to strengthen the experience and circumstances for children in alternative care. What we learn will be put into a report and shared during the United Nations Day of General Discussion.

What does being in this project involve?
Learn about research with children and youth

• Explore the key information we want to learn from children and youth
• Co-create a research questionnaire and discussion group questions for the DGD global consultation with children and youth around the world
• Spend time with the Research Advisors (and us, the researchers) and learn new creative activities and tools
• Analyse data to find the key themes that emerge from the DGD global consultation

• Share your views and ideas in discussion group sessions to further explore the themes
• Receive a certificate for your participation in the Research Advisory Team

How much will it take?
We invite you to join three one-hour meetings and complete tasks between the meetings from the end of February to July 2021.

Are there good things and bad things about being part of the project?
What we learn in this project from you and your peers will be used to support creating consultation tools and building recommendations to strengthen situations for children in alternative care. We hope the advisory meetings and activities will be fun and creative for you and your friends. If you do not enjoy being part of the advisory team, you can choose to leave at any time. It is your choice. If you participate we would like to thank you by giving you a certificate of participation from the Open University and the International Institute for Child Rights and Development.

If I say yes to being in the project do I have to answer all the questions?
If we ask you questions that you do not want to answer, please tell us you do not want to answer those questions or simply do not answer. If we ask you to do things you do not want to do, then tell us that you do not want to do them. You can say no and choose to not take part at any time.

Who will know I was a part of this advisory team?
The things you say and any information we write about you will not have your name with it, so no one will know they are your answers or things that you did, though when you participate in group activities with other youth advisory members, these youth will know that you have participated. Any information we have from you will be kept in a password protected or locked space, only accessible to the researchers.

The researchers will not let anyone other than themselves see your answers or any other information about you. Your teachers, parents, community members will never see the answers you gave or the information we wrote about you. If you would like to tell other people about being a part of the activity that is okay. It is your choice. For your safety, we will not include your name in any research reports.

Keeping safe online
We will be online. We will use secure Zoom rooms to ensure only those who are meant to be in the room will be in the room. The adult supporting the workshop in [insert country] will make sure the space is safe for you to participate. If there is any concern for your safety by being on the call (e.g. you are not safe to share information from your home/residence) we recommend to not take part and find another safe space with people you trust in your community. We will create a Community Agreement at the start of our activity that supports everyone to feel happy, safe and supported during the project. This will also make sure everyone understands who they can speak to and what they can do to get additional support, should they feel unhappy or uncomfortable at any time.

Do I have to say yes?
NO! You do not have to be in the Research Advisory Team. It’s totally up to you! No one will be angry or upset with you if you don’t want to do this. And remember, if you decide to be part of the project and later change your mind, then you can tell us you do not want to be in the project anymore.

Questions?
You can ask questions at any time. You can ask now or you can ask later. You can talk to us or you can talk to someone else at any time during the project. You can reach us by email at laura.wright@iicrd.org or john.oates@open.ac.uk. We look forward to learning from and working with you!

Best,
Kate Butler, Vanessa Currie, Katie Reid, Laura Wright

Please note: All Consent forms will be reviewed in partnership with the Local Organization partner and contextually modified based on culturally appropriate content, levels of literacy, and language (while adhering to ethical protocol). Additionally, child protection and psychosocial referral charts/details should be shared by the local organization with participants prior to the activities. All local organizations will have support systems in place to respond to any child safeguarding concerns that may arise.
Appendix D: Child and youth consent form (original)

**Child and Youth Consent Form**

- I understand what the child and youth research advisory team is about
- I know what my part will be in the child and youth research advisory team and I know how long it will take
- I have had the chance to ask questions about the being involved
- I know that I can say I do not want to take part at any time and stop taking part
- I agree to having the Zoom call (voice) recorded for confidential use by the researchers
- I agree to having the Zoom call (video) recorded for confidential use by the researchers
- I agree to being a part of this project

If you want to be a part of this project, please print and sign your name below and ask your parent or guardian to print and sign their name below too. You can still be a part of this study if you do not want your photo taken, voice recorded, or video taken.

<table>
<thead>
<tr>
<th>Your name, printed:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the person responsible for your care (e.g. carer/guardian/parent):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone number:</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of carer/guardian/parent:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

18. This was the original draft consent form used in the Ethics Review application at the Open University. It was not used in the end by all participants of the global survey.

Appendix E: Original global surveys

**Questionnaire (version for 5–10 year olds)**

Welcome! Before we get started, we want to tell you a little bit about the questionnaire, and to make sure you are happy to take part. Questionnaires must be completed by 30 May 2021.

