

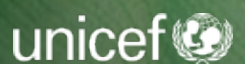


hope and homes
for children

Beyond institutional care

A roadmap for child protection and
care system reform for governments
in Latin America and the Caribbean

Supported by



Welcome

to *Beyond Institutional Care*



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Across Latin America and the Caribbean, countries have been reforming their child protection and care systems in line with the United Nations Convention on the Rights of the Child (UNCRC) and the 2009 UN Guidelines for the Alternative Care of Children (hereafter, the UN Guidelines). Progress is being made: most states have reformed their legislation in line with the UNCRC, many have created new and stronger child protection architectures and some have diversified their offer by promoting family strengthening and family based care programmes

However, there is still progress to be made in ensuring the rights of children without parental care. This is particularly timely as 2019 marked the 10th anniversary of the UN Guidelines, the 30th anniversary of the UNCRC, and the launch of the UN General Assembly Resolution on the Promotion and Protection of the Rights of Children which focuses on children with parental care hereafter, the UN Resolution.

There are still many challenges ahead. We collectively acknowledge that the reforms taken are complex and challenging. We need to advance further to ensure that family strengthening, prevention and appropriate alternative care – used only as measure of last resort, temporary and for the shortest duration – form the bedrock of child protection and care systems that fulfil children's rights.

Indeed, the UN Guidelines set out an objective for the gradual elimination of institutional care for children within the wider context of developing systems for the protection and care of children, stating that alternative care for children should be provided in family-based settings. The UN Guidelines clearly call for the deinstitutionalisation of the provision of alternative care, for a paradigm shift in the way we care for children.

It is estimated that 187,129 children live in residential institutions in Latin America and the Caribbean (Lumos, 2020). This has implications for Government legislation and policy making, budgeting reorganisation, justice and child care operator's capacity building and more widely changing social norms.

Beyond Institutional Care has been developed to support, among other tools, national governments across Latin America and the Caribbean to accelerate child protection and care system reforms in their countries by putting deinstitutionalisation at the heart of the process. It intends to help governments to build on the reforms that they have already begun and bridge the gap between the intention and reality of

reforming national systems in order to strengthen families and ensure that children who lack parental care receive the alternative care that best suits their best interest.

Aligned with the principles of the UNCRC and the recommendations of the UN Guidelines, this Roadmap puts a framework for action, real-world examples, tools, resources, and technical advice directly into the hands of government decision-makers and policy-makers, giving them the know-how to plan and bring about real change in their own countries. *Beyond Institutional Care* was developed to distil practical advice from specialists in the field who have led complex deinstitutionalisation programmes on the ground at sub-national, national and regional levels. It explores regionally and globally relevant experiences and brings learnings from both successes and failures, providing opportunity for government authorities to reflect and contextualise the information into the realities of your own national theatre of operation.

Governments across Latin America and the Caribbean are at different stages in the journey to build strong child protection and care systems. The Roadmap for Care Reform is not intended as a 'one-size-fits-all approach'. Child protection systems are complex, rooted in local cultures and norms, and must be designed to respond to local needs. Reform of child protection and care systems will have a different starting point in each context and will follow a different path towards transformation depending on numerous factors including political will, human and financial resources available, population demographics, and service availability, among others.

What all reform should have in common is its aim to achieve a set of standards which have been designed to support the best interests of the child reunited in the UN Guidelines on Alternative Care. Reform should have a clear vision for an end-goal and a timeline for completion; it must be ambitious in setting the expected outcomes for children. We know much more now than we did about protecting our children decades ago and knowledge is constantly evolving. This guide wants to add to the work you do and the needed transformations you want to achieve.

Beyond Institutional Care provides a framework for governments to develop their own roadmap for child protection and care system reform and deinstitutionalisation. We hope that it will inspire a conversation, guide inter-ministerial and cross-society dialogue, support multidisciplinary groups at all levels to frame their own assessment, and plan their own roadmap for change.

Acknowledgements

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Above all, we express our profound appreciation to the children, young people, and family members who shared their experiences with us.



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Deinstitutionalisation

as the key driver of child protection and care system reform



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Glossary and Acronyms

A full glossary of terms can be found on the [Tracking Progress website](#).

CSO: Civil society organization

EU: European Union

FBO: Faith-based organization

ILO: International Labour Organization

IOM: International Organization for Migration

NGO: Non-governmental organization

UN Guidelines: United Nations Guidelines for the Alternative Care of Children

UNCRC: United Nations Convention on the Rights of the Child

UNCRP: United Nations Convention on the Rights of Persons with Disabilities

UNHCR: United Nations Refugee Agency

Worldwide, estimates of the number of children* living in institutional care vary between two and eight million, with some suggesting the number could be higher**.

In response to this global problem, the UN Guidelines for the Alternative Care of Children set out an objective for the gradual elimination of institutional care for children within the wider context of developing systems for the protection and care of children. In this context, it is common to talk about deinstitutionalisation either as an end in itself – to mean the closure of institutions on a local or national scale – or as simply the reintegration of children into families and communities, a discreet part of a larger overall agenda to implement the UN Guidelines for Alternative Care.

This roadmap takes a practical approach. We argue that the significant systemic effect of institutional care and the multi-faceted nature of the solution make a powerful case for elevating ‘de-institutionalisation’ from being a sub-set of the ‘to-do’ list and prioritising attention on it as a key driver of change at child protection and care system level.

The complexity of the process means that a country-wide focus on transitioning away from a systemic reliance on institutional care will, if tackled properly, result in the eventual overhaul of the whole child protection and care system.

A national focus on child protection and care reform with ‘deinstitutionalisation’ as the key driver for change requires governments to understand and invest in children and families, and the promotion of child rights. It requires authorities to develop an understanding of how, why and from where children end up in care, investigate the benefits of preventing unnecessary family separation and uncover how money could be

better spent in the best interests of children at risk, their families and communities. It requires multi-agency working and, crucially, it can accelerate the design and development of quality services and the systems for monitoring them, that better meet children’s needs and are more in line with the UN Guidelines for the Alternative Care of Children because, frankly, the consequences of simply closing institutions with nothing to replace them would be unthinkable.

This roadmap puts children at the heart of the process of deinstitutionalisation and child protection and care reform. This is rooted in over 20 years of working with children living in institutions who have told us repeatedly through interviews and consultation across 15 countries ‘I want to live in a family and in the community, not in an institution.’

We emphasise the participation and inclusion of children in decisions that affect their own lives, such as decisions about their entry into and transition within or out of care. Children and young people should be encouraged to raise their voices and inform government policy and programming.

*For the purposes of this roadmap, children are defined as boys and girls under the age of 18.

**The number of residential institutions and the number of children in them is unknown. Estimates range from ‘approximately 2.7 million’ (Petrowski, Cappa, Gross, 2017) to 8 million (Pinheiro, 2006, p.16). The most recent estimate, quoted in the UN Study on Children Deprived of Liberty, suggests there are 5.4 Million children living in institutions in 2020 (Desmond et al., 2020). Estimates presented at regional and global levels are likely to underestimate the actual numbers of children living in institutional care.

A roadmap for change

Beyond Institutional Care provides a framework for governments to develop their own roadmap for deinstitutionalisation and child protection and care system reform. We hope that it will inspire a conversation, guide inter-ministerial, multidisciplinary groups at national and local level to assess their journey, and plan their own roadmap towards change.

What follows is a 'how-to' guide for getting to grips with the complexity of deinstitutionalisation and thereby open up a gateway to whole child protection and care systems reform.

The handbook is divided into two sections.

Part 1 sets out why care reform is needed and why children in institutions are the key to unlocking systematic change.

Part 2 provides the framework to assess the status of the care system and the readiness for care reform and provides practical steps to catalyse the conditions for change and implement reform. This is accompanied by case studies which share experience from countries across Latin America and the Caribbean to illustrate their context, successes and learnings in areas of child protection and care system reforms.

First, we introduce the theory of change and the enabling conditions for change. We then break these down into two clear steps for creating those conditions: 'Developing Readiness' and 'Setting Change in Motion.'

Once the conditions for change are in place, the process of implementing deinstitutionalisation can be broken down into 5 key strategies. We set out these strategies and the tools they require in 'Implementing Change'.

At the end of the guide we present a composite case study of Casa Sonrisa de los Niños which illustrates these 5 key strategies for implementing change in one institution.

Our final chapter 'Sustaining change' deals with the ways in which countries can consolidate and sustain positive developments.

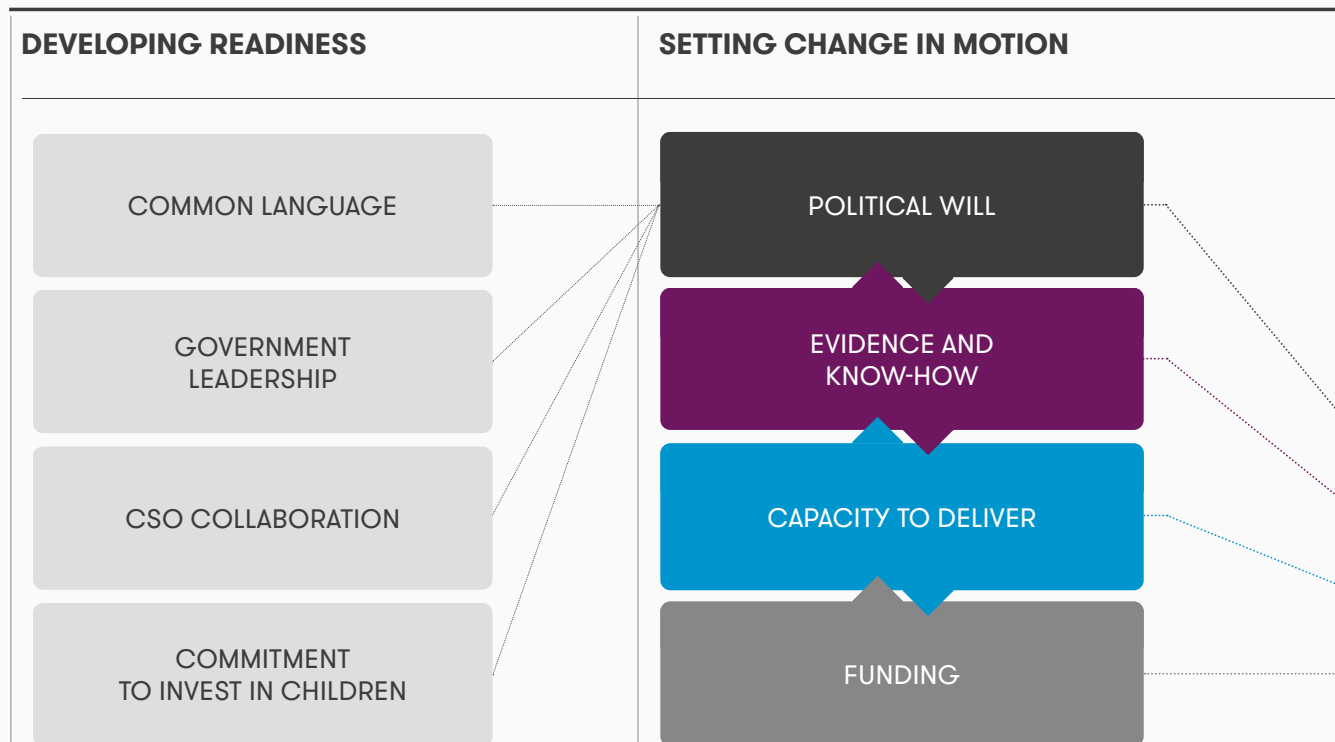
Throughout the handbook we advocate the development of a national plan for deinstitutionalisation and care reform. The theory of change presented recognises that this process is messy, with many moving pieces at the same time. There may need to be a process of trialling and piloting that enables learning and evaluation before scaling up and developing a national plan is possible and realistic.

Recognising the complexity of deinstitutionalisation and systemic change, we have developed a roadmap which summarises these ideas in one framework. The roadmap below (full version on [page 38-39](#)) can help you and those you work with to reflect on where you are on this journey and identify how you can transition your country away from reliance on institutional care towards family and community based care.

Context is important. There is no real blueprint for change, only a set of principles and milestones, as illustrated in the Roadmap, that need to be translated and adapted for national contexts. What is important is that any local or national momentum towards reform is sustained.

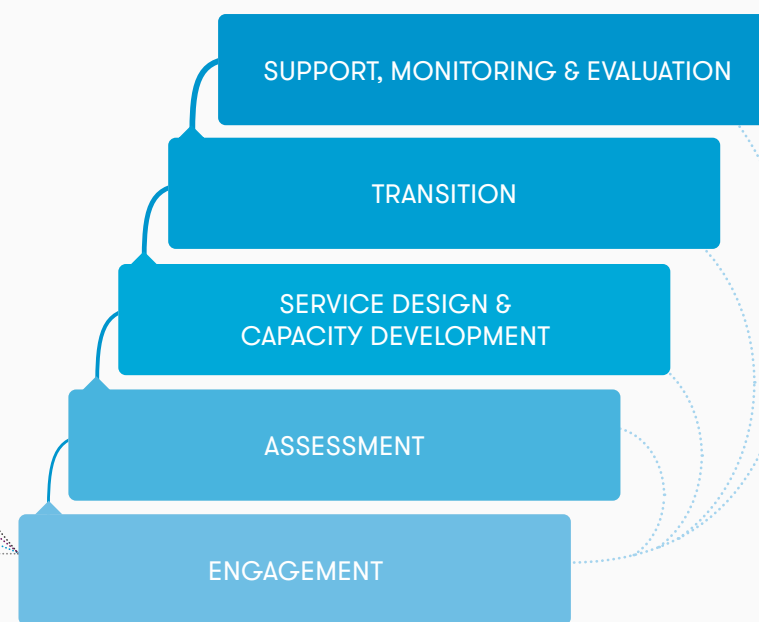
We hope that with this information and the experiences of others who have walked similar paths, you will be able to set and move at your own pace through the various stages of transitioning your country away from a reliance on institutional care towards a child protection and care system that prioritises families and communities.

CREATING CONDITIONS



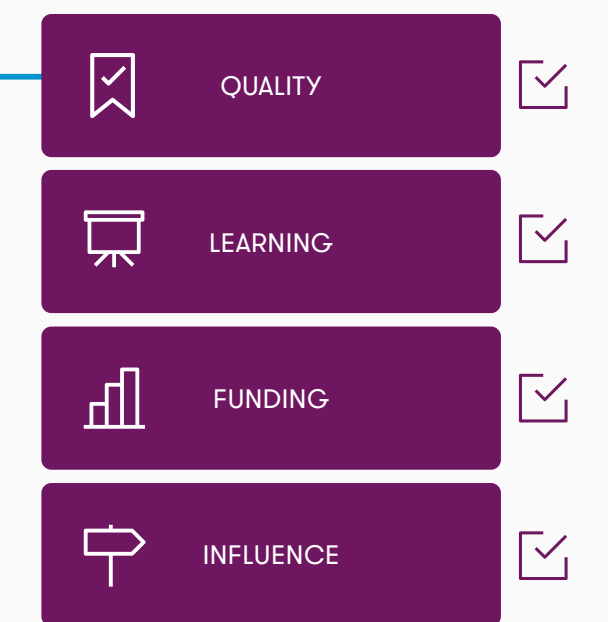
IMPLEMENTING

5 STRATEGIES FOR DEINSTITUTIONALISATION And the tools they require



SUSTAINING

SUSTAINING CHANGE Final checklist to ensure change is lasting



Key tools and resources

The international framework for child protection and care can be found in:

- [United Nations Convention of the Rights of the Child](#)
- [United Nations Convention on the Rights of Persons with Disabilities \(UNCRPD\)](#)
- [United Nations Guidelines for the Alternative Care of Children](#)
- [United Nations General Assembly Resolution on the Promotion and Protection of the Rights of Children](#)

As well as the UN Guidelines themselves, there are two internationally verified tools that we will be referring to throughout the 'how-to' section of this roadmap.



Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children' (Cantwell, Davidson, Elsley, Milligan, Quinn, 2012) illuminates the evidence and principles on which the Guidelines are based and translates them into workable policy solutions.

A resource targeted at legislators, policy makers and decision-makers in the field of child protection and alternative care, it provides key information on the various provisions and approaches of the Guidelines, links policy to practice and provides 'promising practice' examples.

Importantly, it describes very clearly **the two principles of necessity and suitability which underpin the UN Guidelines**, asking two key questions: Is care genuinely needed, and is the care appropriate for the child? The Handbook introduces the term 'gatekeeping' – which, although not a term used in the Guidelines themselves, is a very helpful shorthand for the vitally important set of mechanisms that ensure governments can create child protection and care systems that apply these two principles. For more on 'gatekeeping' see [p. 84](#) of this roadmap.

➤ [The Moving Forward handbook is available online. It can be accessed in 6 languages.](#)



The Tracking Progress Initiative is a joint initiative by Better Care Network, Centre for Excellence for Looked After Children in Scotland (CELCIS), Eurochild, Family for Every Child, Hope and Homes for Children, International Social Service (ISS), RELAF (Latin American Network of Foster Care), Save the Children, SOS Children's Villages International, and UNICEF. Launched in 2017, it is an easily accessible tool that can be downloaded or used securely online that was developed to allow governments to monitor progress in the implementation of the guidelines. We suggest an immediate use for it at the start of the process of change, as an invaluable tool to assist with structured data collection and a mapping assessment of the whole child protection and care system.

➤ The [Tracking Progress Initiative](#) tool is available online.

In addition to these global frameworks and tools, there is regional guidance that provides contextualisation and standards for governments in Latin America and the Caribbean.

The right of girls and boys to a family. Ending institutionalisation in the Americas.

The 2013 report from the Inter-American Commission on Human Rights provides key guidance on obligations of the States and makes recommendations aimed at strengthening the protection of children and adolescents who are without, or are at risk of losing, parental care (Inter-American Commission on Human Rights, OAS, 2013).

The Commission sets out the State's duties, the principles for the alternative care of children and provides a basis of the family-based model of alternative care. In addressing how large residential institutions do not reach the objectives of preserving and restoring children's rights, the Commission provides critical recommendations for States to strengthen a process of deinstitutionalisation and promote family-based alternative care in the Americas.

➤ The [full report](#) is available online.

Other global and regional resources are referenced at the end of this guide.



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PART 1.0

“ Because when you leave no one cares about how you feel. ”
Care leaver, Argentina

“ When I left the institution, I did not know where to live. I could not do my shopping. ”
Care leaver, Peru

Cinthia's story

“ I couldn't live with my mum or dad, but Mali showed up and that's more than enough for me. I'm happy. ”

Cinthia, Argentina

6

A young woman in her early twenties, Cinthia lives in Buenos Aires, Argentina, with her baby daughter and foster mother, Mali, who has cared for her since Cinthia became pregnant at 17 and left the children's institution where she lived.

Born into a large family with 13 children, Cinthia's early childhood was marred by violence and neglect. When she was nearly nine, a judge ruled it would be better for her to live in an institution.

Although it was good to escape the problems at home, the move was a shock. She felt anxious about adapting to institutional care. At school, she was bullied: other children taunted her for being 'an orphan', even though her parents were still alive. Cinthia remembers she found it hard to manage her emotions.

When Cinthia became pregnant at 17, the courts decided it would be best for her to live in a family environment with someone who could provide a role model for her as a mother. She was matched with Mali, a teacher who agreed to foster her.

The foster care relationship

In the beginning, Cinthia and Mali would go for walks, have ice cream together or Mali would help Cinthia with her studies. Mali found a house that would be suitable for them and the baby when she came and they moved in together. It took time for Cinthia and Mali to get to know each other. Mali points out the need to support foster families. Her family, the institution's workers and other networks provided the emotional support she needed in the beginning when there were good and bad days.

Cinthia remembers the day her daughter was born – “so little and beautiful” – as a wonderful event: the best day of her life. Mali was there to bring her and teach her how to care for her little girl. Lots of people told her that being a young mum would get in the way of her plans, so she's proud that she finished high school. Mali and her daughter were both there at her graduation.

