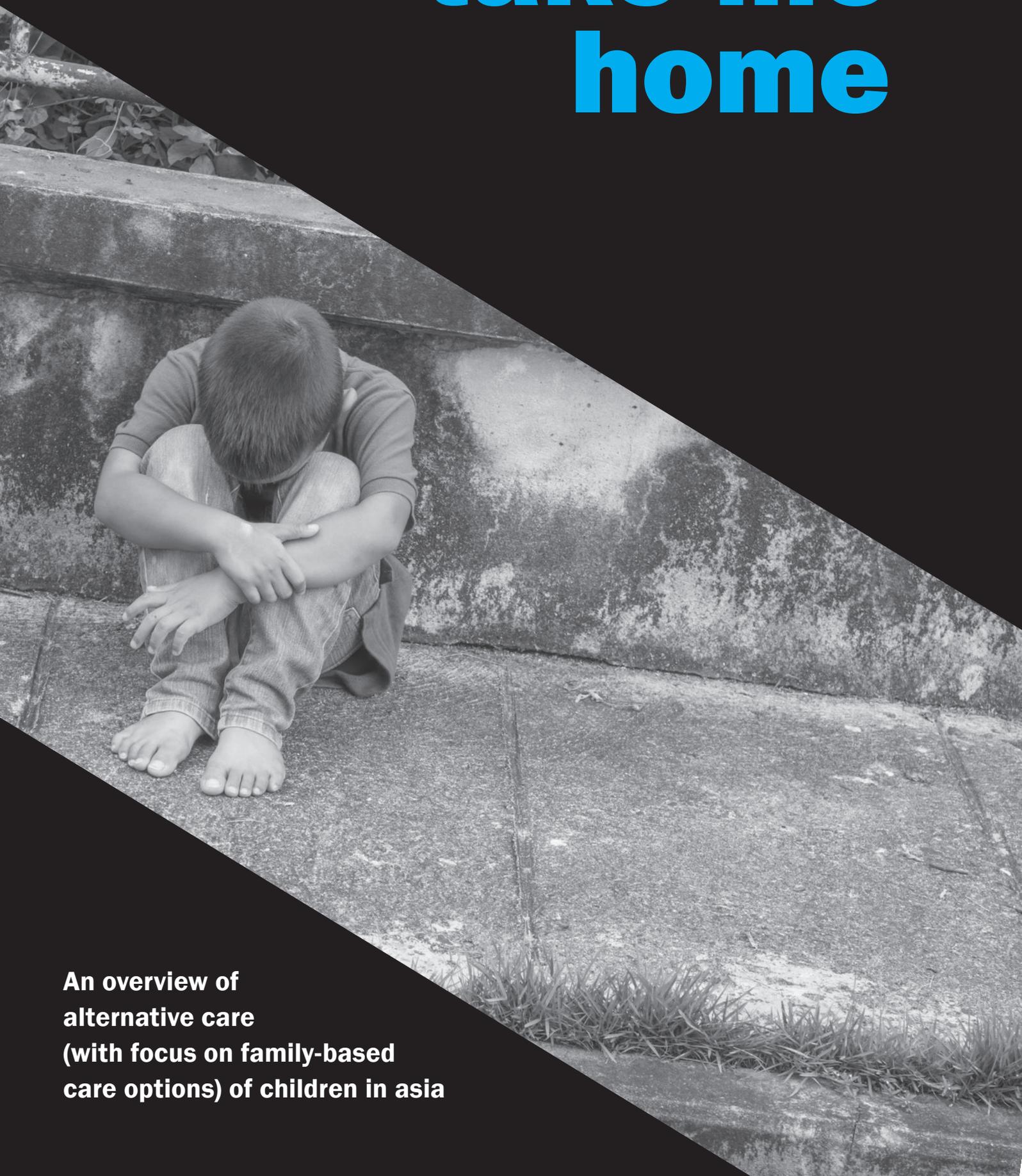


take me home



**An overview of
alternative care
(with focus on family-based
care options) of children in asia**

a

acknowledgements

The project was made possible through the collaboration of individual, government, non-government and voluntary sector organisations too numerous to name. Many of whom opened their doors in sharing invaluable insights and allowing us to gather first-hand accounts from their families and children without prejudice. Each encounter allowed us to capture the realities and intricate complexities revolving their lives within, outside and beyond care. Heartened by the raw and genuine responses emerging from candid discussions despite the challenging and sensitive nature of cultural norms and native perceptions brought an immense richness to the project findings.

Beyond sharing their experience and pearls of wisdom we are also immensely grateful to for the connections, conversations and recommendations, all of which greatly assisted the research. Some may not agree with our interpretations or conclusions written in this study however, we have strived to represent honestly what we have seen and heard. We have been humbled by the depth of knowledge, and the endless dedication of regional actors in their work to secure the best outcomes for children. We trust we have done justice in celebrating their “wins” and have inspired more champions to step forward to make pathways for children to journey home.

da

authors



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Sahra Brubeck is a B.A. graduate from Bard College at Simon's Rock. She has utilized her degrees in Cultural Perspectives and Creative Writing/English in research projects that undertake the task of contextualizing data. Prior to embarking on the research project with the Nippon Foundation and Core Assets (UK), she was engaged in a "Warm Data" project headed by the International Bateson Institute (IBI) that sought to study alternative education for children. She has also worked as a professional editor and writer for the Berkshire Festival of Women Writers Anthology (2015); a feminist publication from Massachusetts, USA.



background

**Approximately
2.7 million children
between the ages of
0 and 17 years living
in institutional care
worldwide**

Estimating the Number of Children in Formal Alternative Care: Challenges and Results (2017)

In 2009, the UN General Assembly adopted the Guidelines for the Alternative Care of Children, which included that the “alternative care for young children, especially those under the age of 3 years, should be provided in family-based settings”, Article 22. While this is endorsed and actively practised across the continents of Europe, America and Australasia, progress is slow in Asia. Compounded by the lack of consistent literature and evidence available to account for numbers of Asian children living outside family care. Furthermore, there has been limited inquiry on the adverse effects of institutional care and no measure of the wellbeing and developmental outcomes for children in the region. The lack of accessible information is a barrier to further exploration and understanding of out-of-home care in Asia. Definitions of alternative care are unclear and in many contexts non-existent.

In light of these issues, research was undertaken to provide an overview of the social welfare landscape of 10 identified Asian countries (Cambodia, Hong Kong, Indonesia, Japan, Malaysia, Myanmar, Philippines, Singapore, Thailand and Vietnam). It covered the spectrum of care provisions including; family preservation, reunification, guardianship, kinship care, foster care, domestic and inter-country adoption and residential/ institutional care. The work takes into account the political and socio-economic aspects of each country, social security guarantees, policy and legislative frameworks as well as the social service workforce. The report also pays tribute to the contributions of national child care experts whilst showcasing existing best local care practices in the different countries.

This report marks a critical step in compiling comparable data and information about children in out-of-home care in the region, defining our understanding of the continuum of care options available and metaphors to identify the gaps, challenges, strengths and opportunities within the child care systems in the respective countries. It provides a contextual understanding of the different countries existing child care structures and on-going care reforms. It aims to document relevant information and prompt discussion on alternative care in the region.