For adults supporting children and young people to complete the questionnaire, please see the accompanying Facilitator’s Overview for more information.

This questionnaire is to gather children and young people’s views and ideas on their rights, and their experiences of alternative care. It was created by researchers from International Institute of Child Rights and Development (IICRD) – a children’s rights organisation – along with children and young people. The findings will be written into a report, and shared with the United Nations Committee on the Rights of the Child for their Day of General Discussion, taking place in September 2021.

You do not have to take part. No one will be angry or upset with you if you don’t want to take part. If you do take part and there is a question you do not want to answer, please simply do not answer. The questionnaire will take between 20 and 40 minutes to fill out.

Information gathered in the questionnaire will be collected anonymously meaning no names or personal information will be included. Changemakers for Children, which hosts this survey and is operated by Family for Every Child [data controllers], uses Open Social software. Data will be stored on Amazon Web Services in the European Union. Data is encrypted in rest and with SSL [Secure Socket Layer]. Data is backed up on a different location, and encrypted. Open Social has (potential) access to data if issues occur, alongside representatives from Family for Every Child who manage the Changemakers platform. Data you provide will be shared with the IICRD for the purposes of writing the report that will be shared with the United Nations Convention on the Rights of the Child.

If you have any questions about the questionnaire, please contact: Emmanuel.sherwin@hopeandhomes.org or lopa.bhattacharjee@familyforeverychild.org

If you are worried or need support in any way, you can find a child helpline in your country here: childhelplineinternational.org/child-helplines/child-helpline-network/
Consent Statement

Consent is when participants are given information about the research, and opportunities to ask questions. They are told that they can withdraw at any point in time.

Please check the box if you agree with the following statement:

☐ I agree with taking part in this questionnaire and I understand what it is about and how it will be used. I know I do not have to take part in the questionnaire and I can stop at any time.

☐ I have asked my parent, legal guardian, or carer if they consent for me to take part in this questionnaire and they have agreed [Required for 5–18 year olds]

Definitions

Rights are things that every child, young person or adult should be able to have, enjoy, or do. Children (that’s anyone under 18) have additional rights as set out in the United Nations Convention on the Rights of the Child (CRC) to recognise the extra protection and empowerment they need to experience their rights equally.

United Nations Convention on the Rights of the Child:
Children’s human rights are enshrined in the United Nations Convention on the Rights of the Child. The United Nations CRC has been around for 30 years, and is the most signed international treaty in the world. The Convention has 54 articles that cover all aspects of a child’s life and set out the civil, political, economic, social and cultural rights that all children everywhere are entitled to. It also explains how adults and governments must work together to make sure all children can enjoy all their rights. Every child has rights, whatever their ethnicity, gender, religion, language, abilities or any other status. Read about the United Nations Convention on the Rights of the Child here.

The CRC has been around for 30 years, and is the most signed international treaty in the world. We will use the information you share with us in a report for the United Nations Committee on the Rights of the Child’s Day of General Discussion (DGD) on Children in Alternative Care.

United Nations Committee on the Rights of the Child’s DGD on Children in Alternative Care:
The United Nations CRC is a group of 18 experts that check if governments around the world are making sure children and young people experience their human rights. The United Nations Committee on the Rights of the Child holds Days of General Discussion to gain a deeper understanding of what the CRC means for children and their rights, focusing on specific articles or topics. In September 2021, the Committee DGD will hold the next DGD about ‘children in alternative care.’

Alternative care is when children and young people do not live with their parents and are in the care of relatives or other adults who are not their family members.

Children, young people and experts from all over the world are invited to share their experience of alternative care or the child protection system with the Committee. This way we can improve governments’ support for every child and young person to have the loving care and protection that they need.

You are welcome to share your ideas on what works well (or does not) to help children and young people have positive experiences of alternative care or live well with their parents so they do not need alternative care.

19. Please note: This research has been approved by the Open University Human Research Ethics Committee.
Part 1: About You
Please answer the following multiple choice questions to let us know a bit about you. Remember, your name and contact details will not be collected, so whatever you share is anonymous.