‘When people hear about the things Mali does for me they tell me I'm lucky and yes, I'm lucky indeed’, Cinthia says. ‘I don't know what could have happened otherwise. Me and my daughter at a residential place? I don't know. I like feeling that Mali is like a mom. Like the mom I never had. My mom never hugged me, never told me ‘I love you’, neither did my dad. That has changed me a lot. Before I would only see the bad aspects of life.’

Being like a ‘normal family’

When Cinthia turned 18 she became an adult, legally, but she and Mali agreed to carry on living together with her baby daughter like a ‘normal family’. Today, Mali wakes up early and cooks breakfast for all of them. Cinthia wakes her daughter up, gets her ready to and takes her to school before she goes to work. Mali picks the girl from school in the afternoon and they all meet up again in the evening at home. ‘Mali's cooking is delicious’, says Cinthia.

In future, Cinthia would like to live with her daughter on her own, but it's hard right now. When she does move, she knows she wants to stay near to Mali so they can still eat dinner together and be close.

‘I couldn't live with my mom or dad, but Mali showed up and that's more than enough for me. I'm happy. And my daughter is happy too.’

Cinthia wishes she had met Mali earlier in her life. That's what she wishes for other children too: *‘If they can be with their families, they should be. If not, a family should be found for them really soon, so that they don't have to live in institutions.’*

We are so grateful to Mali and Cinthia for sharing their story, which shows that it's never too late to be placed in family care and that it's vital to support the role of foster carers in our communities, who can make such a difference in the lives of young people.

* Case study kindly provided by: Ieladeinu, Argentina

Spotlight on Latin America and the Caribbean

Latin America is the most unequal region in the world. There are serious social costs associated with this fact, including inequality of opportunity, inequality of outcomes and low intergenerational mobility.

Poverty and social exclusion are the primary causes of children's removal from their families. Other common factors in the separation of children from their families are migration and violence within families and communities. High levels of domestic violence, alcoholism and drug abuse that are frequently associated with poverty are also a threat to safety and lead to children running away, often to live on the streets.

UNICEF estimates that there are over 189,000 children living in institutional care (Petrowski, Cappa and Gross, 2017). This figure is acknowledged to be insufficient and incomplete but it is difficult to arrive at a more accurate one. The lack of reliable data and restricted access to official information about children living in institutions or, indeed, simply to children living outside of family care contributes to the invisibility of the problem. The lack of disaggregated data makes it even harder to see the situation of particularly vulnerable children – such as those from indigenous families or with disabilities – within this.

“
...everything was bad. They would hit us, make us get up early, and lock the door at night with two police men standing outside. I had to choose between work or school, which was hard for my self-esteem and my future. I made up stories about my mum and dad as I was ashamed to live in an institution.
”

Care leaver, Bolivia



The violation of children’s rights within institutional settings in Latin America and the Caribbean is consistent with the evidence referred to in this guide.

Since the ratification of the Convention on the Rights of the Child (UNCRC), the vast majority of the Latin American Countries have adopted national systems for the Promotion and Protection of Children’s Rights, with relevant laws and code. This was done in Argentina (2005), Bolivia (2014), Brazil (1990, with later reforms), Colombia (2006), Costa Rica (1998), Cuba (1978), Ecuador (2003), El Salvador (2009), Guatemala (2003), Honduras (1996, reformed in 2013), Mexico (2000 and replaced in 2014), Nicaragua (1998), Paraguay (2001, reformed in 2009 and 2018), Peru (2000), Dominican Republic (1994 and replaced in 2003), Uruguay (2004) and in Venezuela (2000, reformed in 2007 and 2015).

Aligning with the UNCRC and the United Nations Convention on the Rights of Persons with Disabilities, child protection systems are being built, strengthened and reformed. The UN Guidelines on the Alternative Care of Children have prompted further reforms of child protection and care systems. Instrumental regional analysis and guidance from the Inter-American Commission on Human Rights, UNICEF and others have provided directions for this fundamental change in the way that states care for children (UNICEF, 2013).

Various advances are being made across Latin America and the Caribbean. Policy development processes are providing stronger frameworks for action in some countries, and efforts to engage state and civil society entities through calls to action are generating momentum. Evidence is being generated, models for alternative care are being piloted and in some countries, the numbers of children in institutional care are being reduced.

Efforts are being made to strengthen human resources – both those responsible for making decisions and enabling systemic change and those working on the frontline with children and families. Some governments and donors are starting to invest in alternative care. Some notable experiences of this are highlighted throughout this roadmap and below in relation to the key conditions for child protection and care system reform.

There is much good work underway, particularly at policy level. However, there is still a significant gap between the direction of this discourse and public policy across the region, and the reality of children’s lives – and the support and protection mechanisms available to them in the community.

Some key underlying challenges are evident in child protection systems across the region. Weak collaboration between sectors hampers integrated and effective approaches, and public and professional attitudes often stigmatise families. Lack of strategic vision and concrete plans for child protection and care reform across Latin America and the Caribbean mean that many countries pursue ineffective short term plans.

The principle of the best interests of the child can rarely be followed as there is limited coverage and investment in prevention and alternative care services*, limited effectiveness of those that do exist and, in most countries, no well-trained, skilled and capable workforce to deliver such services.

Investment in institutional care has not been redirected to family and community based care and parallel systems are being set up without explicit plans for the elimination of institutional care. As a result, institutional care remains the predominant response to children without parental care, and its use is even growing in some places (Lumos, 2017).

Theory of change	Examples of advances in Latin America and the Caribbean	Regional challenges
Political will and engagement	<p>Engagement: UNICEF-led Call to Action to end the institutionalisation of children under the age of three; call to action by over 30 regional and global agencies in 2018 to put an end to children’s right violations in institutions and reform child protection and care systems in the framework of sustainable strategies at national levels.</p> <p>Public policy development – Brazil developed a strong policy framework to align with the UN Guidelines for Alternative Care; Argentina passed a new law in recognition of the challenges faced by care leavers; Mexico introduced its Children’s Code law in 2014.</p>	<p>Public and professional attitudes often stigmatise families who face complex issues such as disability, poverty or family conflict and violence, and discrimination towards parents and children isolates them further.</p> <p>Lack of strategic vision and national plans for reform mean that many countries pursue ineffective short term plans.</p> <p>Lack of coordination and dialogue between Ministries and sectors, with a particular gap between social support and judicial sectors as well as education, health, early childhood development and social protection.</p>
Evidence and know-how	<p>Data collection and mapping – Costa Rica has applied the ‘Tracking Progress’ tool.</p> <p>Development of alternative care services – such as family strengthening programmes (e.g. JUCONI Mexico); foster care pilots and programmes (e.g. Mexico, Costa Rica, Haiti, Argentina, Brazil, Honduras); and specialist alternative services (e.g. mother and baby units in Brazil).</p> <p>Reduction in children in institutions through prevention, reintegration and family based care – e.g. in Nicaragua, Uruguay and Brazil.</p>	<p>Reliable data and evidence about children in formal and informal care is lacking at regional and national level, hampering decision-making and jeopardizing monitoring and support of children.</p> <p>Services for family strengthening and alternative care are limited in their coverage or effectiveness. Often, small scale programmes are piloted or delivered by civil society organisations with limited government uptake, regulation or provision to expand the availability and quality of prevention and alternative care.</p>
Capacity to deliver – capable social welfare workforce and strong civil society	<p>Strengthening of the social welfare workforce: e.g. The Centre of Excellence for Children building the capacity of a well-trained, well-supported, professional child protection workforce with professionals across a number of countries.</p> <p>Active civil society networks advocating for and demonstrating change, such as RELAF, REDLAMYC, Latin American Network of Care Leavers and national networks such as Brazil’s National Movement for Family and Community Life.</p>	<p>Lack of a well-trained, skilled and capable workforce to support families, enforce gatekeeping and ensure quality family and community based alternative care.</p>
Financing for reform	<p>Governments, agencies and development partners investing in national plans, policies and frameworks for alternative care – e.g. USAID in Guatemala.</p> <p>Institution managers and donors undertaking self-directed or supported processes to transform their models and redirect funding to family and community based care – e.g. Ciudad del Niño and Malambo institutions in Panama, Ieladeinu in Argentina and La Barca in Uruguay.</p>	<p>Governments, donors and the international community, particularly faith-based organisations, continue to fund institutions and often do not coordinate and align their funding with the principles of the UNCRC, UNCRDP and the UN Guidelines.</p> <p>Investment in institutional care has not been redirected to family and community based care and parallel systems for prevention, reintegration and alternative care are being set up alongside institutional care without explicit plans for the elimination of institutional care.</p>

*There are public and private foster care programmes in the vast majority of LAC countries, some of them are well experienced and work from a child rights perspective. Despite this, there is a lack of coverage and funding, and foster care is not frequently applied (when compared to institutionalisation): Argentina (28.53%), Brazil (2.46%), Granada (32%), Jamaica (36%), Paraguay (5%), among others, determined by RELAF’s estimations based on official information.

Institutions across Latin America and the Caribbean

The characteristics of institutions in Latin America and the Caribbean vary. Some are owned and run by state authorities, and others by civil society or faith-based organisations. Some are registered and known to local authorities, while others operate without registration and without adhering to official regulations or processes. Some institutions are large-scale institutions housing hundreds of boys and girls (RELAF and UNICEF, 2015); others are smaller in size or split into a village model of smaller units on a campus facility. Some are regulated for specific purposes, for example as protection centres for victims of abuse or temporary transit centres for migrant children.

This map shows a selection of institutions across the region to highlight some of the different models and characteristics.

↓ Latin America and the Caribbean
Key locations

Panama

Casa Hogar Soná is located in Veraguas. In July 2015, 31 girls and adolescents were living there, including pregnant adolescents and young mothers, in most cases as a result of sexual violence, with their babies living institutionalised alongside them. Over one year, with support from RELAF and UNICEF, 135 children and adolescents were admitted to Casa Hogar Soná and 133 exited. At the end of the project, 33 children and adolescents remained. This suggests many children enter and remain for a short time, meaning there is a relatively stable total number of children residing there.

San José Pinula, Guatemala

UNICEF and other United Nations agencies and civil society organisations had alerted the authorities to child rights violations in Hogar Seguro Virgen de la Asunción institution in Guatemala, and called repeatedly for its closure and the transition of the children who had been placed there. Despite this, it was often filled beyond capacity housing up to 1000 children and adolescents at any one time, although the infrastructure was designed for 500. Children and adolescents were placed there as a 'protection measure' due to situations of violence, abandonment, poverty and neglect. In March 2017, a fire at this institution killed 41 girls when the girls protested against the abuse they suffered there, with fatal consequences.

Buenos Aires, Argentina

In 2018, 16 children resided in the institution run by Ieladeinu, a program from the Argentinian Jewish community. Children are admitted through formal judicial and admission procedures when they suffer from maltreatment, sexual abuse in their families or extreme negligence. They are aged from 3 to 18 when they enter the institution and they stay there until they can be reintegrated into their families, moved to family-based alternative care, or they are ready to live autonomously. Ieladeinu is undertaking an intensive process of change to ensure that all of its services are family and community based and that no child is left behind. Previously running 5 institutions for up to 60 children each, Ieladeinu now provides predominantly community-based services to strengthen families, prevent separation and support reintegration. Ieladeinu aspires to close their last institution in Buenos Aires.

Haiti

Foyer l'Escale was created in 1997 to assist children fleeing harmful domestic work situations. Foyer l'Escale provides temporary residential care, food, clothing, education, psychosocial support and health care as needed to all children transiting through the centre. Located near the capital of Port au Prince, it can house 50 children at any given time. Children spend, on average, 3 months at Foyer l'Escale while awaiting reunification. Family tracing and reunification, however, can be a lengthy process due to inadequate staffing as well as weak infrastructure and communication networks across the country. Thus, children may stay beyond 3 and even 6 months. Since the opening of Foyer l'Escale in 1997 the national NGO has supported the family reunification of approximately 100 children per year. 80% of these children are girls between the ages of 8 and 16.

Rio de Janeiro, Brazil

A Catholic institution used to house over 300 children. Today there are less than 30 residents – but they are babies and the youngest children. Most rooms in the disused parts of the institution are now empty, except one room upstairs where the babies and young children still stay. Staff there say 'we would have more children here if we could, but the government policy forbids it now'.

Tabasco, Mexico

The temporary transit shelter 'Albergue Colibri' has capacity for up to 25 unaccompanied adolescents who are asylum-seekers and refugees. It has 25 members of staff. This is the first open-doors shelter in Mexico and adolescents may attend schools and events in the community. While staying for 3–6 months is reported to be the norm, adolescents may stay longer.

Institutional care: harmful by definition









A global definition of ‘institutional care of children’ is difficult to pin down. The great diversity of cultural and legal frameworks across the world, the vast array of residential care facilities and the diverse ways in which specialists have used terminology to date can make defining the nature of this problem complicated.

Institutions, children’s homes, orphanages, shelters, or centres of protection... Whatever name is used, ‘institutions’ can be defined by a set of shared core characteristics and the ways in which they govern the daily lives and shape the personal development and future life chances of children. The impact on children of growing up in an institutional environment is indisputable. Decades of research evidence documents the profoundly harmful effects of institutional care.

Institutions are residential facilities. One of the most frequently cited characteristics is size: the number of places for children available in a facility. Size is not the defining feature. It is not only infrastructure but also particular residential practices that make a care service harmful. In particular, the lack of individualised or personal care and the lack of healthy bond with an adult figure are key here. However, the **larger the setting, the fewer the chances to guarantee individualised care** for children in a family-like environment and the higher the chances of certain harmful dynamics appearing.

Institutional care can be defined by a set of characteristics that inherently hinder essential emotional, physical, cognitive and psychosocial development during childhood. This in turn affects outcomes in adult life. Even apparently well-resourced institutions cannot replace nurturing, individualised care that equips young people for life.

Key resources and evidence on institutional care

-  [End the Silence: The case for the elimination of institutional care of children](#) (Hope and Homes for Children)
-  [UNICEF The situation of children in institutions in Latin America and the Caribbean](#) (Palummo, 2013)
-  Lumos report on the institutionalization of children in Latin America and the Caribbean (2020)
-  [United Nation Secretary-General’s Report on Violence Against children.](#) (Pinheiro, 2006)
-  [Chapter 12 on ‘children deprived of liberty in institutions’ in the UN Global Study on Children Deprived of Liberty](#) (Nowak, 2019)
-  [De-institutionalising and transforming children’s services. A guide to good practice](#) (Mulheir, Browne, 2007)
-  [Further evidence on institutions](#) can be found in this guide
-  [The Lancet Group Commission on Institutionalisation and deinstitutionalisation of children publications](#) (2020)

The Inter-American Commission on Human Rights reaches a similar conclusion in *The Right of Boys and Girls to a Family*, using the term ‘residential care centers’ and the term ‘institution’ or ‘residential institutions’ to refer to two different non family-based forms of alternative care.

‘The difference in terms reflects two models of attention and care, which are organized and function differently from one another. While the concept of ‘residential care’ describes a type of alternative care, while non family-based, it takes place, however, in settings that function similarly to a family unit, with individualized attention and a lower number of children living at each facility. Whereas, the term ‘institution’ is used to refer to larger facilities, which provide simultaneous care to large groups of children; they are not organized nor do they function in such a way that enables them to provide personalized care and attention to the child in similar circumstances as that of a family-; and they are usually operated under a closed system, or in which children have restricted contact and integration with their surroundings and the community...one of the recommendations put forth in this report is to discontinue the model of institutionalization due to the evidence of it being incompatible with protecting the rights of children.’ (Inter-American Commission on Human Rights, 2013, p.137)

Core characteristics of institutional care

The well-documented evidence of the nature of the impact of institutions on children means that it is possible to develop a working definition that encompasses this, and the long-term outcomes that all such facilities produce:

A working definition:

Institutional care facilities are often large, long term residential facilities that display a number of distinctive features that are harmful for children across three core areas: care provision, family and social relationships and systemic impact.

Not all features may be present or obvious at the same time in a given institution, but, on the whole, institutional care can be identified by the presence of a significant number of the characteristics, across three core features of care provision, family and social relationships and systemic impact.

Defining features of institutional care

1) The delivery of care and protection of children in institutional care is inadequate.

Inherently depersonalising and disempowering, it deprives children of essential emotional, cognitive and physical development and the chance to form essential healthy attachments. Children are at increased risk of emotional, physical and sexual abuse. Institutionalisation is particularly harmful for children under the age of 3.

Care-leavers frequently have difficulties when they live independently and try to integrate into society later in life. They are more vulnerable to poverty, exploitation, criminality, discrimination, social exclusion and disadvantage as adults.

2) Institutional care fails to support strong and meaningful relationships between children, families and communities.

Children are socially isolated, and denied the chance to develop an identity, maintain their family relationships and learn how to live independently in society, creating challenges for them as young adults.

Evidence shows that most children in institutional care have very little knowledge of their own cultural heritage, traditions and values.

3) Institutional care exerts a ‘pull-effect’ – a pronounced systemic effect in local communities.

Local authorities and professionals have an ‘obvious’ option available for children without parental care or when dealing with families in situations of crisis.

The existence of institutional care facilities and the availability of places creates a distorting effect: actively influencing how authorities, professionals and communities operate, identify and decide to support children who are perceived as being at risk.

Reform is possible and necessary

Institutional care violates children’s rights

The impacts and effects of institutional care on children and society should form a key plank in the case against institutional care as a form of alternative care for children, however, the nature of institutional care also exposes children to a catalogue of abuses and violations of rights enshrined in international treaties such as the UNCRC and the UNCRPD.

The preamble to the UNCRC lays out the spirit of the Convention:

...the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding...

A loving and stable environment is something that no institution can provide, irrespective of the quality of care it provides.

So we can see that institutional care fails to adhere to the spirit of the UNCRC as well as violating many of its specific articles. States Parties are obliged to comply with all UNCRC articles.

The impacts of institutional care are felt by children, their families and by society as a whole.

The existence of institutions and the lack of family focussed, community-based services for children and their parents, creates a pull effect which separates children from their parents unnecessarily and creates perverse incentives for separation. Institutions can create a false sense of safety, setting up expectations of a better future, access to education, health or other essential services. When people act on these expectations, it leads to loss of identity, belonging and connection of children with their families.

Children need to grow up in a safe and nurturing environment with a clear understanding of their identity and a strong sense of belonging. Families, when provided with timely and sufficient support can provide the loving care that children need to achieve their full potential.

ACTIVE family support by Hope and Homes for Children

A family strengthening programme, implemented by Hope and Homes for Children in Europe, in partnership with local authorities, demonstrated a significant return on investment. The cost of the ACTIVE Family Support Programme from 2003–2010 was €441,560, an average total of €921 per child. This includes the costs of staff salaries and overheads, as well as direct support to children and their families.

We estimated that 32% of the children would have been placed in an institution had they not accessed ACTIVE Family Support. The total cost of institutional placements for these children would have been approximately €4,123,250. The amount that would have been incurred by the government in the absence of ACTIVE Family Support would therefore have been 9.33 times greater than the total cost of implementing the ACTIVE Family Support programme. Thus every Euro invested provided a return of €9.33. ([Hope and Homes for Children, 2012](#))

Institutional care has a high cost to society

When compared with investing in the prevention of children’s separation from families and high quality alternative care, institutional care is costly in the long-term.

Children who are unnecessarily removed from their parents, once in institutions, are very likely to spend their entire childhoods in care and when they become adults they lack skills and support they need to become independent.

We know that young people in care have less income, are more likely to be young parents, are more likely to experience mental health issues, and to be marginalised, isolated and sometimes in conflict with the law.

Say, for example, institutional care costs an average of \$5,000 per child, every year. Children stay in institutions on average 10 years. An institution with 100 children in their care, would spend \$5,000,000 over this period of time.

How many families could be supported to turn their lives around, and prevented from separating? How many more children could have been supported in their communities, in family based care? Tens, if not hundreds more.

Most importantly, they would be supported with much better outcomes for children, families and

communities as a whole. Family strengthening programmes and services deliver excellent return on investment.

Given the long-term costs of institutional care, the end-goal of system reform has to be the development of a child protection and care system that prevents the unnecessary separation of children and provides suitable family based care for those children who need special protection. The planned and phased elimination of institutional care should ensure that no child is left behind and that system reform is going to address the root causes of separation.