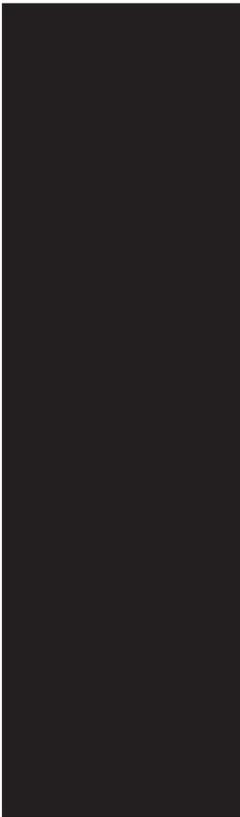
It was envisaged that the narratives would encourage more meaningful dialogues around the state of institutional care of children, and facilitate conversations about the fundamentals of, definitions and quality of alternative care of children in Asia. The report aims to make meaning of the varied care alternatives already available, and to deliberate on steps towards deinstitutionalization from the perspective of shared experiences. Only through shared experience, regular dialogue and exchange by local care practitioners, governments and key stakeholders within the region is it truly possible for an Asian voice to emerge and be the authority in setting the stage for a collaborative engagement of both local practitioners/experts and global stakeholders to work alongside in leading policy development and practice in determining the future of alternative care of children in Asia.

The study was led by Key Assets [part of the Core Assets Group] and made possible with the funding from the Nippon Foundation.

No statistics or set of data can substitute for the intimate, nuanced knowledge that a policymaker should internalise by going out and experiencing the complexity of the world where the policy will have its effect.

Hilton, Steve. More Human: Designing a World Where People Come First. WH Allen. 2015





introduction

Two main principles underpinning The Guidelines on the Alternative Care of Children¹:

The principle of ‘necessity’ is about ensuring that alternative care is only used when a child cannot be cared for by his/her own birth parents. This first requires work to prevent situations in which a child might need alternative care. This can involve support to children and families on a wide range of issues such as material poverty, discrimination, reproductive health awareness, parent education and day care. Secondly, it requires a robust gatekeeping mechanism capable of ensuring that children are admitted to the alternative care system only if all possible means of keeping them with their parents or extended family have been explored.

The principle of ‘suitability’ is about ensuring that, when alternative care is required, it is provided in an appropriate manner. This requires a mechanism and process to ensure that all care providers are authorized, monitored and meet minimum quality standards. It also requires that the child be provided with the type of care that will meet their best interests. To achieve this, there must be a range of family-based and other care settings from which to choose, and there must be a recognized and systematic procedure for determining which form of care is most appropriate.

Methodology

Research for this project was conducted in two parts; desk review and field research. Additional inputs from a regional workshop are also included.

Desk review

In order to ensure that the desk review component would present information that has not been stripped of its context, the data and material collected was reviewed in terms of the political, religious, social and cultural frameworks of each country. A review template was used to collect and collate information concerning the respective countries’ social welfare budget, political stance on care provision, cultural attitudes towards different forms of care, child protection issues, major stakeholders in care provision, as well as the availability and cost of alternative care. The vast majority of the information included in the report was originally published online, with sources ranging from Non Government Organisation (NGO) websites and news articles to country reports. In many cases, the data and general information collected from the desk review was used as a form of preliminary findings and then compared

to actual findings on the ground, thus providing a more timely overview on the state of alternative care of children in Southeast and East Asia in terms of both statistical data and lived experiences/stories.

In the process of collecting the data, it became clear that there were significant gaps in the information that was available in the public domain. Language also posed as a barrier in assembling and interpreting the various primary documents.* However, the lack of information was useful in highlighting the areas in which respective countries and care networks were in need of more comprehensive data collection systems. It also revealed some of the upcoming trends in alternative care for children, as some topics and statistics clearly took precedence over others – i.e. the emergence of de-institutionalization. Although in many cases the information found by the research team would not necessarily be categorized as “new,” the process of compiling and comparing data across sectors, regions and countries shed light on areas of excellence in care provision, as well as areas in which improvements could

be made. Moreover, the information gathering and scoping process itself encouraged and facilitated increased communication between child care professionals across Southeast Asia. It was through this network of dedicated and inquisitive carers and major actors (i.e. NGOs, INGOs, government units, etc.) in the care sector, that the influence and benefits of cross-sectoral collaboration became apparent.

**Particularly in Vietnam, Myanmar, Japan and to some extent Thailand. Lead researcher is fluent in Malay language and Bahasa Indonesia. English is the official language in Singapore, Philippines and Hong Kong while Cambodia chronicles are usually scripted by international stakeholders.*

Field research

The field work component proved to be integral in the study giving more meaning to the established realities discovered in the desk review and unravelling new insights through each mission. Various narratives and raw data were collated from the different stakeholders, ranging from the government, non-governmental bodies, civil society, private sector and individuals who have had lived experiences in different care systems along with advocates who are rallying in keeping children within families.

¹ Gale, Chrissie Gale and Csaky, Corinna, Making Decisions for the better care of children: The role of gatekeeping in strengthening family-based care and reforming alternative care systems.” Better Care Network Working Paper Series, 2015, p15.

The accounts were captured through various multi-levelled cross-sectoral conversations, key informant interviews and collective group discussions.

In preparing for the fact-finding missions, a list of intended key informants were identified and subsequent interviewees were added based on references. They were consciously selected based on their knowledge and experience in the child care sector and capacity to engage in “directed conversations”. They were then informed of the objective of the study and asked for their voluntary participation in responding to semi-structured interview. Questions were both closed-ended and open-ended inquiring on the operational aspect of the set-up and care practice i.e. the profile of children being placed in Out of Home Care (OOHC); circumstances that led children to be living without parental care/within families; referral process and/or the authoritative figure responsible in determining the alternative care options; assessment and care plans including case management during care; duration of stay/length of care placement; regulations/licensing of service care provision; funding means and staff capacity; and frequency and efforts in maintaining the family contact/access to the eventual reintegration of the children. The semi-structured interviews enabled the field researcher to prompt further and clarify on points shared by the informant derived from his/her own lived experience.

Local statistics (which were not readily available in the public domain) were also obtained during the open dialogue and made relevant the current context – throwing up some surprises and novel insights. The interactive interviews encouraged meaningful exchange raising more reflective queries and provided an avenue for respondents to share more in-depth inputs. Most

riveting discoveries came about from the tete-a-tete with sector experts and conversations with care staff, foster carers, foster children and care leavers allowing the field researcher to elicit authentic responses and reactions to some of the debatable and sensitive issues posed.

Visitations to various institutional/ residential care facilities, community-based supportive intervention centres, NGOs etc were undertaken upon securing permission to visit and observe. The visits assisted in developing an understanding of the physical setting and how the accessibility of the programmes/services to the children and families is determined i.e. geographic terrain, state of township along with the availability of other basic facilities (schools, health services) within the locale. The researcher was also able to observe how the staff interacted and engaged with the children, and glimpsed a brief look into the window of daily life of the children.

Group discussions were held amongst child welfare associations i.e. Council for the Welfare of Children Philippines, Knowledge Sharing Working Group (KSWG) Cambodia and Ho Chi Minh City Child Welfare Foundation (HCWF) Vietnam.

Given the defined scale and ambitious scope of this project, field research conducted was constrained to the responsive agencies and bodies open to participate in the study. The accounts and narratives compiled were then verified by further follow up correspondences via email, Skype chats and other telecommunications in order to provide an accurate representation of the information.