1. How old are you? Please choose one answer.
   - 5–10
   - 11–14
   - 15–17
   - 18–25

2. What is your gender? Please choose one answer.
   - Boy
   - Girl
   - Prefer not to say
   - Prefer to use my own term (please write answer below)

3. Which country do you live in?

4. Which of the following care situations have you ever experienced? Please choose all that apply to you.
   - Living with a relative that is not your parent (for example, grandparents, aunts, siblings, someone from your community)
   - Foster care (temporary or permanent care in a home setting that is not the child’s family or relative)
   - Residential care (temporary or permanent living situation in a group or institutional setting)
   - Living in an independent home with regular supervision by an adult
   - Receiving support to live with your parents
   - Prefer to use my own words (please write your answer below)

5. Do you consider yourself to have a disability? If so, can you please let us know more about it?
   Please note that this question needs to be filled in by an adult supporter.
   - Blind person or person with low vision
   - Deaf person or hard of hearing person
   - Person with deafblindness
   - Person with intellectual disabilities

6. What does it look like when children are well looked after by adults in their lives?

7. How do you think COVID-19 has affected children, young people and families and also those living in alternative care?

---

Part 2: Children and Young People’s Experiences of Alternative Care in your Community
Please answer the questions below based on your own experiences and/or your knowledge of the experiences of children and young people in care in your community. Your community might be your city, village, or town.

Some of the questions include some supporting information, in side boxes.

---

Appendices
Appendix E: Original global surveys

Day of General Discussion 2021
on Children’s Rights and Alternative Care

---

• Article 6 of the CRC: Every child has the right to be alive. Governments must make sure children survive and develop in the best possible way.
8. How can we help keep families together, so children and young people do not need to go into alternative care?

9. In your experience, what support should be given to children and young people and their families who may face greater challenges to live together?

10. In your experience, what support should be given to these children and young people who may face greater challenges in alternative care?

11. What does good alternative care look like? What can adults do to make sure children are cared for well in alternative care?

12. What can adults do to make sure children and young people are safe from harm in alternative care?

Alternative care is when children and young people do not live with their parents and are in the care of relatives or other adults who are not their family members.

- Article 7 of the CRC: Children must be registered when they are born and given a name which is officially recognized by the government. Children must have a nationality (belong to a country). Whenever possible, children should know their parents and be looked after by them.
- Article 9 of the CRC: Children should not be separated from their parents unless they are not being properly looked after – for example, if a parent hurts or does not take care of a child. Children whose parents don’t live together should stay in contact with both parents unless this might harm the child.
- Article 20 of the CRC: Every child who cannot be looked after by their own family has the right to be looked after properly by people who respect the child’s religion, culture, language and other aspects of their life.

Some children may face greater challenges to enjoy their rights while in alternative care, for example, children with disabilities, migrant children, children experiencing war or natural disaster, children who identify as LGBTQ2S+, as ethnic minorities or as Indigenous.

Alternative care see Q8

- Article 2 of the CRC: All children have all these rights, no matter who they are, where they live, what language they speak, what their religion is, what they think, what they look like, if they are a boy or girl, if they have a disability, if they are rich or poor, and no matter who their parents or families are or what their parents or families believe or do. No child should be treated unfairly for any reason.
- Some children may face greater challenges to stay with their families, for example, children with disabilities, migrant children, children experiencing war or natural disaster, as ethnic minorities or as Indigenous.
- Article 19 of the CRC: Governments must protect children from violence, abuse and being neglected by anyone who looks after them.
13. What would you tell adults helping children and young people in alternative care about what children and young people need?

14. How can adults help children and young people to know or find out about where they came from, their culture, language, or other parts of their identity, especially if they live in alternative care?

15. What can adults do to help children and young people when changing care placement?

16. What can adults do to help children and young people when leaving alternative care?

Thank you for participating in this questionnaire. If you have more that you would like to share with the DGD on Children in Alternative Care, please check out the following information from the United Nations Committee on the Rights of the Child:

Children and adults are encouraged to send written submissions to the Committee at crc@ohchr.org. The submissions will be posted on the 2021 DGD webpage.

Children can also send other forms of submissions, such as video and audio recordings. Written contributions can be submitted in English, French and Spanish, the three working languages of the Committee, in electronic format exclusively. The word limit is 2,500 words. Kindly note that the deadline for all submissions is 14 June 2021.
Welcome! Before we get started, we want to tell you a little bit about the questionnaire, and to make sure you are happy to take part. Questionnaires must be completed by 30 May 2021.

For adults supporting children and young people to complete the questionnaire, please see the accompanying Facilitator’s Overview for more information.

This questionnaire is to gather children and young people’s views and ideas on their rights, and their experiences of alternative care. It was created by researchers from International Institute of Child Rights and Development (IICRD) – a children’s rights organisation – along with children and young people. The findings will be written into a report, and shared with the United Nations Convention on the Rights of the Child.