The case against institutional care

It violates children’s rights and leaves an already vulnerable population even more vulnerable to exploitation, abuse and violence.

It is inherently harmful for all children regardless of background and whether or not they have special needs or disabilities in the short and long-term.

Institutionalisation itself is a form of violence against children, with particularly devastating impacts on babies and young children.

Adults who have come through the institutional care system are much more likely to struggle to function in communities later in life, leaving them more vulnerable to poverty, exclusion, trafficking, exploitation and crime.

It is expensive (except in cases where cost savings are achieved by actively neglecting children) and it is unnecessary.

The institutionalisation of children does not address root causes of family separation and does not produce good results. It exacts a terrible cost on society, harming children, families, communities.

The system perpetuates itself in a vicious cycle that undermines and distorts child protection systems by appearing to be the only or obvious choice for decision-makers responsible for children in need.

The case for deinstitutionalisation

The UN Guidelines for Alternative Care prioritises family strengthening and prevention of separations, and family and community based care when children are without parental care.

Family and community based services are more cost-effective in the long-run when set against the cost to society of adults who remain vulnerable long after they have left the care system.

Child protection and care reform enables governments to redirect funding and strengthen other public services to better meet the needs of their populations. It also allows countries to significantly progress towards the implementation of the Sustainable Development Goals.

A global shift towards de-institutionalisation is already underway and gathering momentum across Africa, Asia, Europe and Latin America. It does not make sense to continue to spend valuable and increasingly limited resources with no positive outcomes for children, families and society at large.

Governments can create the conditions for new generations to realise their rights and fulfil their potential, thus fulfilling the 2030 agenda and the aim to ‘leave no one behind’.

The process of preparing for and implementing de-institutionalisation strengthens families and enables authorities to understand and address fundamental issues affecting wider communities at local, regional and national levels.

i See **Additional Resources, p. 150**, for more on the characteristics and impacts of institutional care

Investing in prevention

to reform child protection and care systems

We have seen that in a system of care dominated by institutions, alternative care for children in those institutions is less cost-effective, and often more expensive, when compared with family-based alternative care. This is even more the case when compared with investing in the prevention of children's separation from families.

Institutional care, and indeed any form of residential care that is not absolutely necessary, is a drain on human and financial resources with costly outcomes for society. It compares very unfavourably with providing a targeted solution for families at risk, for example supporting parents in their nurture role with parenting skills, day care centres, material supplies, etc. on a short term basis. On the other hand, community based prevention can reach a larger scope of families, contributing to the strengthening of communities and social development.

To proactively invest in prevention means to understand and address the fundamental issues affecting wider communities at local, regional or national level. Significant savings could be achieved in the long-term through care system reforms, by preventing children from going unnecessarily into care and promoting reintegration, foster care and other family-based alternatives. And the long term outcomes of this approach have proven to be far better for children and for community resilience.



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In brief: moving beyond institutional care

Every country in Latin America and the Caribbean has ratified the UNCRC. The Preamble is clear in recognising that children should grow up in a family environment. The UNCRC specifies the right of all people, regardless of age or ability, to 'live in the community with choices equal to others'. The UN Guidelines set the overall objective to prioritise family and community based care and phase out institutions as a care option.

Child protection and care systems that rely on institutional care are outmoded and do not serve the interests of children, families or societies.

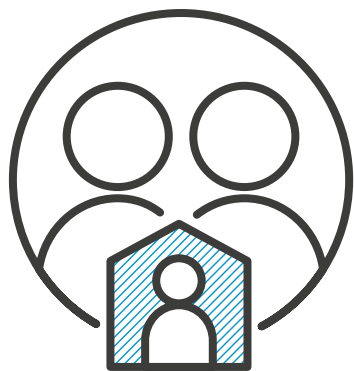
Everything in this roadmap is founded on and driven by the following realities:

Institutional care is harmful to children

Institutional care itself denies children their most fundamental rights, as it inflicts psychological, emotional and physical harm. Robust evidence detailed in this roadmap shows that children in institutions suffer developmental, cognitive and emotional delays. A catalogue of children's rights abuses has been documented within and as a result of institutional care, including a high incidence of violence.

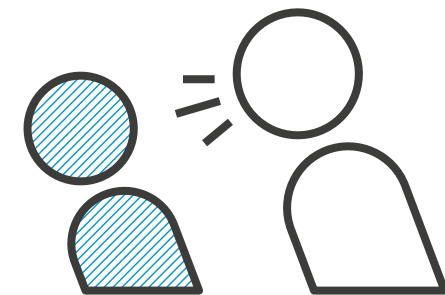
Institutional care is not necessary

Worldwide, most children living in institutions have family or extended family who could be supported to look after them with the right services in place. When this is not possible, or while the process of reunification unfolds, a range of quality alternative care services can and should be made available, with a priority on family and community based care.



↑ Families not institutions

The vast majority of children in institutional care have living family who could be supported to care for them.



↑ Children at risk

Children in institutional care experience high levels of violence and are much more vulnerable to abuse. A UN study (Pinheiro, 2006) found that compared with children in other settings, they were much more vulnerable to verbal abuse, beatings, excessive or prolonged restraints, rape, sexual assault and harassment.



↑ Vicious circle

Poor and marginalised children and families are over-represented in institutional care and set up for a life of vulnerability and abuse.

Institutional care perpetuates inequalities

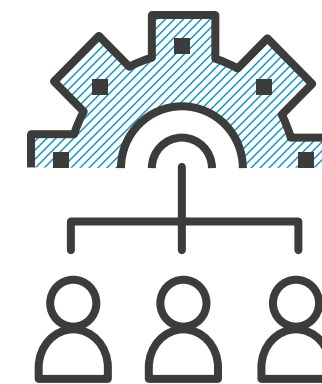
It is not possible to talk about institutional care without addressing the poverty of families and the inadequate provision of basic services to their communities – health, education, social security. Children living in poverty and families with a history of institutionalisation, marginalisation and discrimination are most vulnerable in an institutional care system. Children with disabilities and children belonging to ethnic groups are over-represented in institutional care and the system sets them up for a life of vulnerability and abuse. Weak child protection and care systems also hamper progress towards the Sustainable Development Goals.

An historic movement for change

A movement for change on this issue is already underway as governments across the world have begun to reform out-dated child protection systems that rely on institutional care. Deinstitutionalisation can be an important entry point to reform of the wider system when viewed as a catalyst that can drive change. With greater coordination within and between states, a global breakthrough is possible.

For children and with children

In planning reform, it is vital to develop processes with children and young people, as well as for them. Children, families, caregivers and care leavers are the experts on how the services that exist to serve them actually work and their experiences within them.



↑ Children's rights

Involving children is a key part of the process, not just a 'nice to have' but essential for building systems founded on children's rights.

Before

child protection and care system reform



In the absence of system reform:



Family at risk

- Insufficient or unsustainable income
- Marginalisation
- Ill/health issue
- Lack of access to basic services
- Poor family and social relationships
- Poor parenting skills
- Parental loss
- Intra-familial conflict
- Migration
- Violence in family or community



Inaction

- Loss of income
- Discrimination
- Disability
- Lack of medical support, welfare assistance, etc.
- Family breakdown
- Parents' capacity to provide adequate care to children at critical level



Family in crisis

- Childrens' wellbeing at risk
- Child abuse
- Capacity to intervene and achieve positive changes in a short period of time is reduced



Separation

- Children are separated from their families
- Families remain vulnerable and at risk
- Children are living unaccompanied

Children are placed in institutional care

KEY:



Size of icon indicates number of vulnerable children in the system

The goal

of child protection and care system reform

The result of system reform:



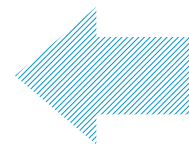
Family at risk

- Insufficient or unsustainable income
- Marginalisation
- Ill/health issue
- Lack of access to basic services
- Poor family and social relationships
- Poor parenting skills
- Parental loss
- Intra-familial conflict
- Migration
- Violence in family or community

Family supported

Children grow up safe in loving families

Permanent families: reintegration, adoption, kafala, guardianship, kinship care, independent living.



Cycles back to family through care process

Prevention

- Access to welfare, health, education and early intervention services
- Day care
- Respite care
- Family planning, parenting skills
- Social welfare and cash transfers



Gatekeeping

- Dedicated gatekeeping mechanisms – e.g. multisectoral commissions, judicial mechanisms, local councils, community-based mechanisms, decision-making panels.
- Inter-disciplinary case analysis
- Case management based on necessity and suitability



Emergency care

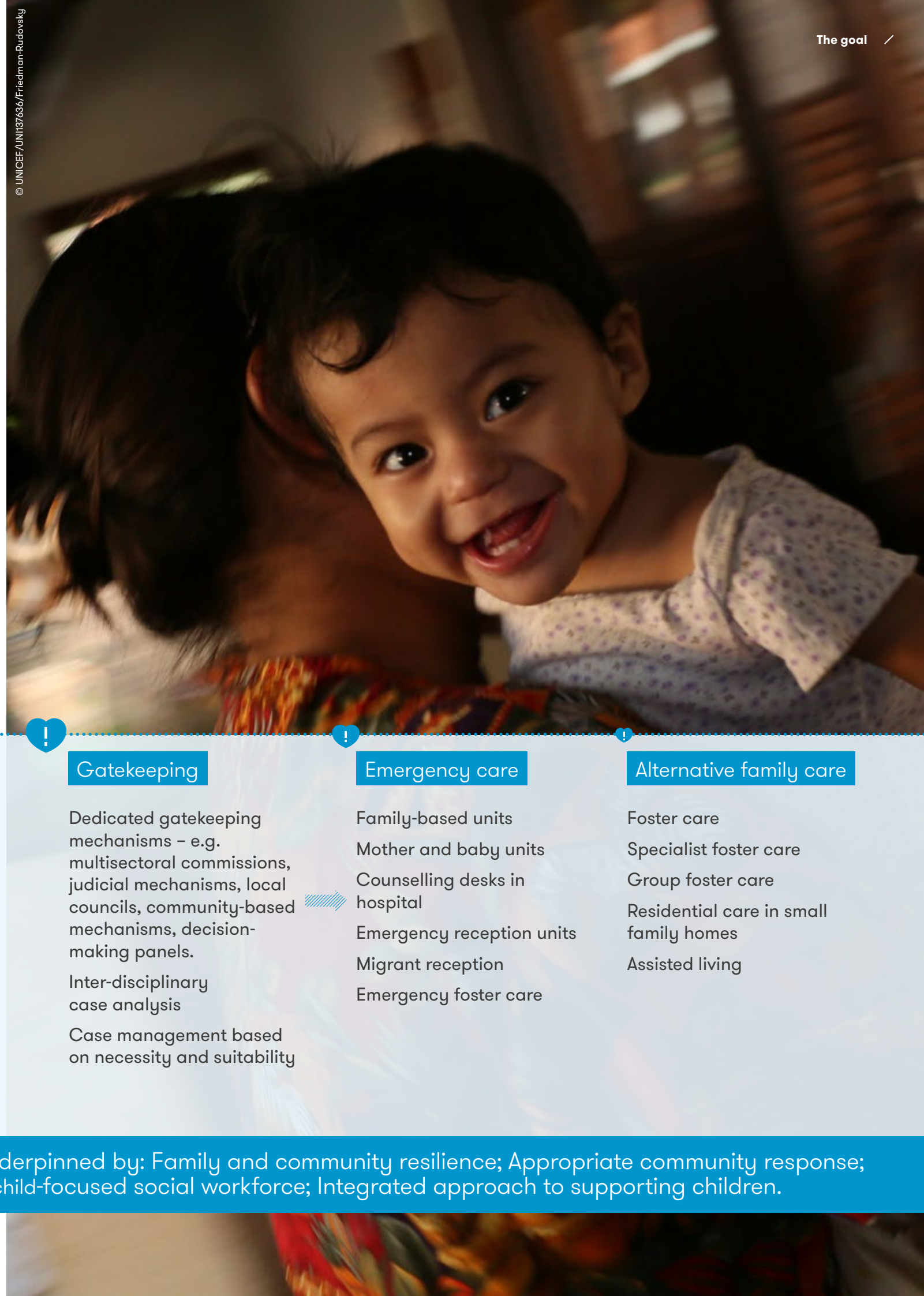
- Family-based units
- Mother and baby units
- Counselling desks in hospital
- Emergency reception units
- Migrant reception
- Emergency foster care



Alternative family care

- Foster care
- Specialist foster care
- Group foster care
- Residential care in small family homes
- Assisted living

Child care system underpinned by: Family and community resilience; Appropriate community response; Professional child-focused social workforce; Integrated approach to supporting children.



Known barriers to ending reliance on institutional care

“ Significant work needs to be done to change perceptions that view poverty, poor parenting or family breakdown as justifications for the use of institutional care. ”



Social and political acceptability of institutional care

In some parts of the world, many argue that family and community care is too complex to be implemented successfully or that governments lack accountability to be entrusted with the care of orphans and vulnerable children. Significant work needs to be done to change perceptions that view poverty, poor parenting or family breakdown as justifications for the use of institutional care.



Lack of agreement on terminology and how to 'place' deinstitutionalisation in the wider context of reform:

Decision makers and professionals continue to debate the meaning and scope of deinstitutionalisation which is challenging for governments or agencies trying to act in a concerted way.



Fear of change

Be that of attitudes/mindsets, for example towards children from particular communities; changes in practice that require people to behave differently or change in the eco-system of 'care provision' that threaten accustomed ways of working or vested interests.



Fear of loss

Of employment, of status, of benefits, of purpose or loss of leverage and power among decision-makers, care providers and institutional managers and staff can be a key underlying factor of resistance.



Fear of accountability

While not a feature of all systems, this fear among people charged with child welfare cannot be discounted. Institutions can be perceived as the 'safer' option when compared to staying with or reintegrating with birth families, where children could be exposed to violence or abuse.



Lack of data

Globally it is difficult to establish the total number of institutions worldwide, let alone their capacity and funding streams. This is also often the case within countries where national systems of data collection are not in place and institutions are often privately maintained.



Continued funding of new institutions

Private and institutional donors continue to fund institutions. In spite of the clear evidence against them, in many countries government authorisation is still being made available to build new institutions.



Lack of joined up government

Disconnect between family strengthening and prevention services and alternative care and closure of institutions. Restrictive administrative and budgetary procedures. Cost per child budgeting, national versus local budgeting, private funding versus government funding. Settling for cosmetic transformations and failing to implement systemic change.



PART 2.0

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Roadmap for Change

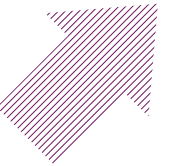
in child protection and care system reform

 The child's best interests above all

 No child left behind

 Every individual child matters

A sustainable system is one that is supported by a strong social workforce and adequate funding. A strong social workforce is one that is supported by adequate funding and regular investment in training and development.



CREATING CONDITIONS

DEVELOPING READINESS

COMMON LANGUAGE

Agree vision: 'Children in families, not institutions'. Ensure people understand how DI can drive reform. Contextualise key terms from UN Guidelines. Invest time in discussion & learning. Aim for broad involvement early on.

GOVERNMENT LEADERSHIP

Map all ministries and agencies working with all children. Form an inter-ministerial working group. Include Health, Education, Social protection and Finance. Explore how policies and practices contribute to family separation.

CSO COLLABORATION

Seek support for a collaborative civil society. Map the sector to identify sources of expertise and resources. Engage as widely as possible. Participation of children and care leavers.

COMMITMENT TO INVEST IN CHILDREN

Make the business case for supporting investment in children. Align the business case with national priorities and broader investment agenda.

SETTING CHANGE IN MOTION

POLITICAL WILL

- National working group
- National deinstitutionalisation strategy and action plan
- Involvement of children, young people and parents
- Agreed long term vision for change

EVIDENCE & KNOW-HOW

- National mapping of children in care and the care system
- Mapping of alternative care, family strengthening and prevention services
- Mapping of policies & standards
- Identify pilot project and implement

CAPACITY TO DELIVER

- Trained and skilled national social workforce
- Engaged and trained staff in alternative care
- Trained and skilled NGO workforce
- Case management

FUNDING

- Map and measure funding streams & expenditure on institutions and other services
- Plan and secure costs of transition
- Estimate cost of sustaining the new system

TIMELINE

Some steps may be achieved in a short period while others may be achieved in the longer term.

IMPLEMENTING

5 STRATEGIES FOR DEINSTITUTIONALISATION

And the tools they require

SUPPORT, MONITORING AND EVALUATION

Ensure ongoing post-placement support and monitoring for children and families. Understand placement effectiveness and outcomes for each child. Set up systems to gather learning and identify gaps. Use learning to evaluate, scale and sustain change.

TRANSITION

Transition the system from reliance on institutions to family and community care. Support children's transition, prepare families, and support the transition of resources from institutions to family and community based care.

SERVICE DESIGN & CAPACITY DEVELOPMENT

Design and develop prevention and gatekeeping services to support children in families. Design and develop alternative care services to match needs of children. Enhance the capacity of child care professionals in new system. Embed the principles of necessity and suitability.

ASSESSMENT

Understand the situation of children and the status of children's rights within care services. Assess availability, quality of care services and the human resources across existing prevention and alternative care services.

ENGAGEMENT

Put children and young people first and ensure their voices are heard. Tell stories of change. Bring all stakeholders on board and continue to communicate and engage through all phases.

What we mean by 'gatekeeping'

Develop or strengthen local gatekeeping mechanisms to ensure that a child's separation from their family happens only when necessary and that there is a range of suitable, quality family or community-based care alternatives in place to meet their needs.

Each of these stages can be repeated and refined

SUSTAINING

SUSTAINING CHANGE

Final checklist to ensure change is lasting

QUALITY



The transition must be made to serve the best interest of the child, with meaningful participation of children and young people. Children's feedback and outcomes must inform the process, help shape the tools and inform the practice, so no child is left behind, and all children are supported to grow and thrive in a safe and loving family environment.



LEARNING



Understanding and learning from experiences of running deinstitutionalisation programmes is vital, if national governments are to build new systems, able to respond adequately to the needs of children and communities at any given moment in time, and focussed on building up resilient, thriving communities.



FUNDING



Building a robust business case and using real experiences of deinstitutionalisation programmes can generate opportunities to secure further funding for strategic planning, implementation and sustainability of child care reform.



INFLUENCE



The challenge for sustaining change is to move beyond the 'pioneering' phase to reach the 'tipping point' beyond which there is no returning to a reactive system that is reliant on institutions. A supportive legislative and policy environment and effective regulation are required.



The process, of course, should lead to the development of systems that have no institutions. But closing institutions is, in fact, almost a secondary outcome of any real programme of deinstitutionalisation.

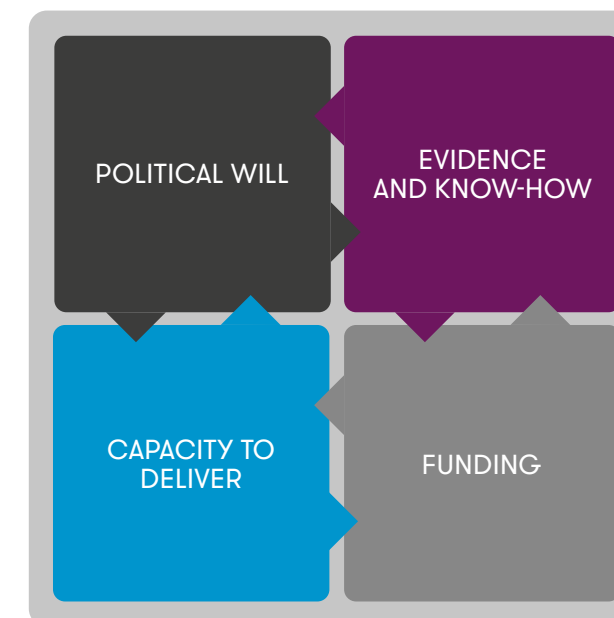
Theory of change for child protection and care system reform



Our roadmap on the preceding page offers a framework for governments to develop their own pathway for deinstitutionalisation and child protection and care system reform. We break down two clear steps for creating the conditions for change: ‘Developing readiness’ and ‘Setting change in motion’. Next, the process of implementing deinstitutionalisation is broken down into 5 key strategies. We set out these strategies and the tools they require in ‘Implementing change’. Finally, ‘Sustaining change’ deals with the ways in which countries can consolidate and sustain positive developments.