The Regional Workshop - *Creating Enduring Families*

This workshop marked the first in a series of intended regional thematic workshops to delve into the spectrum of alternative care of children across Asia. The theme of this event was “adoption”. It was undertaken in collaboration with the Philippines Department of Social Welfare & Development (DSWD), the Inter-Country Adoption Board (ICAB) and local adoption partners. A range of practitioners, policy makers and child caring agencies from both the government and non- government sector involved directly in adoption/ alternative care from 8 countries (Cambodia, Hong Kong, Indonesia, Japan, Malaysia, Philippines, Thailand and Vietnam) attended the event. The 37 representatives participated in facilitated conversation about the different alternative care provisions including adoption within the context of their respective countries. This was a first for inter country dialogue at practitioner level and the range of discussion was diverse including adoption and other alternative family based care provisions.

Key learnings and concluding observations from the workshop have been compiled in a separate regional workshop report, (available upon request).





executive summary

Cultural identity along with the place and significance of FAMILY is deep rooted within the Asian society. For many in the West, family is commonly defined as a single unit made up of a set of parents or single parent living together with their child (ren). Typically an Asian family would comprise of more than the nuclear unit and includes inter-/multi-generational blood relations (within several households). The Asian family revolves around collectivism, commanding absolute loyalty i.e. filial piety towards the parents/elderly/tribal leaders and “care” of children is the binding duty of all family members as well as the wider community. This necessitates the role of caretaking to be rather flexible as the responsibility of custodian could be delegated to various family members i.e. grandparents, older siblings, uncles, aunts, and cousins or tribal/ethnic group members.

With this notion in mind, it is no surprise that these same core familial values have been integral in influencing the development of social care norms in the region. Informal care, for the most part private family-based arrangements i.e. kinship care within extended family/close friends and community-based i.e. unregulated foster care and closed adoption has existed for many decades in the region. It however has gone largely unrecognised and at times disparaged despite inclusion, and therefore acknowledgement in the UN Guidelines for Alternative Care of Children, Article 29 (b) (i) states informal care as

” any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body

Whilst it can be argued there is no longer a single description of what constitutes a “family” as even in Asia the traditional family structure and functions have evolved for a variety of reasons but most notably due to globalization, urbanization, economic migration and demographic variation. Due attention and recognition must nonetheless be given to these fundamental values and cultural dimensions of Asian family dynamics in order to understand and support the development of child caring practice within and beyond family care.



Towards the Formalization of Informal Care

Informal care in Asia commonly takes the form of a type of kinship care, unregulated foster care, direct entrustment, and private/closed adoption. It is the predominant care arrangement for children within most Asian countries. Point in reference, it accounts for approximately 90% of all alternative care circumstances in Thailand. It is the community traditional response to supporting children outside parental care. Often spontaneous, the children are placed under the care of relatives, neighbours, friends or members of the community. Especially in rural settings, informal kinship care has a long history in settlements throughout Cambodia, Indonesia, Malaysia, Myanmar, Philippines and Vietnam. In many cases, parents leave townships or migrate to improve their socio-economic condition and entrust their children under the care of the grandparents, older children, aunt/uncles or cousins. It is not uncommon for non-familial members of the community who are close with the child (or the child's parents) to actively participate in the care taking process. This particular form of kinship care can also be seen as more of a communal approach adopted in most villages at the provincial/commune level.

Given the private nature of the arrangement and it being regarded as a family matter, governments therefore rarely perceive the need to interfere in such placements of children outside parental care. It was deemed as a universally accepted child care option.

However in recent years, Malaysia and Thailand have begun to formalize kinship care and consider it a form of alternative care. Perceived in Malaysia more as a family support programme, caregivers namely relatives whom may find themselves unwittingly struggling with the care of the child (ren) are now entitled to monthly government assistance of USD60. The scheme is reported to have been designed to assist over 17,000 families and 52,000 children.

Similarly, in Thailand, families are given a monthly allowance of between USD60-120 as a means of preventing the child entering institutional care. In both instances, kinship caregivers are assessed by a means test with specific criteria to determine eligibility for the scheme. The efforts appear to be a first step in laying the framework of care provision and establishing “*special and appropriate measures designed to protect children in informal care from abuse, neglect, child labour and all other forms of exploitation, with particular attention to informal care provided by non-relative, or relatives previously unknown to the children or living far from the children’s habitual place of residence*” (UN Guidelines for the Alternative Care of Children, Article 79).

This type of formalization of the kinship care programme however does not seem entirely fitting to all Asian contexts. As mentioned, the main caretakers in informal kinship care are usually blood relations i.e. grandparents/ other relatives or trusted member of the community. Having in place strict selection requirements limits or rather denies the capacity and disposition of the extended family/community to

care for the children. Moreover, the initiative is hardly made known to the public further narrowing the outreach of beneficiaries. A survey conducted by the National Statistics Office (NSO) in Thailand found that there were potentially over 400,000 children in need of such government assistance but were denied help as they did not fit the requirement of the formalized kinship care programme. Isolating the kinsfolk and limiting their support as caregivers risks some families to seek out residential or institutional care over a possible family-based care option.

The Hong Kong government, taking a more targeted approach have enabled family members to remain as primary caregivers. They launched a two-year pilot project (2016-2017) on Child Care Training for Grandparents with the aim to strengthen intergenerational family ties as well as scaling up child caring skills. It was intended for grandparents of children aged from birth to under 6 or grandparents-to-be (i.e. those who will become grandparents in six months or so) with a total provision of 540 training places. Supporting the government’s stand in buttressing informal kinship care, International Social Service Hong Kong (ISSHK) have also started offering a wide range of kinship care placement support services which include social reports on prospective carers, counselling, intervention services, and conducting follow up integration/ placement post-placement reports.

Unregulated “foster care” and private “adoption” are common terms that are inter-changeably used in the local languages. Interestingly, in many cases

often the child remains in contact with biological parents. As referred to earlier, the care agreement is between the parents and dependable individual known within the ethnic/indigenous group. It is also of no surprise that many children return to their biological families upon adulthood. Such casual child caring has enabled many children to maintain family ties, be cared for in a familiar environment and the opportunity to have more than one “family” to call their own.

Further study could establish the prevalence of informal care and identify the nature and quality of the relationship between the child and the relative or non-relative caregivers. It is also acknowledged that some level of monitoring/support is required to ensure that the child’s best interests and safety are maintained. Such information would be useful when formulating more appropriate and adequate measures including more oversight to preclude any exploitation of the children.



Overview of alternative care options of children in Asia

Legend

- Government
- Private/NGOs
- Faith-based organization
- Community

	Family Preservation			Kinship Care (Informal lest stated)	Guardianship	Foster Care		Adoption		Institutional Care		
	Family strengthening	Family tracing	Family reunification			In-formal (unregulated)	formal (regulated)	Domestic	Inter-country	Government	Private/NGOs	Faith-based
cambodia		● ●	● ●	●		● ●		●	● ●	●	●	●
hong kong	● ● ●	●	●	●	●		● ● ●	● ●	● ●	●	●	●
indonesia	● ● ●	● ● ●	● ● ●	●	●	● ●	●	● ●	●	●	●	●
japan		●	●	●			● ●	● ●	●	●	●	
malaysia	● ●		●	●			●	●	●	●		●
myanmar	● ● ●			●			●		●	●		●
philippines	● ● ●	● ● ●	● ● ●	●	●		● ● ●	● ● ●	● ●	●	●	●
singapore	● ● ●	●	● ● ●	●	●		● ● ●	● ● ●	●	●		●
thailand	● ●	● ●	● ●	●			● ● ●	● ●	● ●	●	●	●
vietnam	●		● ●	●			● ● ●	●	● ●	●		●



Foster care as foremost (formal) alternative care in Asia

Staying true to the value of family as a fundamental unit of the society, foster care by and large has been the earliest form of formal or governed family-based alternative care in Asia. As far as one can tell, foster care programmes were first initiated in Singapore (1956), Hong Kong (1959), both Philippines and Thailand in 1970s. In each of these countries foster care provision is governed by a central government authority; in Singapore Children in Care under the Ministry of Social & Family Development (MSF), Central Foster Care Unit under Social Welfare Department (SWD) and Department of Social & Welfare Department (DSWD) respectively.