You do not have to take part. No one will be angry or upset with you if you don’t want to take part. If you do take part and there is a question you do not want to answer, please simply do not answer. The questionnaire will take between 20 and 40 minutes to fill out.

Information gathered in the questionnaire will be collected anonymously meaning no names or personal information will be included. Changemakers for Children, which hosts this survey and is operated by Family for Every Child [data controllers], uses Open Social software. Data will be stored on Amazon Web Services in the European Union. Data is encrypted in rest and with SSL [Secure Socket Layer]. Data is backed up on a different location, and encrypted. Open Social has (potential) access to data if issues occur, alongside representatives from Family for Every Child who manage the Changemakers platform. Data you provide will be shared with the IICRD for the purposes of writing the report that will be shared with the United Nations Convention on the Rights of the Child.

If you have any questions about the questionnaire, please contact: Emmanuel.sherwin@hopeandhomes.org or lopa.bhattacharjee@familyforeverychild.org

If you are worried or need support in any way, you can find a child helpline in your country here: childhelplineinternational.org/child-helplines/child-helpline-network/

Consent Statement

Consent is when participants are given information about the research, and opportunities to ask questions. They are told that they can withdraw at any point in time.

Please check the box if you agree with the following statement:

- I agree with taking part in this questionnaire and I understand what it is about and how it will be used. I know I do not have to take part in the questionnaire and I can stop at any time.
- I have asked my parent, legal guardian, or carer if they consent for me to take part in this questionnaire and they have agreed [Required for 5–18 year olds]
Definitions
Rights are things that every child, young person or adult should be able to have, enjoy, or do. Children (that’s anyone under 18) have additional rights as set out in the United Nations Convention on the Rights of the Child (CRC) to recognise the extra protection and empowerment they need to experience their rights equally.

United Nations Convention on the Rights of the Child:
Children’s human rights are enshrined in the United Nations Convention on the Rights of the Child. The United Nations CRC has been around for 30 years, and is the most signed international treaty in the world. The Convention has 54 articles that cover all aspects of a child’s life and set out the civil, political, economic, social and cultural rights that all children everywhere are entitled to. It also explains how adults and governments must work together to make sure all children can enjoy all their rights. Every child has rights, whatever their ethnicity, gender, religion, language, abilities or any other status. Read about the United Nations Convention on the Rights of the Child here.

The CRC has been around for 30 years, and is the most signed international treaty in the world. We will use the information you share with us in a report for the United Nations Committee on the Rights of the Child’s Day of General Discussion (DGD) on Children in Alternative Care.

United Nations Committee on the Rights of the Child’s DGD on Children in Alternative Care:
The United Nations CRC is a group of 18 experts that check if governments around the world are making sure children and young people experience their human rights. The United Nations Committee on the Rights of the Child holds Days of General Discussion to gain a deeper understanding of what the CRC means for children and their rights, focusing on specific articles or topics. In September 2021, the Committee DGD will hold the next DGD about ‘children in alternative care.’

Alternative care is when children and young people do not live with their parents and are in the care of relatives or other adults who are not their family members.

Children, young people and experts from all over the world are invited to share their experience of alternative care or the child protection system with the Committee. This way we can improve governments’ support for every child and young person to have the loving care and protection that they need.

You are welcome to share your ideas on what works well (or does not) to help children and young people have positive experiences of alternative care or live well with their parents so they do not need alternative care.

Part 1: About You
Please answer the following multiple choice questions to let us know a bit about you. Remember, your name and contact details will not be collected, so whatever you share is anonymous.

1. How old are you? Please choose one answer.
   - 5–10
   - 11–14
   - 15–17
   - 18–25

2. What is your gender? Please choose one answer:
   - Boy
   - Girl
   - Prefer not to say
   - Prefer to use my own term (please write answer below)

3. Which country do you live in?

4. Which of the following care situations have you ever experienced? Please choose all that apply to you.
   - Living with a relative that is not your parent (for example, grandparents, aunts, siblings, someone from your community)
   - Foster care (temporary or permanent care in a home setting that is not the child’s family or relative)
   - Residential care (temporary or permanent living situation in a group or institutional setting)
   - Living in an independent home with regular supervision by an adult
   - Receiving support to live with your parents
   - Prefer to use my own words (please write your answer below)

5. Do you consider yourself to have a disability? If so, can you please let us know more about it?
   Please note that this question needs to be filled in by an adult supporter.
   - Blind person or person with low vision
   - Deaf person or hard of hearing person
   - Person with deafblindness
   - Person with intellectual disabilities
Part 2: Children and Young People’s Experiences of Alternative Care in your Community

Please answer the questions below based on your own experiences and/or your knowledge of the experiences of children and young people in care in your community. Your community might be your city, village, or town.