Though every country has its own unique context, experiences from around the world have highlighted steps that can and should be taken before beginning the process of child protection and care system reform to ensure the best chance of lasting success.

Our theory of change holds that there are four enabling conditions for change.



Creating these conditions is vital or we risk endangering children. They enable reform by creating the best conditions for achieving success. They must underpin the complex change process, because the stakes are so high when it affects the lives of so many children and families. Preparation is critical.

Creating the conditions for change

Part one: Developing readiness



Step one in creating the conditions for change is 'developing readiness'. In the following section we describe four key strategies that help create the conditions to ensure readiness for reform, and illustrate them with case-studies from Latin America and the Caribbean.

The four key strategies for developing readiness are:

1. Common language
2. Government leadership
3. CSO collaboration
4. Commitment to invest in children

At this stage, countries can use international and regional examples to begin the process of establishing a common language, the vision, the business case and the necessary governmental mechanisms for ensuring that clear and strong political will starts to build around the goal of reform.

This first phase is really about making sure that people see the bigger picture, and understand how to answer the question: 'why do we need to reform the child protection and care system?'

Leaders from the appropriate and relevant ministries need to be on board, as do the judiciary. A sense of collective responsibility for practical change may require time to come together. However, it is a worthwhile investment, as laying the groundwork in this way enables the unlocking of resources needed to successfully engage in a process of national deinstitutionalisation.

In this period, depending on the level of maturity of a country's civil society, it may be possible to draw on learning and forge collaborations with and among international and regional NGOs with expertise in this area.

Countries with a weak or non-existent social workforce should prioritise investment in building their capacity and capability early on.

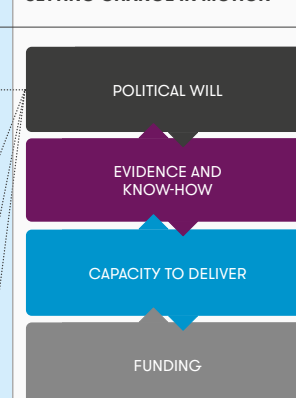
To achieve sustainable reforms in the long term, a strategy for monitoring, evaluating and evolving national efforts to reform the child protection and care system is needed from the outset. Agreements, plans and objectives must be documented and refined over time to enable the transformative and cumulative power of policies, programmes and initiatives across the government.

CREATING CONDITIONS

DEVELOPING READINESS

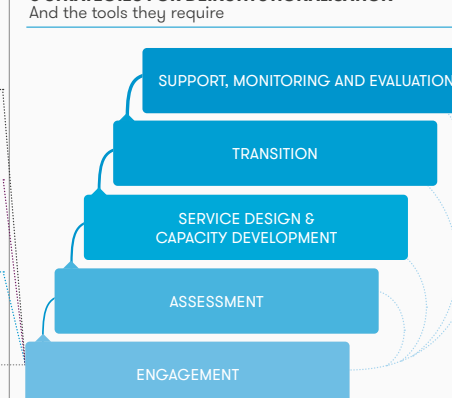


SETTING CHANGE IN MOTION



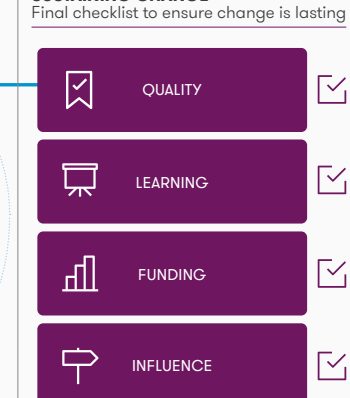
IMPLEMENTING

5 STRATEGIES FOR DEINSTITUTIONALISATION And the tools they require



SUSTAINING

SUSTAINING CHANGE Final checklist to ensure change is lasting



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Developing readiness

1. A common language

Agree your vision: ‘Children in families, not in institutions’. A simple unifying statement is a good place to start as it cuts through the complexity, and acts as a reminder and rallying call throughout the process.

Ensure everyone understands how deinstitutionalisation can act as a key driver of child protection and care reform: the complexity of the process can be daunting, but if embraced within the broader context of change, it should be viewed in a very positive light.

Contextualise key terms used in this roadmap and the *Moving Forward* handbook and ensure that everyone involved understands and agrees.

Ensure everyone shares an understanding of key terms beyond their literal translation. In many countries there is no distinction in terminology for ‘residential care’ in large and small settings. For example, a residential ‘centre’ might be used for all children and in others there are distinct forms of ‘centre’, all with different names, for children with different special, education, or medical needs. Gatekeeping is a key concept and term but it rarely translates easily in other languages. Variations in the use of terms such as, for example, ‘orphan’, can make estimating numbers, gathering statistics or making comparisons across countries or regions challenging.

Invest time in introductory workshops: discuss child protection and care reform in line with the principles of the Guidelines. This will help to identify where national challenges diverge from global experiences and highlight any differences in viewpoint that may help anticipate challenges.

Aim for broad involvement early on: those who are not child protection experts will help to ensure that professional terms are converted into accessible language. Everyone should be clear on the principle that children and young people should be involved as being central to the process as well as ‘beneficiaries’ of it.

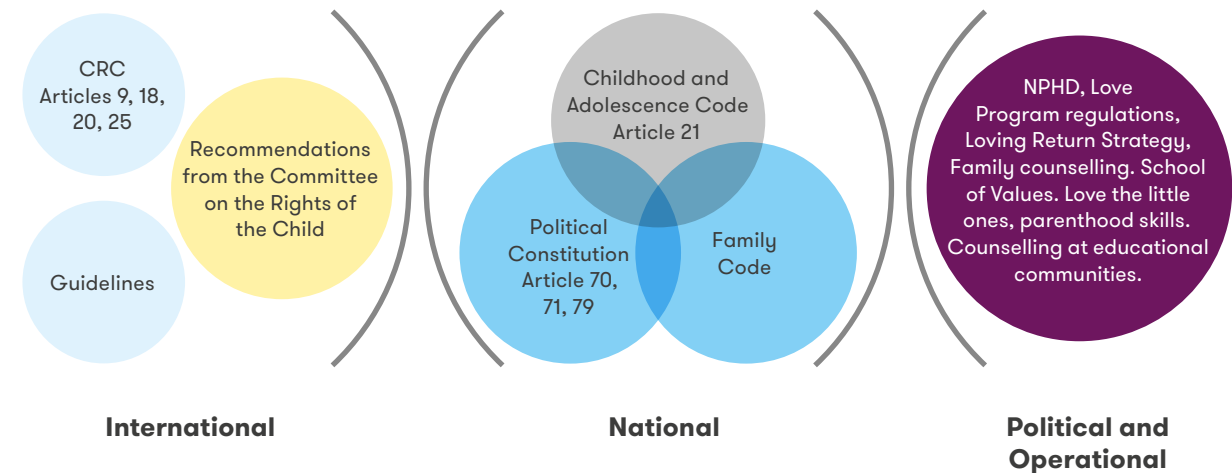
Remember, there is no need to reinvent the wheel: where there are gaps in national or local policy frameworks, the UNCRC and the Guidelines provide a solid foundation and the *Moving Forward* handbook highlights key policy implications for each area of the guidelines.

Read [Frequently asked questions about ending institutional care in Latin America and the Caribbean](#)

“Everyone should be clear on the principle that children and young people should be involved as being central to the process as well as ‘beneficiaries’ of it.”

Developing readiness

Developing a rights-based shared vision for the protection and care of children / Nicaragua



The Government of Nicaragua’s *Programa Amor* 2007-2017 has reduced the number of children in institutions by 80%. Working through the Ministry of Family, Adolescence and Children (Ministerio de la Familia, Adolescencia y Niñez – MIFAN) the Government harmonised its national laws, public policies and operational directives together with international standards

The overarching framework of the *Estrategia de Retorno Amoroso* included policy wording that **positioned children as subjects of rights** – a paradigm shift from children as objects of protection, charity and mercy. Religious organisations ran many of Nicaragua’s institutions, so initiating dialogue and developing a common language laid the foundation for these institutions to become allies in the Government’s strategy for deinstitutionalisation.

This, and awareness raising of the damaging effects of institutionalisation and the benefits of alternative care, plus a common vision for children’s rights and wellbeing was critical to the eventual of reduction of institutional centers from 92 in 2016 to 21 in 2017.

As one institution noted, it was important for them to understand that they were not ‘Angels of salvation’. (MIFAN and UNICEF, 2018). In addition to religious congregations, establishing dialogue mechanisms with the judiciary was key to restoring the right of children to live with a family. Sharing life stories of children in the media also brought the issue sensitively into public opinion. This helped to explore, extend and broaden the perception of families – including families in situations of poverty, families of children with disabilities, and showing the value of extended family.

Developing readiness

2. Government leadership

Reform of the child protection and care system requires a reasonably stable political environment in which the benefits of investing in children are recognised and the development of child centred policies that connect education, health and social protection is possible.

Map all government ministries and national agencies working with children, not just children without parental care.

Form an inter-ministerial working group that will drive the vision, planning and delivery of reforms. Collaboration across government is critical to success, usually led by the ministry in charge of child protection and child welfare. Other key domains to include in this cross-government leadership group are set out in the box opposite and should be adapted to the national context. For example, collaboration with sectors such as livelihoods and employment, housing or migration may be important depending on local context. Secure a high-level patron to champion the issue and build a high profile position within the national agenda. Build the capacity of this inter-ministerial working group and its support network to understand, address and drive deinstitutionalisation as a key driver for child protection and care system reform.

Each ministry should explore their own policies and practices, identifying how they might contribute to or factor in children being separated from their families and placed in institutions. Working individually and together, they can explore how these might be changed and how preventative measures might be within the scope of their ministry's brief.

Government leadership: Key domains

Beyond the leadership and services provided by the ministry in charge of child protection and child welfare, other domains should be included in the inter-ministerial working group:

Health – pre-natal and post-natal services, specialist medical support to children with disabilities, and early childhood development strategies. They can play an important role in preventing family separation.

Education – early childhood development programmes, access to pre-school and education services for all children.

Social Protection – access policies are key as social protection is a fundamental factor in reducing unnecessary separation of families in crisis. Strategies for social protection should be aligned with those for child protection and care.

Judicial sector – final decisions about children's placements in family and alternative care are made by judicial or administrative bodies. National and local judiciary need to understand how to make decisions in the best interests of the child.

Finance – funding mechanisms can contribute to children being separated from families or they can support families and best practices in alternative care. Deinstitutionalisation requires a fundamental shift in the way funding for family strengthening and alternative care is allocated. The money should follow the child.

Other ministerial functions and services might play a significant role in the working group. Include all relevant agencies.

Developing readiness

Strengthening gatekeeping by engaging with the judiciary / Brazil



In Brazil the judiciary play a key role in the removal of the child from a family and subsequent placement decisions. An extensive legal and normative framework governs the care of children including laws, policies, regulations, strategies and action plans that set out and assign gatekeeping responsibilities to the judiciary.

A powerful judicial drive has been key to inducing and sustaining successful local shifts to alternative care. For example, in Cascavel, Paraná and São Bento, Santa Catarina in Brazil foster care has been introduced at local level with strong judicial backing.

Yet many express concerns about the distance between the social services and the judicial systems at local level and how their lack of dialogue results in actions that do not fully examine the possibilities of keeping the child with their family. The judiciary, including judges responsible for placement decisions and professionals supporting them, have extensive training in the Brazilian legal framework. However, their highly technical legal approach is often distant from social work and best practice, resulting in many children being unnecessarily separated from their families. For example, in cases of violence against children the child is sometimes removed from the family instead of working with the family to resolve issues, providing emergency care for the mother to stay with their child, or removing the perpetrator of violence.

The debate to advance the implementation of the UN Guidelines for the Alternative Care of Children has happened mainly between the legislative, executive and civil society, and would be significantly strengthened by further harnessing the judiciary.

Efforts to reduce the dislocation between the judiciary and the social agencies leading on child protection issues are active at local level. Dialogue is one such action amongst many in this extensive system at national, state federal and municipal levels. For example, a series of socio-legal dialogues led by Terra Dos Homens Brazil have been held in Rio de Janeiro to promote collaboration and strengthen the capacity of the judiciary to build adequate gatekeeping mechanisms and ensure that placement orders are made in the best interests of children. In 2017 and 2018, this involved convening public prosecutors, criminal court judges, family court judges, representatives from the Youth and Older People's Court, the State Child and Adolescent Advisory Board, social welfare and judicial sector workers and students to share best practices and challenges in meeting the best interests of the child in family separation and alternative care.

Read more on Brazil's approach to gatekeeping through coordinated social and legal responses at [Making the Best Choices for the Care of Children: The role of gatekeeping in strengthening family-based care and reforming care systems](#). (Better Care Network and UNICEF, 2015)

Developing readiness

3. CSO collaboration



Though responsibility and ownership for child protection and care reform needs to sit with national governments, civil society plays a powerful and extremely useful role. Grassroots organisations, civil society, care leavers associations, community groups and academia can work in a spirit of collaboration to contribute valuable perspectives, evidence, ideas and resources to engage, inform and influence change.

National and regional coalitions or alliances can be invaluable – engaging with these can help you more easily capture views and opinions across broad sectors. Very often there is additional value in working with regional actors in that they will have access to relevant learnings from other country experiences.

Map the sector to identify sources of expertise and resources: in many cases NGOs can contribute significantly to the implementation of processes like deinstitutionalisation. Depending on the level of maturity of civil society in your national context, there may well be excellent examples of quality service provision which can support the development of national standards and a national evidence base for policy development.

Engage as widely as possible: as with government ministries, cast a wide net across civil society actors working on health, education, social protection and rights. Including children and care leavers is critical, as well as affected families and representatives of persons with disabilities. This will give you an accurate picture of the lived experiences of children and families, and more access to support in the form of data, stories, information and ideas. Collaborate to develop a simple and transparent process to consult and communicate with and among civil society.

Developing readiness

Securing NGO collaboration through civil society networks / Brazil



In Brazil, the National Movement for Family and Community Living (Movimento Nacional Pró Convivência Familiar e Comunitária) is a national network that aims to strengthen the capacity and advocacy of civil society in support of children's right to family and community life.

Established in 2015, it has a membership of over 100 civil society organisations throughout all regions of Brazil. The National Movement has now completed its first phase having convened almost 2,000 people since it began and an overwhelming sense from members that a strong vision, partnership and capacity have been built.

The opportunity for civil society to take powerful joint action was demonstrated when this network mobilised support from over 300 civil society organisations for a manifesto which successfully encouraged the Government of Brazil to call for a global resolution on the rights of children and adolescents who have lost parental care and those who are at risk of losing them. This contributed to powerful national support for the UN General Assembly RoC Resolution on Children without Parental Care which was issued in 2019.

➡ Visit the [National Movement for Family and Community Living](#) webpage.

“
The network mobilised support for a manifesto which successfully encouraged the Government of Brazil to call for a global resolution on the rights of children and adolescents who have lost parental care.
”

Developing readiness

Listening to young care leavers in Latin America



More Autonomy. More Rights is an important research that brings the voices of children and adolescents to the fore. It shines a light on the lived experiences of adolescents in care and young care leavers in the process of ageing out of formal child protection systems and embarking on independent life in Argentina, Bolivia, Brazil, Colombia, Mexico, and Peru in their own words.

The research:

- Highlights the serious need for a gradual shift from an institution-based model of care towards family strengthening and family and community-based solutions
- Can assist governments to support young people leaving care, thereby supporting their transition to autonomy and improving their lives, as well as inform critical child protection and care system reforms across the region
- Empowers children and young people to influence the policies and programmes that affect their lives

These courageous and forgotten children who have been separated from their families and lived in care have shared the challenges they face. They are orienting their national governments and other decision makers on the way forward.

- ▶ Watch a [short video](#)
- ▶ Read [More Autonomy. More Rights](#) regional report
- ▶ Visit the [Latin American Network of Care Leavers](#)

“
In my case, I had no one,
absolutely nothing, I had
spent so many years there.”

Care leaver, Perú

Developing readiness 4. Commitment to invest in children

Make the case for support for investment in children and child protection and care reform.

There are many ways this can be presented, depending on the national context:

- **Make the case for children’s rights,** ensuring alignment with international treaties and recommendations
- **Present the case for support within the context of broader national strategies,** e.g. alleviating poverty, stimulating economic development, strategies for social inclusion and protection, and the Sustainable Development Goals
- **Support for children in families and not institutions can be presented as a broader investment agenda** with wide ranging benefits for education, health, protection, security and economic development as well as a child rights foundation and tackling gender inequalities by supporting caregivers in their role

Make the business case for deinstitutionalisation early, while you are framing it as a key driver of change.

While you may lack specific data and detail specific to your national context, you can draw on evidence and examples from other countries.

Childonomics

The Childonomics project in 2017 developed an instrument for use in measuring the long-term social and economic value of investing in children. There are 5 key policy take-aways:

- 1) Child and family policies must be evidence-informed
- 2) Be clear on expected outcomes and put in place effective feedback mechanisms
- 3) Strive for more and better data
- 4) Economic modelling is both possible and necessary
- 5) Take a systems-wide approach since children’s outcomes depend on multiple policy areas and how they intersect

▶ [You can find the full summary online](#)

THE BUSINESS CASE FOR DEINSTITUTIONALISATION

The three pillars of the business case:



Developing readiness

Responding to crisis and placing child protection and alternative care on the political agenda / Guatemala



On 8th March 2017, 41 girls and adolescents died in a fire at the Hogar Seguro Virgen de la Asunción institution in Guatemala. Hogar Seguro was home to 600 children and adolescents, placed there mainly due to situations of violence, abandonment, poverty and neglect. It was often filled beyond capacity in spite of calls by civil society agencies including UNICEF to close the facility.

The tragedy highlighted the urgent need to create an effective child protection and care system in Guatemala, requiring both emergency response and long-term systemic change.

Justice for children and families, accountability and change were driving features of demands made by communities close to the institution and further afield. It sparked a coordinated response from civil society – such as a [commemorative webinar](#) and a [Call to Action](#) to end the human rights violations against children and adolescents in institutions. Government and UN agencies, civil society and development partners contributed to a multi-stakeholder response.

The Government of Guatemala, UNICEF and partners drew up response plans to ensure the protection of the children and adolescents affected, push for deinstitutionalisation, promote the creation of a new child protection model and invest in children and young people.

The five emergency priorities of the National Response Plan were:

- Family reunification
- Creation of four 72-hour transit centers
- Creation of 12 residential care centers
- Activation of foster care program
- Psycho-social support

Four cross-cutting activities also aimed at: strengthening the inter-institutional response group; improving the child protection data management system; digitalisation of files; and a child protection system law proposal. (UNICEF, 2017)

Guatemala's response focuses on the creation of family strengthening programmes to prevent the separation of children from their families through administrative and judicial mechanisms and social protection. Where separation of children from their families is necessary, it prioritises temporary family-based care programs, so that temporary and professionalised alternative care is available in parallel with the process of family reintegration. Macro institutions are prohibited and children under the age of three and children with disabilities cannot be placed in institutional care. Residential care is considered a measure of last resort, with significantly increased focus on strong community-based work plus judicial controls and deadlines.

The proposed new law for the Comprehensive National Child and Adolescent Protection System (Law 5285) seeks to ensure the joint intervention of social protection bodies and special protection through high – level government bodies, operational level and local level and includes the creation of one Government agency responsible for child protection. This aims to reduce fragmentation and bottlenecks within the system and allowing for more targeted plans and concrete, coordinated actions in the best interests of children. Guatemala had 8 or more possible entry points for children into the protection system, making it extremely challenging to set up effective gatekeeping. Streamlining the entry points facilitates the process of controlling the flow of children into institutions and the development of effective and sustainable control mechanisms.

A full plan for deinstitutionalisation needs to be developed in order to achieve systemic change, and this plan is envisioned to be part of the current policy process.