In Thailand, the foster care programme was first implemented by non-governmental organization, Holt Sahathai Foundation (HSF) in 1976 providing temporary care placements for children with special/high medical needs including HIV-positive children in Thailand. The official Foster Care Programme was only established in 1999 by the state's Bureau of Woman and Child Protection and Welfare (BWCPW), operating under the Department of Social Development and Welfare (DSDW). The foster families that go through the government programme receive a monthly stipend of USD60-120, as well other items that are deemed necessary for providing for the child. Many argue that the foster care provision provided here is basically kinship care assisting resettlement or relocation of homeless families. More recently, the Thai government body partnering with an international fostering agency Care for Children (CfC) launched the National Foster Care Project for 20 government run orphanages over a three-year contract in 2015. The intent is to train residential care workers

to help the children integrate back into the community while converting the initial care facilities into either community resource centres or small residential units and in some cases turn institutional care staff into foster carers.

Children placed in foster care in Singapore, Hong Kong and Philippines are likely to have experienced some form of abuse and/or neglect and are under the safe custody / protection of the state. Both offer one of the highest fostering allowance's in the region with the Singapore Fostering Scheme providing USD690 or USD820 for caring for a child with special needs, while Hong Kong foster carers receive a stipend of USD765 monthly. Despite being a voluntary service, there are strict criteria enlisted for the application to be a foster carer in these three countries including an assessment process and a training programme. The governments have also commenced appointing fostering agencies [NGO's], three in Singapore and 11 in Hong Kong who are tasked with capacity building of family-based care provisions. Singapore have recently made public their intention to make foster care the predominant alternative care option.

Notably, the Philippines foster care provision is one of the most progressive family-based alternative care provisions in the region. Philippines is the only country within the region with an existing legislative framework passed in 2012 after 18 years of advocating for regulations to be put in place for safeguards for out-of-home care - a hallmark in regulating a family-based care provision in Asia. There are presently six fostering agencies licensed by the DSWD. The Foster Care Act (2012) stipulates the rules and regulation of the care provision detailing who are the children to be placed in foster care; the criteria for foster carers; assessment

and licensing (valid for a period of three years) of foster carer; matching and supervision of the foster care placement. Distinctively, the provision came about from the need to care for "hard to place children" those needing one to one attention namely children with disabilities including those who were of siblings group from the government-run residential care facilities/institutions. The call was responded to by private organizations who took on the care of the children via their volunteer families scheme. CRIBS Foundation Inc., a private organization is known to be the first to initiate the service provision alongside other agencies such as Kaisahang Buhay Foundation, Inc. (KBF) and NORFIL Foundation Inc. founded in the 1970s.

Following Philippines example, Indonesia and Japan are currently making headway and set to embark on a similar path, with foster care to be the major family-based alternative care option for children in out-of-home care or without parental care. Until recently care in Indonesia was provided through informal arrangements, and/or through both registered and unregistered NGOs. Recent government Regulation No44/2017 passed in Oct 2017 will now provide a comprehensive framework for appropriate family-based care rather than children to be placed in an institution. An initiative spearheaded by Save the Children Indonesia for over a decade has been realised with the commencement of a Family First Signature Programme i.e. a comprehensive overhaul of the child welfare/protection landscape to promote family preservation with partnership with the Ministry of Social Affairs of the Republic of Indonesia (KEMENSOS).

Similarly, Japan's Child Welfare Act (2013) states the intention to have foster care provision to be the preferred option with an aim of having 75% of children fostered. The Ministry of Health, Labour, and Welfare (MHLW) has published its new vision for state care and called on the central and local governments to submit budget allocation as well as plans to implement the target. Additionally, they are supporting the set up of a fostering agency [NGO] in each prefecture, to achieve the foster care quota and also increase the number of adoption to 1000 within next 5 years.

In Cambodia and Vietnam, foster care is a relatively new concept initially introduced as a non-residential care option in the Policy on Alternative Care of Children (2006). Foster care is now recognized as an alternative care option in Vietnam within the newly amended Law on Children that became effective as of Jun 2017. Implementation remains small scale i.e. within a province or sub-district level and for the most part is undertaken by international NGOs rather than a state regulated body or local agencies.



Overview of number of children in the various alternative care options in Asia

	Kinship Care	Guardianship	Foster Care (formal)	Adoption		Institutional Care	Living without Parental Care
				Domestic	Intercountry		
 cambodia				Data unavailable	4 (2013)	35,374 (2017) (based on a mapping exercise of 639 identified residential care facilities) + Unknown (unaccounted children in unregistered institutions)	
 hong kong			933 (2015-2016)	73 (2015-2016)	14 (2015-2016)	4,000 (2016) *with 300 on waiting list for small group home	
 indonesia				79 (2012-2013)		370,230 - 516,600 (2007)	
 japan			4,578 (foster parents) + 829 (foster family group homes)	554 (2015)		29,979 (2013) (85% are state-run care facilities)	48,000 (2013)
 malaysia				960 (2003)		11,000 (2017) Registered care facilities according to government database + 50,000 (2015) (unaccounted children in unregistered institutions)	Unknown + 0.4 mil (2013) orphans
 myanmar				17		404,201 (2014) (based on a national survey of 174 registered residential care facilities) + Unknown (unaccounted children in unregistered institutions)	
 philippines			1,721	351 (2016)	371 (2016)	10,589 (2010) Registered care facilities according to government database + Unknown (unaccounted children in unregistered institutions)	
 singapore	100 (2016)		430 (2016)	387 (2016)		985 (2016) (under state care) + Unknown (admission on compassionate grounds)	
 thailand				2303 (2013)	344 (2013)	50,000 (2014) (based on estimated projection from an online survey in one district)	Unknown + 0.4 mil (2012) children outside the formal system/ no form of social protection
 vietnam				Data unavailable	484 (2014)	22,000 (2017)	Unknown + 1.5 mil (2017) vulnerable children/children having special difficult circumstances

Family separation- not by choice

In staying true to the concept of Asian family, the very act of sending a child away from home runs against the core value base in which there is a strong emphasis on family connection. Poverty has often been cited as the prevalent reason for most family breakdown and separation where children being the most susceptible victims are sent away. Unable to feed, provide for a safe shelter and education - families turn to institutions as a means of “providing a better life and securing a better future” for their children. Figures suggest a strong correlation between the children in out-of-home care for this reason being in the developing countries that have rampant change and economic upheaval/development.

Lack of access to education seems to be the main reason given for children being placed in institutional care in Cambodia, Indonesia, Myanmar and Thailand where research has drawn parallels with the average age of children being sent away from their homes being of school going age (5/6 years and above). This is often attributed to the lack of numbers of schools in remote parts of the countries coupled with the state limited resources and/or priority in providing accessible public education. This is in contrast to Japan, Hong Kong, Singapore and Philippines where children are mostly admitted into care facilities because they have experienced some level of abuse or neglect, whilst in Vietnam, abandonment is the prevailing cause.