Some of the questions include some supporting information, in side boxes.

6. All children have the right to grow up and develop in the best way possible. How can children be cared for well by adults?

   - Article 6 of the CRC: Every child has the right to be alive. Governments must make sure children survive and develop in the best possible way.

7. The global COVID-19 pandemic has had an impact on children and young people and families around the world. How do you think that COVID-19 has impacted families, and how has it affected children and young people in alternative care?

8. What kind of support needs to be provided to keep families together, so all children can grow up in their families and do not need to go into alternative care?

9. Do you have knowledge or experience of any of these or other situations that can make it harder for children and their families to stay together? If you do, in your experience, what services and support should be given to them so that they can stay together?

   - Alternative care is when children and young people do not live with their parents and are in the care of relatives or other adults who are not their family members.

   - Article 7 of the CRC: Children must be registered when they are born and given a name which is officially recognized by the government. Children must have a nationality (belong to a country). Whenever possible, children should know their parents and be looked after by them.

   - Article 9 of the CRC: Children should not be separated from their parents unless they are not being properly looked after – for example, if a parent hurts or does not take care of a child. Children whose parents don’t live together should stay in contact with both parents unless this might harm the child.

   - Article 20 of the CRC: Every child who cannot be looked after by their own family has the right to be looked after properly by people who respect the child’s religion, culture, language and other aspects of their life.

   - Article 2 of the CRC: All children have all these rights, no matter who they are, where they live, what language they speak, what their religion is, what they think, what they look like, if they are a boy or girl, if they have a disability, if they are rich or poor, and no matter who their parents or families are or what their parents or families believe or do. No child should be treated unfairly for any reason.

   • Some children may face greater challenges to stay with their families, for example, children with disabilities, migrant children, children experiencing war or natural disaster, as ethnic minorities or as Indigenous.

   • Person with psychosocial (mental health) disabilities
   • Person with physical disabilities
   • I do not feel like saying
   • Other (please write your answer below)
10. Do you have knowledge or experience of situations like this? If you do, what services and support should be given to children and young people so that they can enjoy equal rights while in alternative care?

11. What does good alternative care look like? What can adults do to make sure children are cared for well in alternative care?

12. Children and young people should feel safe when they are in alternative care. What can adults do to make sure children and young people are safe from harm in alternative care?

13. Children and young people in alternative care should be supported by adults who listen to them, take them seriously in decisions about their alternative care placement and on all matters about their day-to-day life. If you could give adults who are supporting children and young people in alternative care any advice, what would you like to tell them?

14. How can adults help children and young people to know or find out about where they came from, their culture, language, or other parts of their identity, especially if they live in alternative care?

15. Children and young people often need to change their alternative care placement. What kind of support do children and young people need when they are changing care placements?
16. Eventually children and young people grow up and leave alternative care. What kind of support do children and young people need when they are leaving alternative care? Please type your answer here.

Leaving alternative care:
Children and young people leave alternative care at different ages, and for different reasons. Some go back to their families, others go on to supervised independent living arrangements, and others no longer can count on support from the government when they reach a certain age.

Thank you for participating in this questionnaire. If you have more that you would like to share with the DGD on Children in Alternative Care, please check out the following information from the United Nations Committee on the Rights of the Child:

Children and adults are encouraged to send written submissions to the Committee at crc@ohchr.org. The submissions will be posted on the 2021 DGD webpage.

Children can also send other forms of submissions, such as video and audio recordings. Written contributions can be submitted in English, French and Spanish, the three working languages of the Committee, in electronic format exclusively. The word limit is 2,500 words. Kindly note that the deadline for all submissions is 14 June 2021.
Contact

Lopa Bhattacharjee, Family for Every Child
lopa.bhattacharjee@familyforeverychild.org

Emmanuel Sherwin, Hope and Homes for Children
Emmanuel.Sherwin@hopeandhomes.org

The International Institute for Child Rights and Development
iicrd.org

For more information about the United Nations Committee on the Rights of the Child’s Day of General Discussion on Children’s Rights and Alternative Care, please visit:
ohchr.org/EN/HRBodies/CRC/Pages/Discussion2020.aspx

See also: childrightsconnect.org/day-of-general-discussion