“Residential care is considered a measure of last resort, with significantly increased focused on strong community-based work plus judicial controls and deadlines.”



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CHECKLIST

For developing readiness

It may take several months to several years to achieve 'readiness' for reform, depending on your national circumstances.

By the end of Step 1 for creating the conditions for change, you will have identified and started to open up access to resources both from across government and civil society and secured commitments to investment in children and the development of your national social workforce, which is crucial.

At the end of part one, you should have:

- High level commitment in place to investing in children
- High level commitment and plans to invest in capacity building of a national social workforce
- A clearly articulated vision for reform
- A broad understanding of deinstitutionalisation as a key driver of child protection and care system reform
- A clear understanding of key terminology translated and agreed for use in national context
- Cooperation across government ministries and a functioning inter-ministerial working group
- Collaboration with civil society and open channels of communication
- Understanding of and access to expertise and resources from within civil society

With these elements in place, you can turn your attention to ensuring you create the conditions that will enable you to set change in motion.

Creating the conditions for change

Part two: Setting change in motion



Step two in creating the conditions for change is 'setting change in motion'. In the following section we describe four key strategies that help create the conditions for getting change going, and illustrate them with case-studies from Latin America and the Caribbean.

The four key strategies for setting change in motion are described as our 'four-point theory of change':

1. Political will and engagement
2. Evidence and know-how
3. Capacity to deliver
4. Funding

In this second stage, the potential for transition away from the reliance on institutional care begins to take real shape. Broad and high-level commitments need now to translate into political will. Investment needs to focus on the capacity to deliver transition.

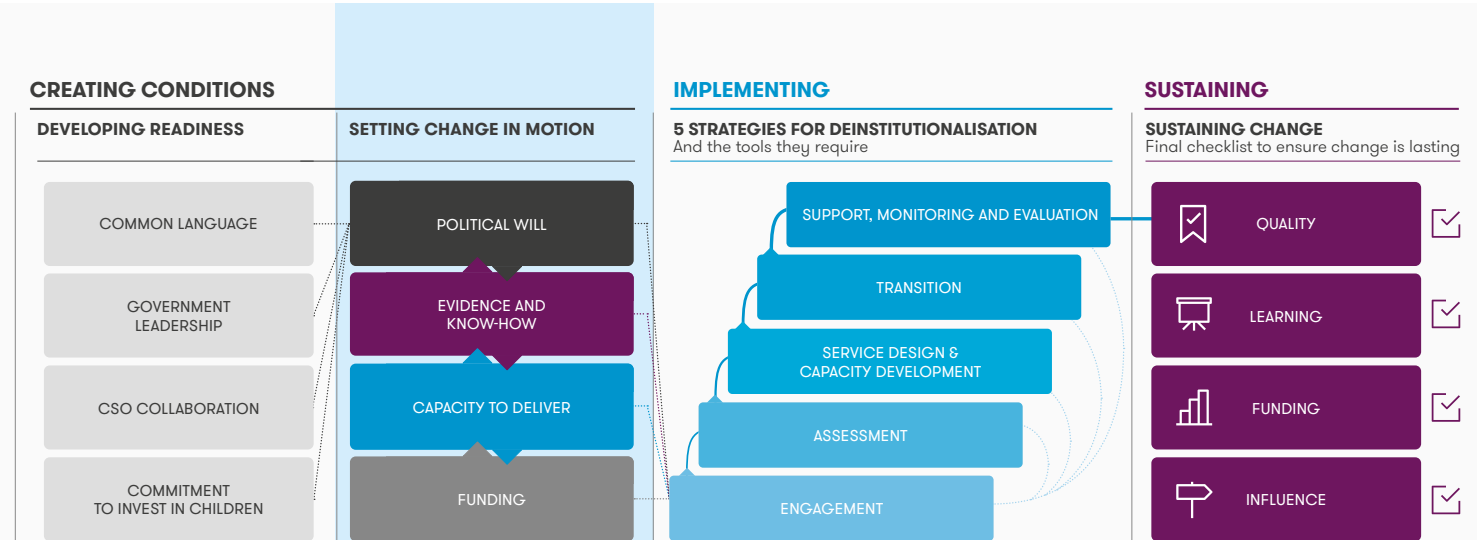
Local and national NGOs and partners from across civil society can be drawn on to aid in data collection, targeted pilots and wider engagement with communities, which will be crucial to the success of any transition programme. Now you can begin to contextualise evidence and start to generate local know-how to ensure that national plans are made on the basis of local and national information that is appropriate and relevant to the country context. High-level commitment to investment in children needs to translate into examining the funding streams and expenditure on institutions and other services, a clearly articulated business case, and ring-fenced funding for the transition *and beyond*. It is vital that the cost of sustaining the new system be factored in early on.

Context matters

The national plan for deinstitutionalisation should be viewed by everyone as a central driver for reform of the whole child protection and care system. How this is achieved, how quickly and at what level it is possible for you to begin, depends entirely on the national context.

However, most commonly, countries begin by running very small-scale pilots, before progressing to sub-national programmes of change which can then be evaluated and learned from before change is more widely rolled out. Everyone engaged in the process should understand the realities of family separation, and the local and national dynamics of the institutional care system. We have highlighted some common themes, but context matters. That is why we advocate that everyone involved in the reform process agrees to a set of principles for action, rather than a blueprint or template.

The [Tracking Progress Initiative](#) will be an invaluable resource at this stage as many of the actions suggested across the four key strategies involve mapping, data collection or assessment of some kind.



Setting change in motion

1. Political will

Now is the time to turn broad commitment to investing in children into national strategies, meaningful action plans and budgetary allocations.

Formalise a common position on deinstitutionalisation and child protection and care system reform. Work through or with the inter-ministerial working group to ensure its broad reach and support.

Support your high-level champions to take action and inspire others to do so. Cultivate your champions, help them spread the word and engage with a broad range of audiences.

Address popular perceptions and misconceptions of institutional care in targeted communications campaigns.

Engage with children, young people and families who have been and are affected by institutional care to ensure that their views, voices and experiences not only inform but are also amplified to help you reach out to all stakeholders.

Begin to develop a national strategy for children, in which you cement the role of deinstitutionalisation as a key driver in reforming the child protection and care system. Set or reaffirm your vision, establish a tangible mission (ideally within a set timeframe, for example a 5 or 10 year goal) and commit to the set of values you will uphold for the implementation of the strategy.

To ensure that political will is sustainable and transcends changes in government, representatives of different coalitions should participate and plans should explicitly go beyond the next election with cross-party support.



Setting change in motion



Making a rights-based vision for the protection and care of children a reality / Nicaragua

In 2008, 3,189 children were living in 92 institutions or ‘Special Protection Centres’ in Nicaragua. 80% of these children entered institutions due to poverty and had families. (MIFAN and UNICEF, 2018)

Turning strong political will into action, the Government of Nicaragua’s *Programa Amor* was integrated into social policy through the *Plan Nacional de Desarrollo Humano* and *Estrategia de Retorno Amoroso* (Loving Return Strategy).

As a result, 3,000 children and adolescents now live with a family.

The programme reduced the number of institutional centers from 92 in 2006 to 21 in 2017 and transformed the models of organisations such as Aldeas Infantiles and Hogar Zacarias Guerra from permanent institutionalisation to alternative care. Of the 92 institutions providing permanent residential care in 2006, 44 have been closed, 21 have been transformed into prevention services and day care, 25 now provide temporary care in emergency and exceptional situations and two decisions are pending.

There were two key types of processes, involving children from 0 to 18 years of age:

- a) The reintegration or placement into alternative care of those who had been institutionalized for a long period of their lives in Special Protection Centers (CPE)
- b) Alternative care of those who are at risk of being institutionalized. Putting the best interests of the child at the heart of this model guided the decisions and processes for each child and developing a prevention system was viewed as essential.

International cooperation and civil society played its part, with Save the Children, Plan Nicaragua, JICA Japan, UNFPA and UNICEF playing critical roles alongside the government and institution managers in different elements of strategy, policy and implementation.

Read the [Report on the Systematisation of the experiences of deinstitutionalization of children and adolescents in Nicaragua. Love Program 2007-2017.](#)

Setting change in motion

2. Evidence and know-how



Our experience has shown us that the transition away from institutional care needs to be seen to work in the context where reform is being targeted. At a certain point, it is no longer enough to rely on evidence of change from another country. We must demonstrate that deinstitutionalisation is possible, and necessary and that it can drive reform of the child protection and care system. This should be done in parallel with other elements of ‘Setting change in motion’ due to the interlinkages between each area. For example, your national strategy must be evidence-based and match the specific needs of children and vulnerable families in the country context.

A framework for this is to collect data and map the care system and the situations of children living in care. This should run in parallel to other elements of ‘Setting change in motion’, so that the national strategy is evidence-based and matching the specific needs of children and vulnerable families in the country context. Understand: who are the children? Why they are separated from their families? What is their current trajectory in care? When do they leave care and how?

It is common for institutions to operate without proper registration. You will need a strategy to locate and include unregistered institutions in your mapping. Use this data to inform the development of a national strategy.

The [Tracking Progress Initiative](#) is a useful tool for taking stock of your national situation. Other assessment tools have been used in countries across Latin America and the Caribbean at national or local level to understand the current situation of children in care or at risk. For example, a tool to monitor deinstitutionalisation was applied in Paraguay, Uruguay and Ecuador (UNICEF and RELAF, 2016). Another example is the [Diagnosis of Children and Youth](#) in the city of Curitiba in the State of Parana, Brazil. Published in 2018, 1,800 different governmental and NGO services were surveyed as well as over 1,200 interviews with children, teens, youth and their parents for the largest survey ever done in Brazil on children and youth.

Your mapping should cover:

- All current services and initiatives aimed at delivering family strengthening and prevention of separation, including social protection, early childhood development, parenting support, specialist services for children with special needs
- All known examples of coordinated efforts to prevent institutionalisation and referrals to family based alternative care
- All current services and initiatives to deliver alternative care. Include informal and formal – everything from kinship care, to foster care and other specialist services across the child protection and care system. Do not forget to map residential care delivered at local level; any integrated, family-like and all other forms of residential care in your context. This must include all institutions for children, including specialist institutions for children with disabilities and unregistered institutions.
- All existing policies and standards regulating and framing alternative care, social protection and other situations involving children without parental care
- All registration and accreditation systems
- The capacity and capabilities of the national social workforce, including the workforce in prevention and gatekeeping services, institutions and alternative care services, and case management capacity and practices

Data collection, particularly regarding institutional and alternative care services, also serves to strengthen government oversight and regulation of the care and protection system. This is particularly true in contexts where many institutions are privately financed, or co-funded by Government and NGOs, and where institutions are unregistered. Ensure your data gathering process uncovers unregistered institutions and tracks children in care who are not properly registered in the care system. This serves to strengthen government ownership over the system of care provision and also ensure that the most vulnerable and invisible children are not left behind.

Using this evidence, you can identify the gaps and areas requiring development. This should all inform the development of your national strategy for child protection and care system reform.

You can now invest in the implementation of a pilot project to develop the evidence base and know-how for a broader national implementation plan for comprehensive deinstitutionalisation.

Choose the pilot site carefully, it should be as exemplary as possible of the typical dynamics of institutional care in your national context.

Typically, most pilots are very small-scale, usually involving just 1 institution. The size of a pilot is less important than its relevance. The national mapping exercise should have given an indication of the most critical challenges and the pilot should aim to address these explicitly.

The process of running such a pilot will enable you to generate know-how, evidence of success and vital learnings from mistakes and things that did not go to plan. It should inform broader action plans and help consolidate political will and public support.

Setting change in motion

The importance of data / Costa Rica



Costa Rica was the first country to apply the *Tracking Progress Tool* in Latin America to measure its national progress in the implementation of the UN Guidelines on Alternative Care of Children. Establishing this evidence base was a key step in a concerted effort by PANI (Patronato Nacional de la Infancia) to build a common understanding and vision for deinstitutionalisation.

In January 2018 PANI assembled a multi-agency working group to take stock of progress, generate a diagnostic report, and inform national planning for implementation of the Guidelines in Costa Rica. Building consensus and commitment among the members of the working group was pivotal, including government agencies such as the Ministry of Education and Ombudsman's Office as well as civil society including Aldeas Infantiles SOS, Casa Viva and Roble Alto. This working group coordinated the collaborative gathering of data across various ministries, departments and agencies to apply the *Tracking Tool* over a three month period.

Data across the six surveys within the *Tracking Progress Tool* was gathered by: PANI, IMAS, Ministerio de Salud, Ministerio de Educación, Defensoría de los habitantes y Consejo de Niñez y Adolescencia y Poder Judicial, Comisión Nacional de Emergencia, Dirección de Migración y Extranjería, Secretaría Técnica de Autoridad Presupuestaria, Hospital Psiquiátrico, Organización Internacional para las Migraciones (OIM) and civil society organisations.

The findings of the *Tracking Progress Tool* were shared widely to build a common understanding of the strengths and challenges of the child protection and care system. Through a series of workshops, high level decision making professionals from the protection system, technical professionals from PANI and civil society actors learned about the findings and helped to shape a roadmap for the future. Involving stakeholders from different Ministries, departments and sectors has helped to build a common understanding of the current situation and begun to build a vision across the Government of Costa Rica.

As a specific result of this effort, PANI, UNICEF, Municipalities and development associations are propelling a model for deinstitutionalisation of adolescents between 15 and 18 years old. The program supports young people in the development of their own life projects for the time when they leave institutional care. The model includes the provision of psychological counselling and education, supports the adolescents when searching for a job and offers other services to integrate young people in their communities.

The Government of Costa Rica was supported by the Better Care Network who spearheaded the development of the *Tracking Progress Initiative*, the Centre of Excellence for Children, a joint initiative of Hope and Homes for Children and RELAF, and UNICEF Costa Rica. *Tracking Progress Tool* is provided as an open access tool that can be used by governments globally.

➤ Visit [Better Care Network](#)

➤ Visit the [Centre of Excellence for Children](#)

Setting change in motion

Learning from a pilot / Uruguay



An investigation into the situation of children living under the care of the state in Uruguay was undertaken in 2011. Bottlenecks in the system were identified: poor gatekeeping, harmful practices such as prolonged hospitalisation of babies, and lack or absence of services such as foster care and family support services.

Importantly, the assessment found that decisions about the care of children were defined by response capacity rather than according to the principles of necessity and suitability, and that the child protection and care system was highly fragmented.

In response, a pilot project began in 2012 undertaken by Instituto del Niño y Adolescente del Uruguay (INAU) with UNICEF support. Over three years, the pilot provided experience of gatekeeping, the transition of children into family-based care and the conversion of two institutions into Centros de Acogimiento which provide family support and emergency placement services. Alternative care services were developed to replace the institutions, with a particular focus on family reintegration and foster care.

This pilot provided valuable and extensive learning that has enabled INAU to identify priority areas to develop in the transformation of its child protection and care system. Monitoring and evaluation systems are critical and new software was also developed by La Barca, introducing an individual care planning tool to enable a quality, individualised response to the needs of each child. Capacity building of community level staff who work directly with children and families is also prioritised.

Key learning:

- Gatekeeping interventions at the point of entry to the child protection system are necessary and effective in preventing a large percentage of institutionalisation
- Training government staff (within INAU) was crucial to enable them to develop positive knowledge, attitudes and practices. Most of the staff had been working for many years with a positive view of institutional care and required support to adapt to a new approach
- For real transformation of the child protection and care system it is imperative to work with the public, since public opinion is supportive of institutional care in Uruguay

Progress is continuous as new initiatives are undertaken to strengthen the system. In 2016, there were a total of 5,599 children supported by the care system. 66% (3,719) were in residential care and 34% (1,880) in family-based care. Of the latter, 51% were supported in their own family, 41% with extended families and 8% with foster families (Domínguez and Silva Balerio, 2017).

➤ Read the [Executive Summary Deinstitutionalize. yes. But. how?](#)

Setting change in motion

Piloting deinstitutionalisation in state and privately run institutions / Panama



In Panama, pilot projects for deinstitutionalisation led by local actors have resulted in improvement of case management processes, children's transition from institutional to family and alternative care, development of prevention and alternative care services, and the generation of models and learnings to inform deinstitutionalisation in Panama.

In this process, the creation of the Comité de Seguimiento de la Adecuación de las Instituciones de la Sociedad Civil (Monitoring Committee on the Adaptation of Civil Society Institutions) played a fundamental role in coordinating and monitoring the support of government agencies and civil society to advance the deinstitutionalisation processes underway.

Casa Hogar Soná

One such pilot project was at Casa Hogar Soná, located in Veraguas, Panama. In July 2015, 31 girls and adolescents were sheltered here. This included pregnant adolescents and young mothers, in most cases as a result of sexual violence, with their babies living institutionalised alongside them.

During a one-year project with the National Secretariat for Children, Adolescents and Family (SENNIAF), RELAF and UNICEF, 135 children and adolescents were admitted to Casa Hogar Soná and 133 exited through family reunification or alternative care.

A formal inter-institutional body ('Mesa DI') was established to formalise and supervise the process of desinstitutionalisation, and to establish protocols, guidelines and manuals at national level and a Case Revision Body ('Mesa distrital de casos') was set up at district level to articulate the available support services and measures and to follow up each case.

At the end of the project in 2016, 33 children remained – nine of whom had an exit plan. By the end of the intervention, children entered and remained for a shorter time, while the relatively stable total number of resident children has been decreasing.

In May 2018, 22 girls and young women were sheltered in Casa Hogar Soná, 19 of them under 18 years old, and of which 10 entered due to sexual violence. Two 16 year olds were accompanied by their babies (under one year).

SENNIAF and the 'Mesa DI' continue to accompany and supervise Casa Hogar Soná and UNICEF is still supporting these efforts through technical assistance and capacity building.

Ciudad del Niño

Ciudad del Niño was another institution in Panama that undertook a series of changes aimed at restoring children's right to family life. A number of changes to broaden its services and practices since 1996 formed a fertile base for deinstitutionalisation in 2016 together with RELAF and UNICEF.

The first pilot stage focused on the transition of 21 children into families from May–December 2016. Of these, 4 children were 11–13 years old, 11 were 14–18 years old, and 1 was 19 years old. 48% of the children had a disability. The length of stay in the institution ranged from 0–10 years.

The transition process for each children included assessment and preparation of the child, assessment and preparation of the family, preparation of the community and post-placement follow-up. Their care plans showed that 95% of the children would return to their families of origin, 5% would be placed in foster care. Follow-up was provided to children and families for 3–6 months after placement.

Through this process, resistance of families and the community decreased, leadership and technical capacity to work with children and families was strengthened, and understanding of the impact of institutional care on children was deepened. Whilst 21 children were transitioned back into families, new children continued to enter the institution and the total number of children living there decreased from 91 to 88.

Together with other Panamanian NGOs such as Malambo and Aldeas Infantiles undertaking deinstitutionalisation, a diversity of mechanisms and programs have been piloted to support the transition to family and community based care.

Find out more at [RELAF's webpage](#)

“Resistance of families and the community decreased, leadership and technical capacity to work with children and families was strengthened, and understanding of the impact of institutional care on children was deepened.”

Setting change in motion

3. Capacity to deliver

Commitment to invest in the development of any national social workforce must now be made tangible. The safe transition of children into quality family and community based care will require highly skilled and trained professionals, who can be supported by trained local volunteers.

Children and families need support through the transition from institutional care and through preventive services. Social workers need to be able to deliver gatekeeping mechanisms and oversee quality family and community based alternative care services. This is critical, and the investment in capacity and capability must not be limited to the period of a transition programme but sustained.

Continue your mapping exercise with an assessment of your available workforce and service provision.

Assess the status of the national social workforce. Include the national, sub-national and local social workforce, including staff in institutions who provide direct care for children. This is important as a successful transition needs to take into account the institutional care staff.

Identify the capacity and determine whether the size and skill of the social workforce is commensurate with its roles, responsibilities and anticipated changes.

Design and develop education and training that will build a skilled and knowledgeable social workforce. Professionals and technicians within the child protection and care system should be formally trained from the earliest opportunity, including university level qualifications. Consider education for the next generation of the social workforce, as well as meeting the needs of services today.

