PROBLEM STATEMENT

How can we tackle barriers that exist to access services related to safety & protection for the most vulnerable people in need of these services?

CURRENT CHALLENGE

Evidence shows that in emergency and transitional settings, protective factors are weakened and/or are absent, exposing children to multiple and increased risks. The rise of refugee and migrating children is a global phenomenon, with recent reporting by UNICEF highlighting that “33,000 children arrived in Greece, Italy, Bulgaria and Spain in 2017”. In 2017 the ICRC reported that family separation was at a five year high with over 18,000 new cases opened in 2016. 1 Boy and girl refugees and migrants are particularly at risk when they are unaccompanied or separated from their families; in 2017 the proportion of children arriving unaccompanied or separated (UASC) increased by 31%.”

Separation from families and placement in institutional care, are widely recognized as having long-lasting negative impacts on children’s well-being and development. Yet, in Lebanon and as a result of continuing deterioration of socio-economic and legal conditions, the number of refugee children in need of alternative care 2 is on the rise.

The importance of family-based care is widely recognized at the global level through the UN guidelines for Alternative Care and within Lebanese legislation, both of which state that maximum effort must be made to keep children within families. Yet, an estimated 24,000 children in Lebanon are currently separated from their parents, spending the bulk of their childhood in residential care.

While institutionalization continues to be the response of many vulnerable Lebanese families to poverty, alternative care for refugee children - Syrians, Palestinians and Palestine Refugees from Syria - is scarce. This gap in protective services for children in need is greater for adolescent boys (13-17 years old). Save the Children’s July 2018 interim care assessment study shows that out of 13 government-supported institutions, only 3 are able to host male adolescents, and they are often full.


1 under Article 18 of the CRC, “parents, or, as the case may be, legal guardians, have the primary responsibility of the upbringing and development of the child,” and Article 20 mandates that alternative care be provided when a child is “temporarily or permanently deprived of his or her family environment” (Part 2). When children cannot be cared for by their parents or wider family networks, they are in need of other forms of temporary care whilst permanent family homes are found for them. This can include kinship care, short and long term foster care, smaller residential care facilities and supervise independent living.

1
Although, the Government of Lebanon has taken important steps towards the strengthening of the child protection system at multiple levels, there are still gaps in relation to service provision, policy and legislation regarding family-based alternative care including supervised independent living. Syrian adolescent boys who have suffered abuse or neglect, or need to be removed from a high-risk situation, experience multiple barriers to accessing alternative care. Adolescent boys are systematically left behind due to the scarcity of temporary shelters providing interim care and lack of families willing to host them. They thus often end up on the streets or in other inadequate institutions, such as adult prisons.

**IMPACT GOAL**

We need to increase alternative care options for refugee adolescent boys in Lebanon, so that they do not end up on the streets or housed in jails. The desired change is improved system-service provision and related government policy and legislation for boys (13-17 years old) that are in need of alternative care placement. Accessing appropriate services catered to their specific needs and promoting their protection and wellbeing could be achieved through increased access to family-type alternative care programs like kinship care, host families (similar to foster families) and Supervised Independent Living Care Arrangements. These solutions already exist in many contexts, and could be improved or adapted in Lebanon. The more challenging question is, however: can new solutions be developed to better support this vulnerable group?

Such new solutions could potentially generate life-saving and life-improving assistance for adolescent refugees who are systematically left behind with very little access to their basic rights. New, pilot-tested solutions could also respond to a wider target and be scalable to other countries who are hosting thousands of unaccompanied and separated refugee children.

For Save the Children in Lebanon alternative appropriate care for Syrian refugees is a key Strategic Priority for our 2019-2021 Country Strategic Plan. Save the Children is positioned as the leading INGO in alternative care, both in the humanitarian and development context. Additionally, in partnership with other key child protection actors namely the International Rescue Committee (IRC) and CARE, we will ensure sustainability through building existing local resources and structures and continuing to strengthen long-lasting strategic partnerships with relevant stakeholders, including the Ministry of Social Affairs (MoSA) and the Ministry of Justice (MoJ). Save the Children, IRC and CARE would also ensure active adolescent participation in the designing and shaping of interventions, so as to ensure the solution developed meets actual needs.

**ASSUMPTIONS MADE**

In Lebanon, the Juvenile Protection Law (422) deals with children in contact with the law and “children at risk or threatened”. In reference to alternative care, the law allows for children to be placed with a “trustworthy family, a social or health institution, or a correctional institution”, the law does not detail how placements are assessed, determined or managed. Our assumption is that the Government of Lebanon through MoSA is committed to providing support to refugee adolescent boys in need of alternative care as prescribed under the current Juvenile Protection Law (422).

Secondly, an important assumption is that designated juvenile judges and relevant counterparts in the MoJ, are supported and committed to exploring alternatives to institutionalization for the targeted cohort of refugee adolescents (13-17 years old). Similarly, another assumption is that the Juvenile Unit at the MoJ will be willing to remove some existing barriers such as the need for an unaccompanied adolescent to be in possession of legal registration.
papers to have their cases processed. Lastly, it is assumed that refugee adolescent boys will be open and welcoming to the development of new alternative care alternatives.

RISKS IN PURSUING THIS CHALLENGE

Save the Children, IRC and CARE have identified a number of areas where potential risk could be presented in pursuing this opportunity. Some of them are associated with a low level of commitment by governmental actors to further engage in family-based alternative care in the country. This is of special relevance on the current context of political climax encouraging repatriation as the preferred durable solution for refugees. Additionally, the MoJ’s key role in operationalizing this program and achieving the expected results should be carefully assessed and resistance to new forms of alternative care minimized. Current juvenile judges in Lebanon have no protocols on child protection to guide their decision-making and since Law 422 leaves space for interpretation, it is applied differently by juvenile judges in matters of alternative care.

We might, additionally, encounter some level of resistance from refugee adolescent boys to be integrated into any form of formal care, even minimal supervision as per independent group living. We plan to minimize both sets of resistance by undertaking continuous, thorough and open dialogue with all relevant actors involved in the process.

NEXT STEPS

- Identify a private-sector partner or consultant that can develop and facilitate a “design-thinking” innovation process with key actors in Lebanon, including DRA members as well as social businesses;
- Begin design thinking process with a rapid “ideation” session through which idea pitches would be rapidly developed, shared and prioritized for further research and testing;
- Conduct a scoping exercise to determine whether these new selected ideas already exist in other countries, and could be adapted for Lebanon;
- Propose and examine new ideas with relevant actors, including youth and those in need of alternative care, child protection experts, as well as select government officials, to determine their feasibility and keys to success;
- Develop prototypes of 1-2 ideas that have the greatest potential to address the issue, and rapidly test ideas in Lebanon to assess whether they could be scaled up effectively.