Government Expenditure

Evidently, developed countries such as Singapore and Hong Kong have less than 1,500 and 4,000 children in institutional care respectively. Needless to say, regardless of it being a small percentage of less than 5%, Singapore has allocated nearly USD2 billion solely on social and family development (separate budget of USD9.7 mil for education and USD8

mil for healthcare) in the national budget 2016. While Hong Kong has been increasing spending on social development which includes education, social welfare and health accounting for nearly 60% of recurrent government expenditure at approximately USD24 billion reflecting the government’s long term commitment towards the development and well-being of the community. However, despite being the Asian economic powerhouse the number of children in institutional care numbers nearly 30,000 (2013) in Japan. 85% of the institutions are government-run facilities due to institutional care historically being the primary alternative care option for children in need of care and protection in Japan.

Interestingly, Malaysia has apportioned 4.9% for social development from its national budget. The amount of the actual budget could not be determined, nor could the percentage breakdown spend for education and healthcare. The family assistance programme provides carers with a monthly subsistence of RM80 (USD19) per child. The country’s poverty line is set at RM529 (USD125), which demonstrates the programme is clearly not designed to provide families with adequate financial support to even meet the poverty line.

In Myanmar a flagship family cash allowance programme was reported as initiated in 2015. Under the cash allowance programme, each beneficiary would be provided with 15,000 MMK per month (USD11). This was aimed at providing full coverage for 2.25 mil families, mothers and children in need. The government also indicated additional allowance of 8,000 MMK (USD6) per child per month to increased access to services that are specially designed for early child development. The programme is scheduled to be launched in 2018,

so there is currently no information available concerning the efficacy of the past and upcoming scheme.

Investing in Family

Literature reviews espouse that family strengthening support programmes are pivotal in keeping families together enabling children to thrive both emotionally and physically. Advocating for such schemes and programmes focused on strengthening family well-being through enhanced policies for the provision of social protection and the effective delivery of social services will inevitably prevent the institutionalisation of children.



Steve Hilton, author of *More Human: Designing a World Where People Come First*, captures this very notion of the power of family strengthening;

The easiest, most effective, most cost-effective way to end poverty, reduce inequality, promote better health and well-being, cut crime and anti-social behaviour, spur entrepreneurship, and innovation; the best way to achieve the outcomes we all want for our society and economy; the single most valuable thing we can do in the government and outside it to make the world a better place...is to invest in the infrastructure that matters most: the human infrastructure of the family.(pg 248)



One of the most successful family support initiatives is the Pantawid Pamilyang Pilipino Programme (otherwise known as 4Ps) in the Philippines. The 4Ps offer conditional health and education cash grants to households with pregnant women and children from 0-18 years old that have an estimated income that falls below the poverty line. The families get 500PHP (USD11) per month for meeting the health conditions; 300PHP (USD6) per month for making sure their child attends preschool or elementary; and 500PHP (USD10) for each child in high school during the 10 months of the school year. Since the programme launched, 4Ps has provided assistance to more than 4 mil households in 2014 and become the 3rd largest conditional cash transfer programme in the world.

Similarly, the government of Indonesia had developed a conditional cash transfer (CCT) programme in 2007 called *Keluarga Harapan* to improve socio economic conditions and increase access to education and health services targeted for pregnant women i.e. *ibu nifas* (after childbirth), and children under 6 years in very poor households. Main emphasis of the programme was to provide children (age 6-15) with educational opportunities as a means of reducing child labour. Thus far it was estimated that the CCT programmes had benefitted 500,000 families with the intention of reaching over 6 million families by 2015.

There was no information available on Myanmar or Vietnam’s national budget in contrast to the Philippines and Hong Kong being transparent in making available the breakdown of their social assistance programmes and beneficiaries in the public domain. It was not possible to find information about family assistance/support programmes in Cambodia, Thailand and Vietnam.

UN Secretary-General Javier Perez de Cuellar once said that “the way a society treats its children reflects not only its qualities and protective caring, but also its sense of justice, its commitment to the future and its urge to enhance the human condition for coming generations.”



Defining Alternative Care and determining Duty of Care – State Role

” Where the child’s own family is unable, even with appropriate support, to provide adequate care for the child, or abandons or relinquishes the child, the State is responsible for protecting the rights of the child and ensuring appropriate alternative care, with or through competent local authorities and duly authorized civil society organizations. It is the role of the State, through its competent authorities, to ensure the supervision of the safety, well-being and development of any child placed in alternative care and the regular review of the appropriateness of the care arrangement provided.

Article 5, UN Guidelines for the Alternative of Children (2010)

The political, cultural and socio-economic environments in each country vary greatly and for some this threatens the commitment and delivery of real change. Whilst excellent micro projects exist, the structural challenges impacted by corruption, lack of political will, threat of war etc all increase risk for instability, in turn threatening potential progress and diverting resources and structural funds/ aid. Progress is compromised further by the lack of a comprehensive child protection/welfare system to safeguard children from human trafficking, sexual exploitation, and disregards the fundamental issue of stateless and migrant children, inclusion of children with disabilities as well as inability to meet the basic needs of a child such as an identity, healthcare and access to education.

Various descriptions of alternative care are presented across the region. Whilst it is acknowledged that there are significant socio political, cultural and religious differences within and across each country, all said and done, the

pertinent question remains how is a country or state held responsible for the duty of care when the roles and terms of alternative care have not yet been clearly defined. One of the clearest definitions and outline of the various forms of alternative care is provided by Cambodia. Almost comparable to the UN Guidelines, Article 29 (iv) definition of residential care as

” Care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short – and long-term residential care facilities, including group homes.

Cambodia delineated alternative care as “care for orphaned and other vulnerable children who are not under the care of their biological parents” to include children from both residential/ institutional/group home care and foster care/kinship care (both formal i.e. ordered by competent administrative body, and informal care). Cambodia is also seemingly ahead of many countries in the region, having published several enactments. New regulations are constantly developed and announced including: Policy on Alternative Care for Children (2006); Minimum Standards on Alternative Care for Children (2008); Prakas on Recognition of Child Safe Organization Qualifications (2011); Prakas on Authorization of Intercountry Adoption Agencies (2011); Explanatory Note to Domestic Adoption (2016); Decision no105 on Establishment of National Child Protection Commission (2016); Standards and Guidelines for the Care, Support and Protection of Orphans and Vulnerable Children (2011); Prakas on Procedures to Implement the Policy on Alternative Care for Children (2011); Sub-decree on the Management of Residential Care (2015); Sub-decree on MoSYV functional Transfer (2017) to name a few. Despite having the many

directives, the policy implementation and monitoring remains problematic without effective enforcement of by-laws. Given the mentioned trifling budget and untrained workforce (i.e. with adequate social care/work qualifications), the realisation of a wide-ranging change agenda, and implementation of procedures and strategies to keep children safe, all inhibit alternative care reform. Information on the impact of the standards and regulations listed above or the effectiveness of national agencies or local NGOs, private and CSOs (aside from INGOs) which have put into practice the enlisted edicts into their programmes and services for children and families has yet to be ascertained. A study or evaluation of the application of the various legislative constructions would be instructive and other neighbouring countries who are currently reviewing their legislative frameworks would also benefit.

Countries without a formal definition of alternative care include Malaysia (however has a list of residential/ institutional care facilities with categorization), Thailand (residential and institutional care are used interchangeably), Singapore (all alternative care provisions managed under one sole authority) and Myanmar.