Identify other professionals who can contribute to supporting children in their transition from institutional care into community and family based care. **Enrol them and train them** to become valuable change makers in the reform process. For example, community leaders, educational professionals and healthcare workers could all be engaged.

Map any local volunteer workforce involved in working with children. Ensure they have a role and adequate support in order to contribute to the process of transitioning away from institutional care.

Develop a clear map of the service provision by civil society organisations in order to produce an inventory of skills and capabilities available at national and local level for the transition of children into family and community based care.

“ I didn't like it when I left. It was quite tough for me. Very very tough. I spent weeks crying for having left the institution. I found another reality, I found that it was twelve and food wasn't cooked. ”

Care leaver, Argentina



Setting change in motion

Building a foster care system with a skilled social workforce at its heart / Mexico



In Mexico, 33,118 children were living in centres of social assistance in 2015 including temporary shelters, women and children’s shelters, hospitals and mental health facilities as well as children’s institutions. It is estimated that 25,665 (approximately 75%) of these live in children’s homes (Casas Hogares de Menores).

In 2015, the Government of Mexico enacted a new Law on the Rights of Children and Adolescents (Ley General de los Derechos de Niños, Niñas y Adolescentes, 2014). Alongside this, it undertook to develop and implement a comprehensive policy on alternative care for children and adolescents deprived of parental care.

This national effort included piloting the development and implementation of foster care services in five states between 2015 and 2018. With multi-agency support, efforts were made to develop new policies and tools for foster care, build national and local capacity and implement pilot foster care projects as part of a move towards deinstitutionalisation.

Building the skills and capacity of the social welfare workforce was imperative to this endeavour in Mexico. Across Campeche, Morelos, Tabasco, Chihuahua, Mexico City, and at Federal level, the knowledge and skills of those responsible for developing and running new foster care programmes was prioritised for investment by local authorities. With the technical assistance of UNICEF and NGO RELAF, these States began to reform their alternative care systems. In this context, partnerships with other NGOs were also developed between 2016 and 2018.

As a result of these processes, by May 2018 more than 52 families were evaluated and 24 of them were certified and trained to be foster families. 27 foster care processes were in progress and five already concluded.

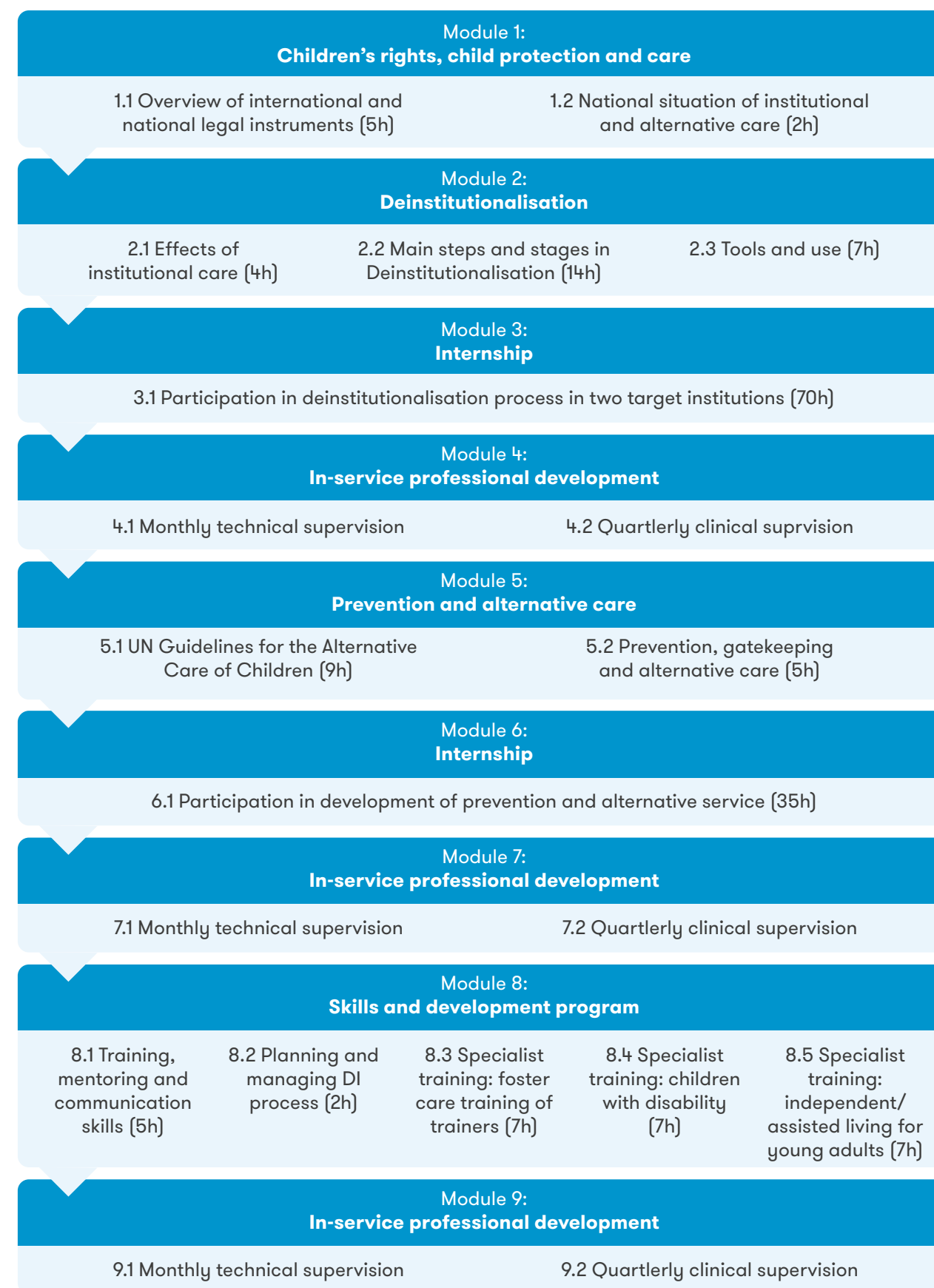
The [Centre of Excellence for Children](#) provided hands on support through in-person and virtual training, supervision, case review and sharing best practice tools, manuals and guidance to support the state officials and child protection professionals responsible for foster care services.

Foster parents themselves were supported to build their knowledge and skills to care for children through sessions which encouraged peer-to-peer learning and support during the fostering process.

[RELAF: Technical cooperation in Mexico](#)

↓ Building social work capability and capacity:

An example training curriculum on deinstitutionalisation and alternative care



Setting change in motion

4. Funding

Deinstitutionalisation is all about development. The transition from a child protection and care system dominated by institutions to a family and community based system is underpinned by the development of services, soft skills and infrastructure.

This requires **additional funding** on top of the costs of running institutions because for a time the services must run in parallel. Children and young people must never be moved out of institutions into a vacuum of services.

Funding any transition must include sufficient financial commitment to the development and running of quality family and community based care. Indeed, a cornerstone of effective deinstitutionalisation is the availability of additional external funding to cover transitional costs. This requires careful consideration of how government, development partner and private finance can be allocated within the new child protection and care system both during the transition and in the long term.

To ensure you accurately estimate the amount of funding that will be needed you need to conclude your mapping exercise by getting a good measure of the size and scope of the problem you need to address. Ensure that the national audit of children's services includes in-depth detail on institutions for children.

Gather all financial information available across all service types. Map funding streams, and collect data on total expenditure including breakdowns. Look at the flow of children in and out of institutions and map the communities of origin of all children in institutions. This will help you to prioritise the national deinstitutionalisation strategy.

In unregulated contexts, for example where many institutions are privately financed and a significant proportion is unregistered, mapping the costs and funding sources is more challenging. Consider alternative methodologies, such as working with estimates based on the institutions for which you have reliable financial data.



Consolidate the business case for investing in children and prioritising deinstitutionalisation, using evidence from your country now that you have collected relevant national data.

- Identify the cost per stay in institutional care for the population in care, based on the average length of stay and the entire population, to understand the level of resource allocation. Connect this with outcomes for children
- Estimate the proportion of children unnecessarily separated from parents and carers and placed in institutional care and the cost of their institutionalisation
- Estimate the costs of preventing their separation and contrast the two approaches both for financial impact and outcomes for children
- Estimate the cost to society of children growing up in institutional care using available data on outcomes for children leaving institutional care

Directing investment where it is most needed

Any strategy for reforming the care system is influenced by the availability of funding. This is particularly challenging in countries where institutions are largely funded by private and/or international donors. In this context, funders often determine the type of provision available (family-based or residential) and the quality of care.

It is important that governments take the leadership in communicating their strategies and plans to private donors and directing investment away from institutional care and into appropriate prevention and care services. This also enables States to reinforce their authority and oversight over the alternative care system and improve regulation of care provision.

Government can direct this investment where it is needed by:

- Map the private funding sources that contribute to the running costs of institutions. For example, Lumos mapped foreign donor support to children in Haitian orphanages, estimated the flows of financial and other support from private, faith-based sources, and the outcomes for the children
- Forbid further investment in institutions. This includes prohibiting private donations, establishment of new institutions, infrastructure renovations and volunteer programme in institutions except where imperative for the immediate safety and wellbeing of children
- Set up communications and engagement campaigns to trace and engage private donor audiences in the global north (churches, faith based organisations, volunteer programmes etc). Persuade them to invest in sustaining the new family- and community-based services
- Engage development partners in the transition from institutional to community-based care and ensure that international funds (e.g. ODA) support the transition. ODA in sectors such as health and education should also be directed to support the reform as they play a critical role in supporting prevention, family strengthening and children in alternative care

Read [Towards the Right Care for Children: Orientations for reforming alternative care systems in Africa, Asia, Latin America](#) (Chaitkin et al., 2017)

Read [‘Creating an orphanage market in Haiti’](#) case study

Read Better Use of Resources (p50) in the [Common European Guidelines on the Transition from Institutional to Community-based Care](#)

Estimate with as much accuracy as possible the financial costs of transition focusing on three elements:

- The costs of developing the social workforce
- Direct costs of supporting children through transition
- The cost of developing necessary gatekeeping, prevention and alternative care services including inclusive community-based health and education

Estimate the length of time transition will take and cost accordingly – crucially, the costs necessary to sustain the system post-transition need to be included.

Ensure that money follows the children. Too often, money and resources that are ‘unlocked’ do not follow the child after their transition from the institution. Aim to ensure that resources that would have flowed into an institution, follow the child out of it instead, to finance the services and support they will need in the community.

CHECKLIST

For setting change in motion

At the end of part two you should have:

- A national map of children in institutions and their funding streams
- A national inventory of family strengthening and alternative care services
- A national strategy for deinstitutionalisation and care reform
- A national action plan and budget
- A pilot project identified and designed
- A capacity building plan to strengthen the social service workforce
- A clear estimated budget for the transition costs

With these elements in place, you can begin to implement the change you wish to bring about.



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“
We are working towards the day when every child can grow up in a loving family. We are making progress.
”

Dr Delia Pop, Hope and Homes for Children

Inclusive protection and care systems

Institutionalisation, marginalisation and discrimination are intrinsically connected. **Gender-, disability-, and ethnic-based** discrimination, and other forms of discrimination based on issues such as age, class, indigenous or migratory status, are widespread. This impacts upon separated children, and those at risk of separation, in terms of their family situations, service access, care pathways and experience in care. Indeed, children with disabilities and children belonging to indigenous communities and some ethnic groups are over represented in institutional care across Latin America and the Caribbean.

An inclusive child protection and care system should be equipped with mechanisms that override all types of differences including gender, disability and ethnicity.

A Gender Lens for Care Reform

Across Latin America and the Caribbean, governments are striving for gender equality and gender-sensitive development. The Sustainable Development Goals are one of the international tools providing a framework for this, with a commitment to ensuring “no one will be left behind” and to “endeavour to reach the furthest behind first.” Gender should be considered at all stages of developing a national pathway for child protection and care system reform. Considerations at different stages may include:

- Collect gender disaggregated data regarding children in care and the trajectories of care leavers to inform gender-sensitive policy and programming responses.
- Consider the way in which gender impacts upon poverty and social exclusion that leads to family breakdown. Empower women, LGBTQI people and girls to overcome the gender specific challenges constraining their economic and social capacity.
- Understand and address gender-based violence in families, communities and institutions. For example, address appropriate safeguarding responses to girl victims of gender-based violence in the home that avoid their revictimization. Pay attention to gender-based violence, including sexual abuse, in institutions, with a focus on safeguarding.
- Provide services targeted towards women caregivers such as family planning, pre- peri-and postnatal support, positive parenting education and daycare to empower and support female caregivers who often play a key decision-making role regarding children’s care.
- Involve both women and men in the process to strengthen families, fulfil care responsibilities, prevent separation and enable family-based care.
- Ensure that alternative care is gender-sensitive at all ages and in all settings. Special attention should be paid to sexual development in adolescence. Children and adolescents should receive age-appropriate and relevant sex education, and the fulfilment of their sexual and reproductive health and rights must be guaranteed.
- Ensure gender-sensitive communications and safe spaces for participation for women, LGBTQI people and girls – particularly at community level, within gatekeeping mechanisms and in institutions.
- Pay attention to gender composition of the social workforce, and ensure training and capacity of the social workforce to address gender issues in both theory and practice.

Implementing change



“ At first I felt happy, then I totally regretted. It was progressive, from happiness and freedom to feeling angry and day to day concerns. It was like something gradual from good to bad. Yes, it was very good when I left care. It was really good. I’m out, but then I started thinking.

”
Care leaver, Argentina

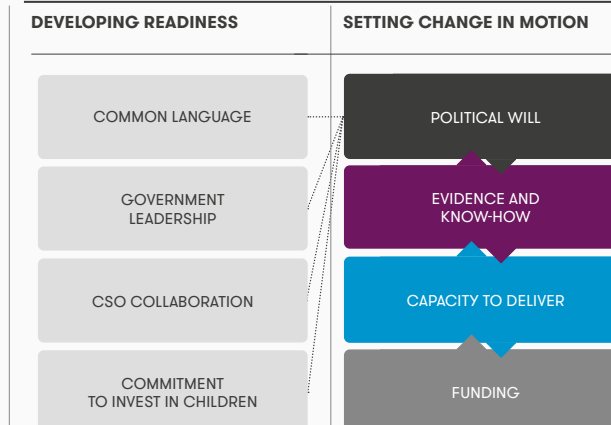
Having successfully created the conditions for change, you can begin to implement that change. We set out five key strategies that can help you to implement the complex and multi-faceted process of moving away from obsolete care systems that rely on institutional care for children towards modern systems based on services to prevent family breakdown and a range of family and community-based alternatives to institutional care.

Experiences within Latin America and the Caribbean are shared to illustrate elements of this change process in the region. The fictional case study of [Casa Sonrisa](#) at the end of this guide provides a much deeper insight into how these strategies can be implemented at a local level.



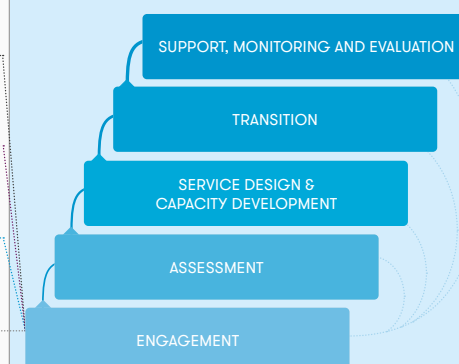
Look out for this symbol for a link to the relevant Casa Sonrisa case study

CREATING CONDITIONS



IMPLEMENTING

5 STRATEGIES FOR DEINSTITUTIONALISATION
And the tools they require



SUSTAINING

SUSTAINING CHANGE
Final checklist to ensure change is lasting



5 strategies for deinstitutionalisation

1. Engagement

Engagement needs to be a constant feature. Throughout the implementation process you need to keep on communicating the reasons, the purpose, the key strategies and expected outcomes of deinstitutionalisation.

Language needs to be sensitive and appropriate to the many different audiences that need to be engaged with. Directness and open dialogue are important from the outset to foster trust in working relationships. Engagement means listening as well as communicating. This is especially the case when trying to involve children and young people as key actors in the process, rather than simply passive beneficiaries.

In developing communications and advocacy strategies:

- Understand how opinion leaders and decision makers perceive the issue of institutional care, and how those perceptions may consciously or unconsciously affect their willingness to support efforts to end institutional care and place children in family and community care
- Identify which target audiences have the most power and influence to bring about change, and how to reach them
- Explore research and best practice from behavioural science and other fields to determine which messaging strategies will have the most impact
- Examine how structures and incentives have an impact on policy and practice

With this foundation you should be able to identify the ‘quick wins’ that will enable you to maximise resources by engaging in communication and advocacy most likely to make a difference.

Engage gradually with children in institutional care, staff, parents, all relevant professionals, local and national authorities and the wider public to ensure collaboration, coordination, clear expectations and help secure formal working and collaboration agreements.

Through careful engagement, you can become aware of and tackle resistance to change. You can support and develop the champions and leaders that you will need on your journey.

Leaders in the field can work to change the behaviour of those who actively support institutional care – for example, current managers of institutions, their staff, and private donors. Focus on inspiring action by decision makers and opinion leaders who have not yet made this issue a priority.

Sensitive engagement is especially important around the time of setting up a pilot and actively entering a phase of instigating closures of institutions and their eventual transformation into community services. A solid engagement strategy will help to minimise anxiety and further trauma for the children.



“Every young care leaver has their own story. Some of my friends here today talk about being lucky to have been sent to a ‘good’ institution. Why do we talk about luck? Why is it a matter of luck? You are a victim, you had to leave your home. It is not ‘lucky’ to fall into a ‘good’ institution.

When I said in an interview that I lived in an institution, I did not get the job. I was not ashamed, but in a moment I lied. I hope we are the first wave of young activists that will drive change.

”
Care leaver, Argentina

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THE FOUR 'CORNERSTONE' STORIES



1/ Children and youth who are living or grew up in an institution. Few stories about the impact of institutional care have the emotional appeal of accounts of children and youth, who grew up in institutions.



2/ Parents whose children were taken to an institution. Giving voice to parents who were separated from rather than being supported to care for their children, can help to counter the narrative around 'poor parenting.'



3/ Service providers who changed their mind-set. Peers, who approach the issue with similar motivations and concerns, are likely to be among the most effective messengers to other care providers.



4/ Faith leaders who can speak from their tradition about the importance of family. There are already some strong faith leaders on this issue, but more are needed.

Credit: Assembly For

'Every child needs the love of a family' and 'a loving family setting is the best place for a child' are ideas that almost everyone can agree with in principle. Engagement is essential to the process of ensuring that these ideas become reality.

There are four 'cornerstone' stories that have been shown to be effective in developing engagement strategies, as shown above.

Encourage the telling and sharing of cornerstone stories. Collect them and use them with different audiences. For example, the first-hand accounts of children and young people may carry emotional weight and influence. When you combine this with testimony from a care provider who has moved away from institutional care or who wants to, you have a powerfully motivating combination of 'why', 'what' and 'how'.

Gather examples from your country or region that clearly show how to successfully transition a childcare institution and how the change can be sustainable over the long-term.

Tips from the field

Context is critical. Examples of success should be tailored for the audience, context specific, and present information on how the audience can act to support the work. One or two clear calls to action will be more effective than a list of 15.

Work with communications specialists to ensure that formats are easily accessible and visually engaging, particularly when communicating to non-technical audiences. Experiment with video, audio, community theatre – whatever is right for your audience.

Build on the good work already done internationally: adapt to suit your audiences, develop and distribute a range of visual and instructional materials to illustrate that effective solutions exist, and how to make them happen.



Read Casa Sonrisa – Engagement with all



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5 strategies for deinstitutionalisation

2. Assessment

Ensure that you understand the current state of children in institutional care before planning their transition out of it. This is very specific to the particular institutions that you are working with, and the particular children living there.

Initial mapping should have taken into account the situation of all children to understand areas of potential risk and vulnerability and provided a picture of the resources available to deliver transition and all the key services of the new system.

You also need to understand:

- The reasons why children are placed in care
- Specific entry points
- Care provisions available
- When children leave care and how

Individual assessments of every child need to be conducted by trained social workers, psychologists and professionals. Child and family assessment tools should be standardised, and include interviews and consultation with the child and family themselves. This should follow the assessment and case management protocols established in your country and allow an appropriate placement decision and transition plan to be made for every child living in the institution.



**Read Casa Sonrisa -
Assessing in real time**

5 strategies for deinstitutionalisation

3. Service design and capacity development

However small or large the area over which you are preparing for a transition, aggregating and analysing the data you have collected will enable you to answer the following questions:

- Where do we start?
- What types of services do we most need?
- Where are these services most needed?
- What are the numbers we need to plan for?

The answers to these questions will form a key plank of your plan for deinstitutionalisation.

Plans for service design and development should be informed by the UN Guidelines for the Alternative Care of Children. Particularly important is to anticipate the potential problem of the ‘revolving door’ in which children can often re-enter institutions, or continue to be admitted into institutions in spite of repurposing and reintegration efforts, because of a lack of focus on family strengthening, social support, and prevention of unnecessary separation.

The best plans will include:

- Strengthening or setting up of family strengthening and prevention services, beginning with a focus on communities that are over-represented in ‘sending’ children in care
- Strengthening or setting up gatekeeping mechanisms, starting at the lowest administrative level and ensure there is strong coordination and funding available at district level to implement gatekeeping
- The development of family based alternative care starting with kinship care and foster care
- The provision for residential family like care as a last resort only when in the best interests of a child, and its capacity should not be oversized

In the following pages, we talk in more detail about gatekeeping and the key services of a child protection and care system without institutions. You may also refer to the ‘the goal of child protection and care system reform’ on [page 32](#).



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Gatekeeping: the crucial difference in child protection and care systems

↓ Applying the principles of necessity and suitability
The key elements of ensuring alternative care is used only when necessary and appropriate for the child. (Cantwell et al., 2012, p.23)

Q1 Is care genuinely needed?

Reduce the perceived need for formal alternative care	Discourage recourse to alternative care
<ul style="list-style-type: none"> Implement poverty alleviation programmes Address societal factors that can provoke family breakdown (e.g. discrimination, stigmatisation, marginalisation...) Improve family support and strengthening services Provide day-care and respite care opportunities Promote informal/customary coping strategies Consult with the child, parents and wider family to identify options Tackle avoidable relinquishment in a pro-active manner Stop unwarranted decisions to remove a child from parental care 	<ul style="list-style-type: none"> Ensure a robust gate-keeping system with decision-making authority Make available a range of effective advisory and practical resources to which parents in difficulty can be referred Prohibit the 'recruitment' of children for placement in care Eliminate systems for funding care settings that encourage unnecessary placements and/or retention of children in alternative care Regularly review whether or not each placement is still appropriate and needed

The necessity principle

Q2 Is the care appropriate for the child?

Ensure formal alternative care settings meet minimum standards	Ensure that the care setting meets the needs of the child
<ul style="list-style-type: none"> Commit to compliance with human rights obligations Provide full access to basic services, especially healthcare and education Ensure adequate human resources (assessment, qualifications and motivation of carers) Promote and facilitate appropriate contact with parents/other family members Protect children from violence and exploitation Set in place mandatory registration and authorisation of all care providers, based on strict criteria to be fulfilled Prohibit care providers with primary goals of a political, religious or economic nature Establish and independent inspection mechanism carrying out regular and unannounced visits 	<ul style="list-style-type: none"> Foresee a full range of care options Assign gatekeeping tasks to qualified professionals who systematically assess which care setting is likely to cater best to a child's characteristics and situation Make certain that residential care is used only when it will provide the most constructive response Require the care provider's cooperation in finding an appropriate long-term solution for each child

The suitability principle

A quality child protection system is defined by its ability to ensure that no children are unnecessarily separated from their parents and families and by its capacity to provide suitable alternative care for children, according to their needs, circumstances and in their best interest.

Gatekeeping is the broad term given to the set of systematic procedures aimed at ensuring that alternative care for children is used only when necessary, and that the type of care provided is suitable to the individual child.

Good gatekeeping and preventative community services can ensure that families at risk become families who are supported to ensure their children can grow up safe in loving environments.

The handbook [Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'](#) (Cantwell et al., 2012) describes very clearly the two principles of necessity and suitability underpinning the UN Guidelines. The Handbook introduces the term 'gatekeeping' – which, although not a term used in the Guidelines themselves, is a very helpful shorthand for the vitally important set of mechanisms that ensure governments can create child protection and care systems that apply these two principles.

A functional gatekeeping mechanism will effectively:

- Support the movement of children and young people out of institutions,
- Prevent the unnecessary separation of children from families, and
- Support children in family based alternative care

Importantly, gatekeeping involves making decisions about care in the best interests of children who are at risk of losing, or already without, adequate parental care. All actions and decisions taken during the gatekeeping process must be made in the best interest of the child.

For more on gatekeeping:

- See [Delia Pop and Florence Martin discussing gatekeeping](#)
- Read chapter 6 in the [Moving Forward handbook](#)
- See [global country case studies on gatekeeping mechanisms](#)

Key strategies

Prioritise first the development of gatekeeping in 'sending' communities to help stem the flow of children into target institutions and facilitate the transition process

Enrol the key stakeholders at community level on the broader issues of child protection and care by presenting the negative effects of institutional care and the available alternatives to institutional care.

Support and mentor those involved to share a clear mission, and acquire the knowledge and capacity to prevent unnecessary separation and to adequately recommend suitable alternative care for children who need it.

Connect community based gatekeeping mechanisms with the national social workforce to ensure children in alternative care are monitored and their placement is reviewed regularly. Make sure that children at risk or facing complex challenges are supported adequately and in a timely way with a view to prevent their separation.

Connect community based gatekeeping with adequate community based services including family strengthening, education, health, social protection, as well as family based alternative care.

Set up data collection and monitoring to ensure timely follow up, monitoring of outcomes, and forward planning including for resource allocation, service development and consolidation of good practice.

For gatekeeping to be successful the following key elements need to be in place:

- A collaborative platform across community stakeholders, authorities and other agencies and NGOs
- Evidence-based family strengthening interventions
- Evidence based, community driven resource centres focused on children, parents and communities. Institutions can sometimes be repurposed into these community hubs
- Emergency foster care to ensure that no children are placed in institutional care in situations where they have experienced separation or a child protection threat requiring immediate intervention.
- An agreed moratorium on placements in institutions

The key services of a child protection and care system without institutions

- A. Family support, strengthening and reintegration
- B. Kinship care
- C. Foster care (various kinds)
- D. Adoption, Kafala
- E. 'Family-like' residential care



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A. Family support, strengthening and reintegration

What happens to families is key to children's wellbeing.

Governments should ensure that families have access to basic social security – adequate social protection, access to employment, income generation, and access to basic services such as health and education. If this is lacking, it will need to be addressed in the broader context of reforming the child protection and care system.

As well as enabling access to any required specialist services, it is important to develop an approach to providing **targeted family support and strengthening** to prevent unnecessary separation of children from families. Parents will not necessarily come forward themselves.

Many parents and carers do not have the knowledge or confidence to seek support or advice. Many, already facing poverty and exclusion, and dealing with challenges such as disabilities or single parenthood, fear they will be judged and that seeking help will increase the risk of being separated from their children.

ACTIVE Family Support is a model of intervention aimed at identifying and supporting children at risk of being separated from their parents and preventing their institutionalisation (Hope and Homes for Children, 2012).

ACTIVE family support

by Hope and Homes for Children

- Appropriate:** takes into account local cultural context and socio-political climate
- Community:** working with formal (e.g. social workers) and non-formal actors
- Targeted:** tailored to each family's specific needs
- Independence:** working towards families becoming self-sufficient
- Value:** offers better value for money than institutions
- Effective:** keeps children who would otherwise have been institutionalised with their families, while improving their wellbeing

It is built on core values of empowerment, partnership, respect, inclusion, sustainability and the best interests of the child.

The ACTIVE model can also be used when reintegrating children who have been separated from their families back into biological or extended families. It delivers a significant return on investment and is scalable. It can be used effectively on a small scale by different organisations and service providers or it can be embedded in policy and made available on a much larger scale.

Key principles of ACTIVE family support:

Take a holistic view of the child in the context of his or her main carers – the immediate and extended family and the wider community – not in isolation. Support families to connect with relevant agencies and services and to establish informal support networks in the community.

Tailor support to the individual needs of each child, help families assess their own needs, strengths and potential and help them to develop a support plan, connecting up all the agencies working with the family (eg child protection and social services, local schools and kindergartens, health services, employment agencies, social assistance services and NGOs, all of which can refer to the service).

Assign a team of social workers, pedagogues and psychologists to work intensively with the parents and the children for a set period of time, focussing on strengths as well as challenges. Visits from team as frequently as needed and regular (3 monthly) reviews of the plan (support on average lasts 6 months).

The duration of support depends on the individual situation but is designed to achieve sustainable change for the whole family unit across a range of wellbeing domains, including living conditions, family and social relationships, behaviour, physical and mental health, education and employment and household economy, without the family becoming dependent on the service. Families may receive material support in the form of essential supplies.

Progress is documented and work with a family concluded when the family is able to function independently of ACTIVE Family Support within a sustainable system of formal and informal support.



Ten reasons to promote informal support:

1. Informal support is often welcomed as a 'natural' support for families in difficulties
2. It is often already accepted by local communities
3. By strengthening the community and extended family it creates a system of support that can meet long term as well as immediate needs
4. There is a multiplier effect: informal support strengthens the system both for individuals directly receiving support and others in the system
5. It provides an on-going mechanism for support
6. It is culturally appropriate, building on particular cultural strengths
7. It does not introduce or rely on 'western' ideological positions and assumptions
8. It models providing support within communities that can be promoted for other people and problems
9. It is not expensive
10. Policy and regulation is less complex

B. Kinship care

The UN Guidelines describe kinship care as 'family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature' (United Nations, 2009, p.6). Around the clock, in many communities, hundreds of thousands of grandparents, aunts and uncles, older siblings, and even non-related extended family members step in to keep children safe and nurtured when their parents cannot.

Informal kinship care is when a private arrangement is made for a child to be looked after on an ongoing or indefinite basis by relatives, friends or by other people known to the child. This arrangement will have been initiated by the child, his/her parents or the other person and

no authority is involved. This type of kinship care is common in many countries throughout Latin America and the Caribbean.

Formal kinship care is used by a competent authority as an alternative care option to place a child in need of protective services in a family environment. This means that while children may be attached to grandparents, aunts and uncles, older siblings or perhaps nonrelated extended family members, the competent authority is responsible for important issues such as parent-child contact and reunification.

Whether kinship arrangements are formally or informally arranged, it is essential that the child is protected, safe and loved in their new family environment. Children who have experienced loss, displacement, trauma, neglect or abuse in any

shape or form will have many challenges ahead of them and kinship carers should be supported to meet these in whatever shape or form they arise.

This presents a dilemma for countries who are heavily reliant on informal kinship care. Informal kinship carers do not undergo any training or receive any supervision or on-going support. Whilst there are many benefits to such a system, it does present protection concerns and challenges when formalising and reforming a system.

Implementing quality kinship care services requires the development of a relevant and culturally appropriate model of practice based on existing practices, methods and knowledge.

Special Guardianship is a formal court order which gives parental responsibility for a child to someone else, in addition to the birth parents.

As a foster carer, you might consider applying for a Special Guardianship Order, to give a child stability with you, without a legal separation from their parents. Special guardianship is similar to long term foster care in that the child's parents remain their parents, and still have parental responsibility – so for some children who don't want to be adopted, or who still have a strong relationship with their birth parents this could be a good option. Unlike long term foster care, special guardianship also gives you parental responsibility, and takes the child out of the care system (which the child may welcome) – meaning no more reviews, supervision, record keeping and placement plans. It may also mean a reduction in financial support. Special guardianship orders, unlike adoption orders, cease to have effect at the age of 18.

C. Foster care

Foster care is an important short term alternative care option that may be suitable for a child while work is done with family of origin to revert the situation that led to separation in the first place. In some cases it may be longer term, up to the age of 18.

The UN Guidelines defines it as: ‘situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children’s own family that has been selected, qualified, approved and supervised for providing such care.’ (para. 29).

The Guidelines go on to stipulate that a pool of accredited foster carers should be identified who can provide children with care and protection while maintaining ties to family, community and cultural groups. Foster carers should receive

ongoing support, training and counselling (para. 118–122). In foster care, children are welcomed into an existing household and treated like any other member of the family. Foster carers are usually not known by the child and are often recruited, managed or employed by the State. Foster carers will go through a strict selection and training process and receive constant support and monitoring.

In order to ensure that the right of every child to live in a family is a reality, there is a need for different types of foster care placement. The types of placement available will vary from country to country, depending on the needs of children, existing cultural norms and practices and financial and human resources available. The following are a few examples of different types of foster care which for the most part will be short to medium term.

Emergency foster care for example is usually used for very short placements which might begin in the middle of the night (e.g. if a child is removed in the middle of the night from a domestic violence incident) or during the weekend.

Short term foster care will usually be for a period of time during which the birth family will be supported to resolve issues that led to the child’s removal. If the issues are resolved and the birth family are able to look after the children safely, the child will return home. If the issues are not resolved, a longer-term placement will be sought.

Parent and Child placements involve taking a young parent (mother or father) and their child/ children into your home and providing support and guidance to them to develop their parenting skills. At the same time the foster carer would offer some degree of care for their children.

Early permanence care placements (an umbrella term for Fostering for Adoption and Concurrent Planning Placement) are placements for babies or young children with foster carers who are willing and ready to adopt them if the courts decide they cannot live with their birth family.

Most babies and young children who are adopted have to manage several changes of carer and broken attachments. With early permanence, from the very early years, a baby is given the best chance of a settled and secure life. Early permanence placements are considered best practice for young children entering the care system.

Respite foster carers are carers who provide care for short periods in order to give full time foster carers a break or to give birth parents some time off. The length of the break will vary from child to child. Respite care can be particularly important for families or foster carers who normally care for children with disabilities or children with challenging behaviours.

Remand fostering offers safe family accommodation for alleged young offenders while they are awaiting trial or sentencing, or when they are released early from custody to serve part of the sentence in the community. This is normally available from the minimum age of criminal responsibility onwards.

Other types of specialist foster care include foster care for children with disabilities, foster care for refugee children, therapeutic foster care for children with a traumatic history and step-down foster care for children exiting residential units. Furthermore, there is a growing recognition that the traditional upper age limit of 18 for being supported in foster care curtails young people’s chances of success in life. Foster care is therefore being extended through programmes such as ‘Staying Put/ Support Lodgings 18+’ or the ‘Going the extra mile scheme’ where existing foster placements are extended to allow children to remain with carers whilst they attend further education or learn greater independence skills.



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Should foster care be paid?

In some countries, foster families are not paid but instead receive some support from the government in the form of food parcels and small allowances to cover the child’s basic needs. In other countries, only specialist foster care (e.g. for children with disabilities), is paid, while normal foster families are supported with income generating activities (this is the case in Uganda, for example). Elsewhere, foster carers are given not only financial payments that cover the costs of caring for children or young people but also a professional fee for their work.

The original motivations to foster are more often than not altruistic, but financial considerations are important to ensure that foster families can properly care for children. Hosting a foster child can be costly and in many countries, would simply not be possible without some level of financial support.

Research by the University of Oxford (Sebba, 2012) showed that while financial considerations were not one of the main reasons to foster, covering costs and replacing income from employment that had ended was an important consideration in the decision to proceed or not. This is particularly important if, as in some situations, foster carers will give up work to take care of children with special needs or children who have particularly challenging behaviours, or will take in sibling groups which is a costly undertaking.



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D. Adoption, Kafala and longer-term placements

In some cases, children require longer-term or permanent alternative care solutions. Longer-term family-based alternative care arrangements can include long-term foster care, special guardianship and national adoption or Kafala of Islamic law. International adoption should only be considered as a last resort. The choice of placement will vary depending on the child's situation and needs.

Adoption severs all legal ties between the child and the birth parents. Adoption can be both open or closed. Closed adoptions are where there is no interaction between birth parents and adoptive parents. **Open adoptions** are where birth parents meet and stay in contact with the adoptive parents and their child. Where a child's parents are living, they must provide informed consent for adoption. If the welfare of the child requires it, parental rights can be terminated by the court to make an adoption order without the birth parents consent.

In some countries where it is not culturally acceptable to give the parental rights to a non-family member, other alternative long-term care options must be pursued e.g. kinship care. In some Islamic countries, the term 'Kafala' of Islamic law is used to describe a situation similar to adoption, but not necessarily with the severing of family ties, the transference of inheritance rights, or the change of the child's family name.

In some countries newly undergoing reform of their child protection systems, long-term alternative care solutions such as national adoption may seem like a distant reality but they should take heart from the recent successful establishment of such services in countries like Uganda.

Foster to adopt placements (sometimes referred to as concurrent planning) involve a baby or toddler being placed with a prospective adoptive parent/family who is also registered as a foster carer/family, who will foster a baby or toddler under the age of two while the courts decide on their future care. There can be different outcomes. It may be decided that it is in the best interest of the baby to live with birth parents or other relatives.

Long-term foster care is a permanent placement for a child until they reach the age of 18. With long term foster care, like other types of foster care, the child remains legally 'in care'. Parental responsibility does not sit with the foster carer and regular reviews are held with the placing authority.

E. Residential care

The UN Guidelines state that ‘the use of residential care should be limited to cases where such a setting is specifically appropriate, necessary and constructive for the individual child concerned and in his/her best interests’ (para. 21).

Remembering the distinction already made between residential care and institutional care, in almost all child protection systems, it is likely that there will be instances where small-scale residential care or supported independent living, run in strict accordance with standards as set out in the UN Guidelines, is needed for the safety, protection and care of a child.

This may be in instances where older children have had such traumatic experiences of living in a family setting that they no longer feel comfortable in such an environment, or where specialist therapeutic care is needed for children who have experienced trauma, severe abuse or neglect or who have special needs which cannot be accommodated by home-based care. In some instances, a small-group home setting might be appropriate in order to keep sibling groups together.

Facilities providing residential care should be established to resemble a family-type environment, be small-scale, be located within the community where children have access to and regular interaction with community services and members, and have a sufficient number of staff or live in carers who are properly trained in providing individual, family-type care to all children within that setting.



Read Casa Sonrisa – Service design and capacity building



Implementing change

Responding to challenges in care and protection

/ Haiti



In Haiti, the poorest country in the Western hemisphere, an estimated 1 in 5 children live separated from their family of origin (EMMUS-VI, 2016–2017). Political, economic and environmental instability are pervasive. Significant factors in family separation are poverty, lack of free, accessible and quality public education that meets the needs of all children and vulnerability to climate change causing intensifying natural disasters, droughts, and conditions leading to extreme malnutrition and starvation.

Child domestic work in Haiti

Parents sending children to orphanages for a better life is not uncommon, with an estimated 25,813 children living in 754 institutions across the country (EDOS 2018). Sending children to live with other families for care and education in exchange for small household services is also a common local practice and form of domestic labour. In this way, many children are separated from their family and denied their basic rights, often denied education and provided with poor quality care in servitude. An estimated 400,000 children in Haiti are involved in domestic work and approximately half of these (207,000) are estimated to be involved in harmful forms of domestic work (Lunde, Liu and Pedersen, 2014). This can include denial of education opportunities while engaged in domestic work, experiences of physical and psychological abuse, domestic work under the age of 15 and domestic work potentially harming the physical or psychological health of the child. Note that not all of these children are separated from their families – some may still reside at home and do domestic work during the day but we recognize that many of these children are separated.

These practices and institutional care are closely linked, as they result from the risk factors and lack of family support and alternative care options. Strengthening families through economic support, education, health and other support is critical to prevent families from facing situations of such vulnerability and risk. Institutional care is not a suitable alternative for any child, including children involved in domestic work. Although the road to family reunification or family strengthening can be challenging, it is important to pursue the best interests of the child and not move children from one insecure care arrangement to another.