Obviously, the other remaining Asian countries would have a different interpretation of the Guidelines and have individually coined separate terms on alternative care and its provisions. Vietnam, for instance, has no formal definitions on care provisions and equate alternative care to “surrogate care”. The definition was formalised and revised into its Child Law Article 4 (Clause 3) in 2016, stating: *“surrogate care refers to the fact that an organization, family or individual undertakes to take care of an orphan, a child who is not permitted to or cannot live with natural parents or a child who is affected by natural disasters and calamities or aimed conflict for the purpose of ensuring the safety and best interests of such child.”* Differing from most alternative care construct in the region, which tend or attempt to situate institutional care apart from other forms of care that would fall under the category of “family-based care” has now however appears to lump in with both family-based care and institutional care as one single care provision.

Similarly in Thailand, there has been no recent revision or amendment to the Child Protection Act (2003) where various terms are given to different types of residential care, “residential/institutional care” and “orphanages” are interchangeably use, thus negating the relevance in specifying explicit admission requirements and execution of different reintegration/rehabilitation programmes to meet the needs of the child (ren) in the child care facilities. More glaringly, the government had ceased the hand-out assistance of 200Baht (USD60) to families whom were ready to take their children home since early 2017, throwing doubts on the government

commitment in supporting re-integration of the children back with their families. As once an incentive which encouraged struggling families to bring their child home with the additional help, could now be the very justification for allowing the child to remain in care.

Notably Hong Kong, despite criticism on having an outdated law of more than 30 years i.e. Protection of Children and Juveniles Ordinance (1987), the region’s social body arm, the Social Welfare Department (SWD) has actively performed its onus in providing appropriate support to families and adequate care to vulnerable children. Despite not having specific legislation, the government has defined and determined specific care provisions and intervention plans suitable and appropriate for children coming under state care. This is aided further by a centralised referral system with a strong focus on prioritizing family and community based care. For the fact of the matter, the social welfare system was further slated for neglect in not developing sufficient residential/institutional care facilities to accommodate those who are not able to continue living with their parents.

On the premise of holding to account countries to observe the UN Guidelines for the Alternative Care of Children, they should be equally accountable to the UN Convention of the Rights of the Child (UNCRC), the principles of which should be reviewed concurrently with the development of care provisions in each jurisdiction. For example, Malaysia acceded the UNCRC in 1994 and moved to implement a State Action Plan for deinstitutionalization in of one of its 13

states in the coming year, however there remains a need to address the more alarming figure of the approximately 290,000 stateless children, many of whom have been denied their identity, basic access to education, healthcare and opportunities, as clearly specified in Article 7, *“Children have the right to a legally registered name and nationality. Children also have the right to know their parents and, as far as possible, to be cared for by them.”*

In parts of Asia, more pervasive in Cambodia, Myanmar, Thailand and Vietnam children remain victims of sexual exploitation, human trafficking and cross border/migrant issues. Much spotlight has been given to the exploitation of Cambodian children as tourist attractions and pawns capitalizing on “voluntourism”. Often recruited into “orphanages” and kept away from families, some of the children are subjected to further abuse within institutional care facilities or/ and end up being trafficked across borders to begging syndicates or sold to prostitution rings/paedophiles. An estimated 1.6 mil children in Myanmar are unregistered, many, in particular Rohingya and minority ethnic children are vulnerable to trafficking to neighbouring countries i.e. Malaysia, Thailand including China and India “purchased” for approximately USD300/child. In Thailand, many children of immigrants, refugees, and minorities are marginalized and often discriminated against. Usually, the children are taken away by authorities and placed in “shelters” i.e. detention centres. Without the economic means to raise a child, and with limited access to social welfare, families are compelled to abandon and/

or institutionalize their child (ren) in order to ensure that the child’s basic needs are met. Latest report in 2017 indicated an average of 1,000 sexual abuse cases in Vietnam though it was noted that the figure is likely higher as many go unreported given the trauma, shame and social prejudice associated with these. To put in perspective, it means every day, three children fell victim to paedophilia. More troubling it was observed that the relevant authorities i.e. police do not give serious attention lest after interference from the highest level authority (i.e. after directive from the Prime Minister or Deputy Prime Minister) and under public pressure. The legal framework also has been ironically obstructive insisting of physical evidence rather than testimonies of the victims which after a period of time i.e. more than 7 days will likely dissipate any traces of evidence for persecution.

Only in recent years has Japan recognized “child abuse” with the first public figure of more than 70,000 child abuse cases reported in 2013 as it has been a long-standing taboo to discuss. Child protection reforms only began to be formulated in 2000 making a significant shift in the public and private discourse about child abuse. One point of reference estimated that 85% of children in Japanese orphanages are victims of physical and/or sexual abuse.² For some vulnerable children an orphanage is a safe place of refuge, while for others it may be the source of their experience with violence and abuse.

Far from implementing the UNCRC (ratified in 1991), Myanmar trail further behind with no comprehensive child protection and welfare system in place

to date. Faced with a different set of circumstances, most of the children are exposed to extreme acts of violence that have arisen from inter-communal conflicts and historically the recruitment of child soldiers by the Burmese militia. The first national Child Protection Sub-Sector (CPSS), Yangon was only established in 2014 largely under the leadership of UNICEF.

Children with Disabilities

Whether or not countries have ratified either or both the UNCRC and/or Convention on the Rights of Persons with Disabilities (CRPD), minimal attention has been given to the structure of care of children with disabilities, particularly those residing in institutional care. In Vietnam, the number accounts for half of the 22,000 in residential/institutional care facilities. With at least 150,000 children in general born with birth defects/disabilities caused by the lasting effects of dioxin (Agent Orange), a chemical used for herbicidal warfare by the U.S. military during the Vietnam War (1955-1975). Few available programme or assistance is rendered to the children, leaving affected family with no choice but to abandon their child (ren) or infant/s with disabilities at pagodas, hospitals or orphanages, the parents feeling they are not equipped to meet their child’s needs. Of further concern in the Law on Persons with Disabilities (2010), a clause on the child’s right to live in a family is not included.

Across the board, despite having established national bodies there have been no national model programmes dedicated with assisting children and young people with disabilities. Many were reported to be un-coordinated, having untrained/unqualified staff

and more glaringly discriminatory. Probably, Singapore leads many of its counterparts with its Early Intervention Programme for Infants and Children (EIPIC). A government funded service that includes services such as therapy, educational support, activities that may prevent children from developing secondary disabilities targeted at children between the ages of 0 and 6. Additionally the Integrated Child Care Programme (ICCP) for children (age 2-6) with mild to moderate disabilities exists. Enabling families to be able to access to community-based assistance.

Hong Kong offers a wide-ranging programme in assessing the needs of the child, referral and placement services are making available, through its Education Bureau where psycho educational assessments are done to aids teacher and family members through the process of conducting interventions. In addition, Social Welfare Department offers financial assistance to families who have children with disabilities through the Comprehensive Social Security Assistance Scheme.

Indonesia and Philippines have over the years been developing community-based rehabilitation (CBR) programmes to make the all-inclusive services accessible to its large population. Still more concerted effort and deliberate attention should be given to the children with disabilities simply on the basis that they are the most vulnerable of the lot having no voice and at times their stories forgotten.

² Ambrose, Drew. “Japan’s throwaway children.” Japan’s throwaway children - Al Jazeera English. October 03, 2014. Accessed May 07, 2017. <http://www.aljazeera.com/programmes/101east/2014/09/japan-throwaway-children-20149299271732632.html>.



Exemplary alternative care practice model in the region

Whilst Singapore (city-state of 5.6 mil population) is often identified as the leading country in the region with an effective child welfare/protection system and functional social care system, it operates within a particular ambit. Highly centralized with a substantial available national budget, the provision of social services is well-orchestrated and mechanistic. This model would likely be applicable and suited to the Vietnamese cities like Hanoi (7.5 mil population), Ho Chi Minh (8.4 mil population) and Bangkok (8.3 mil population) all of which share the same level of centralized governance i.e. social protection initiatives are directed from the government as well as having similar demographics conditions of an urban built up.

The Philippines and Indonesia has an enlightened care system given their steadfastness to meet the needs of the two largest standing populations at 103.3 mil and 261.1 mil in the region respectively as well as overcoming enormous geographical landscape challenges coupled with the regular occurrence of natural disasters. The former exceeding many of its counterparts in their legislative frameworks and qualified social workforce while Indonesia demonstrating a calculated overhaul of the child protection system in pursuing a long-term family-based care campaign. Notably, both countries have taken an inclusive approach through establishing collaborative partnerships with civil society. The involvement and

immersion of the private agencies, non-governmental organizations, community-based/grass-root affiliations and civic groups has incited many innovative localized initiatives towards family strengthening as well as effecting national standards and statutes pertaining to the care of children. In addition, several avenues were formulated to include the participation of the children with regard to determining their own care option.

Some might argue the aforementioned practice and framework may not necessarily be implemented nationwide, however due credit ought to be given for developments and triumphing despite the many mentioned physical challenges (similar to many undeveloped and rural areas of Southeast Asia). Indeed, each region/province level presents a different set of impediments to the development of a synchronised alternative care model necessitating creative measures and new ways of protecting the children. Instinctively the maturity of the sector and liveness of the programmes/services in these contexts show an ability to accommodate the diverse complexities of each area and imbue indigenized conventions. Of note, the Philippines is also at the forefront in being the only country in the region with an established consistent system of licensing as well as accrediting its residential and institutional care facilities. Furthermore they have imbedded family preservation and permanent care for the children into its philosophy of care.

The models and methods of development and service provision showcased in this report will in some measure without doubt influence the improvement of the quality of alternative care. The spectrum of systems and initiatives will hopefully assist in shaping better care outcomes for children in the region. Sharing best practice and evidencing the efficacy of frameworks and models is crucial to prevent repetition of ill-informed structural decision making and wasteful resourcing.

recommendations

” People in developing countries are not really looking for support... delivering services to them, but they want us to stand with them in pulling together the knowledge they need, the evidence they need. They need our global power to be able to hold their leaders accountable to them.

- Oxfam International Executive Director,
Winnie Byanyima

One Shoe does not Fit All

Various best care practices and models have been discovered and commented on in this report to both showcase universal as well as customary service child care provisions in the region. Many national child care providers/practitioners shared their experiences in having to constantly adapt the alternative care provisions according to the surrounding community context. It was noted that some of the countries experiences might offer model interpretation for alternative care sector transformation, though due diligence should be given in assessing the contextual variations before replicating similar archetypal structures/systems and implementing them – “one shoe does not fit all”.

It is fundamental to not only identify but also acknowledge the diversities and variations in care needs across the states as well as provincial/district level before attempting to envision and craft care reform for the region, or for the fact of a matter a particular country

The Unsung Hero- Inclusion of the “voluntary /third sector”

In acknowledging the above complexities and variations throughout the region (across each country and within each country) there remains an urgency to further develop alternative care in the respective jurisdictions. Despite the present narrative to keep children within

family, and call for more regulated formal family-/community based care, children continue to be placed in institutions as the first care option. More often than not the immediate external response is to create new regulating bodies and structures or pilot new initiatives in the sector as a means of improvement or rectifying the problem in which the outfit would then be seemingly justifying its existence as part of capacity building and “revolutionizing” the care system i.e. bringing in “new” options from outside. The study clearly demonstrates (in several countries) that sound family-based care has in fact been in place over several decades and is part of the culture and a long-standing care history. Yet this is often overlooked by well-intentioned global actors without the local knowledge and expertise and at times is negated due to the lack of written literature in the region. The cultural norm being to pass on knowledge or information through oral accounts coupled with limited accessible information because of the language barriers has effected this perception. More opportunities should be created for the national local agencies to demonstrate their capacity as well as document and share their experiences, including encouraging dialogue about the setbacks, limitations and challenges in delivering the social care initiatives within their jurisdictions. The insights from such platforms will aid in identifying the core reason for the institutionalization of children. In addition, it will avoid duplication of services and programmes already in place.

Moreover, it is imperative for continual engagement of the civic society or third sector (private/NGOs, civic society, community) given they have been the main drivers for change in child care developments as well as providing social assistance to families in the context

of the region. Their local knowledge and expertise is central in defining the context of the social care landscape in their own backyard as well as holding their respective government accountable to provide a duty of care. For example take the nuances associated with the placement of children in institutions. In Malaysia and Indonesia it is deemed as part of “amal jariah” i.e. good deeds in providing the children shelter and good education as part of the Islamic tradition which puts high emphasis in caring for “orphans” whilst in Cambodia, Vietnam and Thailand, the Buddhist belief of bad “karma” and notion of reincarnation have discouraged attention and extending help to the welcoming the children in one’s home to pursue and make available more family-based care options. These conventions could only be respectfully challenged and sensitively addressed within the community context through informed and guided facilitated council/commune meetings, village meetings etc led by a trusted third party i.e. NGOs/community based organizations who have worked alongside with the members of the community and have earned the trust over the years.

The third sector holds a prime position as agents of change, not negating the current existing system or downplaying the genuine concern of the society or members of the community for the care of the children. It can mobilize existing structures, share the learning about the need to prevent the institutionalisation of children, as well as provide support for the reintegration of children after discharge from residential/institutional care back to homes and their communities.



Building the Social Workforce

The information gathering revealed a drastic variation in the existence of training and role of the social workforce across the region. There is urgent need to develop the social workforce in order to consolidate and implement/influence the national agenda towards family strengthening and preservation. Development of the social workforce in Asia has been often neglected with budgetary emphasis being to resource actual programmes to prevent children being sent to institutions. But to effectively do this the workforce need to be trained in executing the reforms. In particular, developing the competency of the social workforce that lack the intervention know-hows and specialised skills to move the common agenda of transitioning of children living in residential institutions into family-based care. Many countries have adopted deinstitutionalization processes without implementing comprehensive supporting systems i.e. integrated policy and mechanisms in strengthening families, developing the range alternative care provisions nor put in place gate-keeping mechanism. Training on varying aspects of child welfare and protection systems is seriously lacking.

For some countries however social work training has been provided since 1940s, in particularly Thailand and Philippines. With the exception of other countries in the region, only Philippines (Republic Act 4373/1965), Indonesia (Social Welfare Law 2009), and Thailand (Social Work Profession Act 2012) have stipulated laws establishing in requirements for obtaining a legal certificate and/or license for social work. More notably, Hong Kong holds a piquant social workforce where the profession is generally well respected in the society and held up at pedestal as social justice advocates. Its social workers/practitioners are often consulted for the development of social service provisions in the region.

Singapore, has taken a unique approach in consolidating its social workforce under one arm of the social service training institution, Social Service Institute (SSI) a statutory body under the realm of National Council of Social Service (NCSS) in addition to programmes offered at local universities. This enables the sole governing body, Ministry of Social and Family Development (MSF) to direct the trainings in managing the social workforce both at national and local voluntary agencies level to advance set social service initiatives. Further professionalizing the position, individuals working in the sector are required to obtain minimal Social Work qualifications while qualified Social Workers to be registered under the Singapore Association of Social Workers (SASW) and Accreditation System for Social Workers and Social Service Practitioners launched in 2009. Indeed, due credit must be given to the ingenuity of resource management of the sector though inevitably such stratagem risks limiting fluidity and creative innovations in developing individualised care provisions to address the multiple transcending complexities of the needs of family or a child.

Vietnam prides itself with one of the biggest social work learning institutions with 55 universities and colleges and 21 vocational institutes offering social work programmes. However it was noted, that most of the programmes present syllabus that are theoretical, provided by international/foreign universities or trainers. Hence, unable to inform the practitioners of the complexities as well as prepare them in meeting the local cultural needs and addressing the realities in context. Thou, the government had taken measures in building up the workforce with the announcement of 10-year scheme on the Development of the Social Work Profession (2010-2020) with a budget of USD123 mil to generate 60,000 workers. We have yet to see the outcome of the intended scheme.

Academic qualifications in the Social Work discipline are required in Malaysia and the first social work association in Malaysia was established in 1955 by British expatriates. This led to the formation of the present day Malaysian Association of Social Workers (MASW) in 1973. MASW is registered and/or associated with a variety of both national and international social work organizations. Though till date the formulation of the National Social Work Competency Standards to pass the Social Workers Act since 2010 has yet to be enacted.

For most of the Buddhist population in Thailand, religious philanthropy contributes to the general attitude towards social work. In Malaysia, social work is synonymous with voluntary work and this has somewhat impeded attempts to the progress of legislative frameworks in social work practice. Whilst in Vietnam being a socialist state, social work is based on communal doctrine. Whereas in Japan, social work can also often refer to social welfare and at times, other professionals i.e.

lawyers are likely engaged in advocating for children's rights instead while the former is hardly involved in developing the quality of family-based alternative care provisions.

The lack of recognition and low salary in the professional prospects in many of the countries listed i.e. average salary of social workers between USD400-600 has not presented it as an attractive career path. Only recently, the Philippines had doubled the salary of government social workers to USD1000 from the average wages still offered at local agencies. Hence, there should be a review in assessing the right remuneration as well as providing various incentives in bolstering the human resources and creating other incentives in the personnel development to strengthen their capacity for service delivery.

Needless to say, Myanmar is in dire need of developing social welfare/work standards and programmes to meet the basics needs of children and the disfranchised community at large. At the moment, the only available "social work" training course is a 3 month Health Care Assistant Training conducted by the Ar Yone Thit Myanmar Social Workers Association formed in 2010. And this course is offered to health and education assistants personnel. Research was unable to yield much information regarding the sector nor ascertain the experience/qualifications of the service care providers.

Slightly ahead, Cambodia had recently accepted Social Work as a topic of study and a serious profession in Cambodia. In 2004, the University of Phnom Penh (RUPP) and the University of Washington formed a partnership and saw the first enrolment of social work student in 2008. A few years later followed by the establishment of National Institute of Social Affairs (NISA) classified as a

government entity in 2012 providing similar social work training programmes facilitated/taught by graduated social workers/practitioners. A more recent development is the launch of Family Care First Cambodia (FCFC) Multidisciplinary Advisory Group on Social Workforce to address social work practice and build up the social service sector as means to reducing the number of children living outside of family care. The initiative is spearheaded by Hagar and Save the Children Aug 2017 with members made up of various government ministries representatives, both Royal University of Phnom Penh (RUPP) and National Institute of Social Affairs (NISA) as well as the international organizations to address unnecessary institutionalization of children. It is hope that a more localised entity would in eventuality evolved to lead the national social work agenda.

The challenge is to shift the perception of viewing social care work as a pure altruistic or charitable work as is seen and experienced in the cultural, religious beliefs of most Asian countries. Furthermore to address the political perspective which holds this view also as this can prevent appropriate resource allocation.

Investment in skilling and training the workforce will be the only way to strengthen and systemize the child care sector and effect the transformation of alternative care in Asia.

National forum

The development of family preservation efforts and alternative care should be high on the Asia political agenda, internally in each government. The way to achieve this is no simple feat. Often programmes and services for children and families are simplified, deduced to generalization to then narrow on possible solutions with inadequate available resources and existing capacities. Compensating or overlooking the complexities by putting them into a rigid pre-determined set of resolutions either guided by incongruous national policies or foreign/donor-driven agenda fails to deliver a personalised targeted and hence stable long-term solution. In truth, many shy away from admitting the limitations and challenges at hand and are reticent of having to ask for help amongst peers and the larger sectoral community.

The current problem of ubiquitous institutional care in Asia demands a multi-faceted transcending approach and system of interventions which are overarching as well as organic in taking into account the individual child's circumstances, needs and wishes, along with cultural diversity, all espoused in the UN Convention of the Rights of the Child (Article 20)

” *Children who cannot be looked after by their own family must be looked after properly by the people who respect their religion, culture and language*

To ensure stability and lasting care, solutions must be localised where national/local agencies should be the forebears and their know-how and experience sought and heeded further buttressed by a central authority. When the cultural differences are poorly understood, a variety of adverse outcomes may result further adding to the risk of isolating the child and

families to go off the grid and remain in the realm of the unknown. Local literature in the various languages should be produced and available as a means of disseminating information, and notice of national standards/policies as well as capturing the essence of care practice within and beyond the various communities to create a better understanding and appreciation of the diversification in the spectrum of care in Asia.

This report indicates the different stages of development in the countries in focus, some of which might seem to be in conundrum due to the state of affairs of the governmental stand on alternative care. At best, the report documents much of the information that is available and made accessible at the point of research, and hence timely. It further indicates that more facilitation is required to help support and build up the capacity of the respective countries in reviewing and improving their care system. A further highlight is the urgent need to consider the existing range of social care provisions and structures as a whole in order to strengthen and simultaneously implement other support systems and schemes to ensure proper standards of care for children.

What is lacking in most countries is an inclusive national platform akin to the likes of the Council for Welfare of Children (CWC) and CRC Coalition Thailand which galvanized various stakeholders, central authorities, policy-makers and practitioners from all the multi-sector to come together to ascertain the number of good strategies and programmes relevant and consistent to the normative framework of the UN Guidelines for Alternative Care of Children. Such a platform provides opportunity for knowledge exchange on best practice and explorations of challenges in advocating for family-based care options in the continuum of

care. In doing so also helping to align the national/regional frameworks on child welfare initiatives with internationally recognized good practices. More importantly, such an inclusive approach aids in developing comprehensive support systems i.e. integrated policy and mechanisms in strengthening families, and address the challenges of implementation plans/budgets etc for deinstitutionalization as well as put in place gate-keeping mechanism.

The potential for establishing an Asian Network could become the bridge between Governments and small and large NGO's, provide a repository for policy and procedures for sharing, training resources and sharing of best practice and create a standard for people and organisations to aspire to. Learning by and through experience does not always happen naturally in large bureaucratic settings and collaboration between sector organisations often needs facilitation and space/a platform by a neutral entity.

The narratives of children and families and their lived experience, provides a necessary and unique window into their journey and therefore needs. The voice of children in care for this reason should be listened to and the realisation that care- experienced adults have valued insights, suggestions and possible solutions to bring to the conversations and planning for future care reforms must be recognized.



take me home