The child protection sector in Haiti addresses child domestic work (which disproportionately affects girls) through community engagement, individual service delivery and family support. The sector works with individuals, families and communities to promote positive family preservation norms to prevent family separation and sending children for domestic work. There is ongoing advocacy by sectors of civil society and the Government for the adoption of the child protection code which promotes gender equity and positive social norms for the protection of children. Advocacy initiatives also include revisions to the labour code to include dispositions on child domestic work and the adoption of the list of hazardous work prohibited for children. The Government ratified the UNCRC (1994), ILO C138 and C182 (2007). The labour code is currently being revised to conform to the ratified conventions while advocacy for the ratification of ILO C189 on domestic work is underway.

➔ Read [FAFO Tabulation report](#) on Child domestic workers in Haiti (2014)

Migration between Haiti and the Dominican Republic

The unregulated migration flow between Haiti and the Dominican Republic (DR) is considered the most prominent intraregional migrant corridor in the Caribbean (McAuliffe and Ruhs, 2017). In 2013, the DR Constitutional Court decision TC 168/13 retroactively reviewed a nationality provision incorporated in the 2010 Constitution and denied thousands of Dominicans of Haitian descent of their Dominican nationality. Because of the ruling, those born in the DR between 1929 and 2010 to migrant parents in irregular condition were no longer considered Dominicans.

Relations between Haiti and the Dominican Republic have historically been tense and Haitians living in the DR are reported to endure discrimination. On March 12th, 2018, increased hostilities against Haitians led to an increase in deportations as well as spontaneous returns from DR in the Pedernales/Anse-a-Pitres area along the border.

The prevailing socio-economic instability in Haiti is a factor in children crossing the border to the Dominican Republic. These children may be subjected to poor working conditions, abuse by authorities and family separation during deportation or refoulement. The majority are adolescents seeking employment across the border. From August 2015 to December 2017, more than 200,000 people including nearly 3,500 unaccompanied children were registered by actors monitoring the border across 50 of the 141 border crossing points. 1,109 unaccompanied children were identified in 2017 alone, 790 (73%) of whom were reunified with family members. Remaining children have either been placed in residential care centers, with foster families or have reached the age of 18 and are living independently.

The DR Government has committed to not deporting children or families with children following the best interests of the child. However, cases of deportation of children, without due process, continue to be reported by Haitian human rights activists. UNICEF Dominican Republic maintains permanent observers in the three official border crossing points (including Elias Piña/Belladere). Since June 2016, 899 children in process of deportation were returned to their families in the Dominican Republic (391 from Elias Piña/Belladere), and the deportation of 692 adults with children living in the country were revoked (355 from Elias Piña/Belladere). In addition, 798 Haitian children without family in the Dominican Republic were handed over by Dominican authorities to Haitian authorities, or NGO partners for their family reunification in Haiti (217 from Elías Piña/Belladere). Given many children crossing the border are adolescents, they frequently know the location of their families and can be reunited with family following a brief period in transit care.

5 strategies for deinstitutionalisation

4. Transition

A key feature of deinstitutionalisation is managing change in the lives of children and young people. Nowhere is this more obvious than at the point of transition from institutional care.

It is important to view this step first and foremost through the child's eyes. Change can be difficult for anyone, but particularly so for children who have already experienced a lot of change in their young lives, and have likely been traumatised.

When seen from the child's perspective, the importance of the previous steps of engagement and assessment becomes clear; it highlights how each step builds on the last, and how the processes of deinstitutionalisation all need to run in parallel.

Preparing for a successful transition

Ensure you have the right people in place

Trained social workers, psychologists, family support workers, and other relevant caregivers with whom the child or the young person has a positive and trusting relationship, should form the team around the child, led by the case manager.

Ensure you create a realistic schedule to balance trust-building with momentum

Planning requires an appreciation of two aspects of the process that may, at first, seem contradictory: on the one hand, professionals need to take enough time to build trust with children, young people, institution staff and local communities. Children in particular may find it difficult to trust that the adults have their best interests at heart due to the effects of institutionalisation on their ability to form healthy attachments.

On the other hand, the pace of change should be swift enough that assessments of children stay current and momentum builds towards finding **suitable** placements for every child in the transitioning institution. [Read 'Determination of the most appropriate form of care' in the [UN Guidelines](#) (p.11) for further guidance.]

From the beginning of assessment to the end of transition there should be in place a clear framework for action, scheduled to take place over a period of time, perhaps as long as 18 months.

Ensure you sustain the engagement begun at the start of the process.

Children must be prepared so that trauma and upset are minimised. They must trust the adults managing the process and be helped to view the change as positive. If children are not adequately prepared, they are very likely to be suspicious and resist the change, increasing the chances that transition will fail. Allowing children opportunities to question, to challenge, and perhaps even to initially resist the change is crucial.

In the same way, staff employed by the institution must be actively involved and on board with the process, as their resistance can be a challenge. Some of them could go on to fulfil other caring roles, retraining as foster carers for example or taking roles in any preventative services established as part of the process. Encouraging them to participate in children's transitioning helps them to transition in their own approach to delivering care. Engagement with the entire community in and around an institution is critical to the success of transition; its importance cannot be overstated.



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Ongoing engagement and support

Children can't be moved against their will. It's important to take their wishes into account before and during the process of transition. It is not uncommon for a child or young person initially to reject the idea of moving, be scared of it or reject the idea of a placement only to find that they enjoy the move and are happy after it. Change of any kind, even away from negative situations, can generate a feeling of loss. Even if expected, children and young people may find some aspects of change hard to deal with. Some children may find that their birth families cannot be traced, or that they cannot return to them, others may be anxious about leaving the only home they have known. As well as consistent, respectful involvement, specialist support should be made available, including **emotional support**, to children and young people as part of the transition process. Young people aging out of care should be connected to sources of support appropriate to their needs and the goal of them attaining independence after life in the institution.



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Ensure you work on the basis of real-time assessments

The **assessment of the situation** around an institution as to how and why children enter the institution will have informed the design of services which should now be up and running. Though priority will have been given to preventative services if these had been lacking, there should now be a newly functioning eco-system, however small-scale, of alternative care services that would meet the needs of children and families in the surrounding communities, so that the coordinating team can make appropriate and suitable placements for children leaving the institution, that will be in the child's best interest.

Any **assessments of children** (Step 2) that were previously conducted should be reviewed in this phase to ensure that they have remained current and be updated if not. Any new assessments of children should be completed and not allowed to become out of date, particularly in the case of young children whose needs are constantly and rapidly changing as they grow. These assessments should be carried out by professionals, cover all areas of development and detail all special needs or specific information that would help to prepare a placement. No child should be moved without a clear written recommendation for their placement, and the development of an individual transition and support plan as a result of their assessment and involvement.

Reality check: are the pre-conditions in place?

Ensuring that the enabling conditions of change are met is crucial before embarking on a programme of transitioning children from institutional care (see p. 72). If they have not, more work should be done before proceeding.

Assessments that help prepare for placements should be as thorough as possible and continually updated. They should include information on behaviour, medical history, any therapy, and educational records as a minimum. Detailed information on the child's family and relatives, including, very importantly, siblings and friends so that, as much as possible, children can move together with those closest to them into a new placement and that they are prepared together. Parents should be involved in making decisions and planning for the child whenever possible but placements should only ever be made in the child's best interest, without undue external influence.

Ensure that your fully resourced and funded team plans every detail before starting to move children.

After thorough assessments have been carried out, each child's individual transition plan should set out all the specific details of the family-based care placement being prepared for them.

An estimated date should be set for the point at which preparation for each placement is completed. It is important that the date is approximate, in order not to start the programme too early or too soon. Flexibility and attentiveness to the needs of children and families will be required.

The coordinating team should find out the level of knowledge of the parents/carers who will take care of the child. Any gaps in understanding or skills should be filled in order to involve them in preparing their child's individualised care plan and the future placement.

The context of the placement for every child should be known and factored into the plan accordingly. For example, if a child cannot be reintegrated until a parent is released from hospital or prison, or if more time is needed to develop certain alternative care services, then an interim placement may be made. However, it should be noted that a child's transition out of the institution should ideally be the last move of such a nature for the child or young person, and the cost/benefit of an interim placement should be considered.

No child should be moved to another institution, under any circumstances.

Only once all the information has been gathered and all aspects of the context have been factored in, can a proper schedule for the transition programme be developed. Project planning, project management skills and excellent administrative support are all essential.

Assessments need to be made of every child, without exception. Children under the age of three and new entrants into an institution may be prioritised more urgently, however, **plans should be made for every child. No child can be left behind.** The preparation for transition will take longer in the case of children and young people with significant special needs or disabilities and should be delivered both in individual sessions with specialist personnel, and in group sessions mediated by trained professionals.

The principles that underpin a safe, successful transition

All agencies should agree to the following principles for transition:

1. Acting in the best interests of the child and in accordance with the UNCRC and the UN Guidelines at all times is the guiding principle, to be prioritized over all others.
2. No child should be moved from one institution to another unless this is in the best interest of the child and only as a temporary measure.
3. As residential care services are closed, no children should be left behind. Every effort must be made to provide the most suitable alternative care for every child, of all ages and abilities.
4. In seeking to provide alternatives to institutional care, every effort should first be made to reintegrate with their birth family, where this is safe and appropriate; where this is not possible, alternative family placements must be sought, first with extended family then in adoptive or foster care; for young people leaving care, transition services should be made available; children with disabilities should be provided the appropriate level of support to enjoy their right to community and family living.
5. Siblings should be reunited where possible and appropriate.
6. Those buildings currently housing specialized institutions and targeted for closure during the programme should not be used for residential care for children.
7. All interventions should do no harm and result in long-term benefits to families and communities.
8. All interventions should make communities more resilient to hardship and disasters.
9. Government authorities (of the Executive branch, the Legislative branch and the Judicial branch) and policy-makers are responsible for the improvement of child protection and care systems.



Transition needs to happen in a gradual fashion, it needs to be supported, and most importantly, children need to be part of it – their views, their voices, their wishes – they need to be considered and at the core of everything we do.



Dr Delia Pop



Read Casa Sonrisa - Transition

Transitioning children out of institutions: case management tips

For children moving from institutions to family and community based care, a case management procedure should be undertaken and documented for every child in order to guarantee the best interest of the child. This should include:

- Thorough assessment of child's health, development, needs and wishes
- Comprehensive family tracing and assessment
- Consultation with professionals, community members, local authorities, NGOs etc
- Written placement recommendation plus rationale and risk assessment, according to national case management procedures

To ensure a successful placement:

- Develop an Individual Care and Development Plan to support the child. For example: address behavioural issues linked to attachment or fear of change; address developmental delays before and after placement; ensure sibling and friendship bonds are maintained; meet educational needs
- Engage children in individual and group sessions: prepare, support and listen to them
- Address the needs associated with new setting. For example: train and match foster carers; support family reintegration such as material needs, parenting classes, daycare or income generation; independent living accommodation
- Gradually familiarise the child with the new caregiver and placement environment through a series of contact visits. For example, this gradual process could start with supervised contact in the institution and supervised contact in the new placement setting, then transition to unsupervised overnight visits to the new placement before final placement
- Engage community resources and make community referrals to support child and family
- Provide post-placement support to ease the transition into the new placement
- Regularly monitor child and family wellbeing, checking the progress of the plan and making changes if necessary



5 strategies for deinstitutionalisation

5. Support, monitoring and evaluation

This step overlaps with transition (Step 4) because it does not wait for all of the children to have completed the move; but begins for each child at the point when they begin their new life outside the institution.

Once a child has made the transition out of the institution and in to their prepared placement, or returned to their birth parents or extended families, the focus of attention needs to shift towards post-placement support. This needs to be planned and provided for the child, the family and/or the caregivers working in any small group homes or other residential care settings.

The types of support that will be needed will be determined by the local context and scoped out in the assessment phase, determined by the needs of children and written into individualised transition plans. Preparation for post-placement support and monitoring, therefore, begins early and runs in parallel with planning for transition so that it can begin in earnest as soon as children and families need it.

Post placement support and monitoring can be delivered by an appropriate mix of skilled professional social workers and trained community volunteers, depending on local circumstance.

Available support services should include:

- One to one support
- Counselling
- Individual and group sessions
- Family group conferencing

Placement with a family is not enough by itself to overcome the difficulties that are likely to have been inflicted on children and young people as a result of institutionalisation. The **quality** of the subsequent family environment is an important factor in outcomes for children. While placements in a supportive family can result in the formation of close attachments within that family unit, many institutionally raised children will still have problems interacting with peers and adults outside the family unit. Post placement support and monitoring is crucial to ensure quality of care no matter the setting – whether birth or extended family reintegration or foster care, adoption or family-based residential care.

Monitoring a set of agreed indicators is a vital part of the post-placement programme. A meaningful system of monitoring and evaluation will give you:

- a) understanding of the level of programme and placement effectiveness for each child and overall; and
- b) information and data on the outcomes that are being achieved for children and families once they are back in their communities.

Monitoring and evaluation is vital because it enables teams to learn from mistakes, from experiences – both positive and negative – and to put in place mechanisms to prevent things from going wrong in future. Documenting what works, understanding where the gaps are and being willing to share these is key to the success of individual programmes and broader reform.

Individual information and discussions should lead to supportive interventions for families and children.

Professionals involved in case management should use a set of agreed tools to collect a range of indicators, which are then monitored through the support phase and help conclude the intervention and close the case.

Indicators should be independently collected by professionals and gathered through self-assessments and consultation with the children and their families using detailed monitoring tools to assess:

Child development

Social workers should assess developmental progress across domains of health, education, emotional and behavioural development, identity, family and social relationships, social presentation and self-care skills.

Quality of life and family care

Assessments of living conditions, family and social relationships, behaviour, education, health and household economy seek to make sure that children have an environment in which they can thrive in their new family setting.

The quality of care in small group homes.

Any residential services developed to take children transitioning out of an institution should be assessed across three broad domains:

Children – individual care plans, individual needs, access to other services

Personnel – staff training and supervision

Physical environment – location, indoor space, outdoor space and facilities, household equipment, and cleanliness/hygiene.

(See the UN Guidelines for more information on standards for residential care and judging suitability.)

In addition to assessment and monitoring of children, families and services, it is important for the government to consider the organisational capacity of the authorities in charge of children in care. The target group assessed should include directors, department coordinators, and specialists holding a management position within the assessed authority, and the assessment should look at capacity, capability and organisational culture.

Monitoring and evaluation should not be a tick-box exercise, nor viewed too narrowly as all learning is vital, particularly if you are involved in pioneering change – your learnings will be valuable to others who wish to replicate the exercise to the process of scaling up and sustaining change nationally.

Ongoing engagement with children and young people

The voices and views of children and young people must be actively listened to and heard throughout the preparation, placement and monitoring phases. They should be consulted in the decision-making process, according to their age. Children may have preferences about where they live and with whom, based on their family ties, violence or abuse in the home, education, friendships and aspirations among others. After placement in a family environment, it remains critical to regularly talk to children of all ages about their integration into the family and community and any worries that they have. This is also very important for young adults who age out of the care system and live independently for the first time.

Learning from evaluative data, both qualitative and quantitative, should ensure that all learning from success is implemented in subsequent case management, and such information is key to the ability to sustain services that have been developed through increased funding and resources.

It supports the promotion of a child-centred focus across services and increases the likelihood of future deinstitutionalisation programmes being initiated and maintained across other regions, or nationally, if data is more widely shared. Local and regional systems of monitoring should therefore be designed with a view to integration with any existing national systems of data collection.

Aggregated information regarding all children who have transitioned from institutional care can and should inform future policies and help with the reallocation of funds and human resources. Professional reviews with staff and volunteers who may have been trained in the set-up phase should also feed into the monitoring and evaluation process to ensure continued improvements in training content and mentoring programmes which, in turn, will help to increase the performance of new services.



Read Casa Sonrisa – Support, monitoring and evaluation

Sustaining change



“ At 18 everything comes together for them. They start to work, they have to know how to make their CV, how to introduce themselves in an interview, how to handle everything on their own. It all comes at once. ”

Care leaver, Argentina

Throughout this roadmap we have maintained that deinstitutionalisation can drive the reform of child protection and care systems by providing a focus for sustained evidence-based and rights-based activity in line with the UN Guidelines.

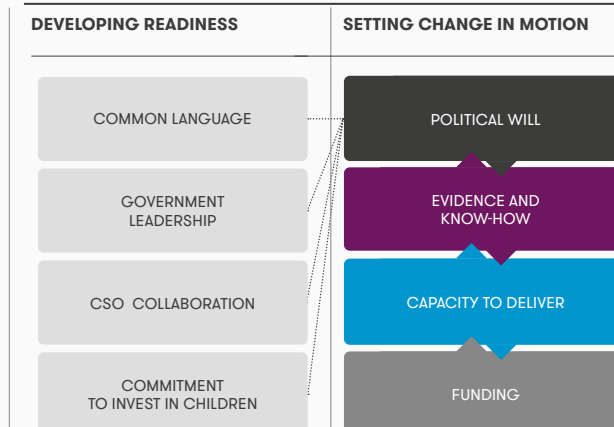
One of the key reasons for this is that by its nature, it has a clear framework for action and a professional momentum to safeguard the lives of children. A sustainable child protection and care system is one that is supported by a strong social workforce and adequate funding. A strong social workforce is one that is supported by adequate funding and regular investment in training and development. This kind of system works in the best interests of children and in accordance with their rights. It is also better and more cost-effective for governments and society. If preventative family strengthening services are well sustained along with high quality gatekeeping mechanisms, then the numbers of children needing alternative care should decrease over time.

So far, we have outlined the process of preparing for reform, described the key conditions that must be met before embarking on a programme of deinstitutionalisation, and taken you through the five key steps of such a programme. Here, we finish with guidance on how to sustain this change and to support efforts to scale at national level. We emphasise that the key drivers in this programme of sustained change are quality, learning, funding and influence in the policy and legislative environment.

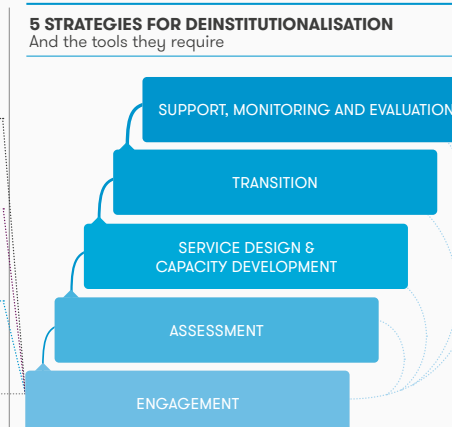


Read Casa Sonrisa - Sustaining change

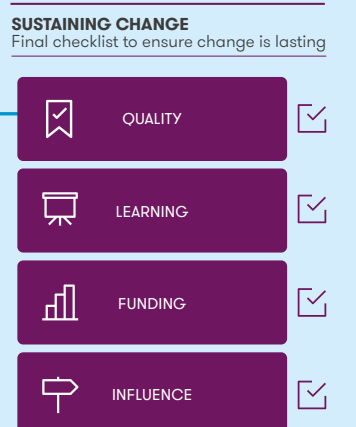
CREATING CONDITIONS



IMPLEMENTING



SUSTAINING



Sustaining change

1. Quality

It is clear that institutional care does not meet the best interests of the child and must be phased out as a care option. To ensure quality for children, child care and protection systems should put children at the centre. The transition must be designed with children and for children and must respond with a suitable solution to meet the needs and circumstances of children at that time. Participation of children and young people, a personalised

approach to care, safeguarding and inclusion are critical elements that run through a well functioning child care and protection system and lead to the best outcomes for children. Children's feedback and outcomes must inform the process, help shape the tools and inform practice so that no child is left behind and all children are supported to grow and thrive in safe and loving families.



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Participation of children

Meaningful participation of children is critical to ensure that the best interests of the child are met, from the level of individual placement decisions to national reform. Indeed, participation is one of the core principles of the UNCRC. Children – especially those living in care or at risk of separation from their families – must be given opportunities to influence the decision-making that affects their lives to bring about positive change. They can play a significant role as agents of transformation throughout all phases, from the initial preparatory stage through to implementation and monitoring in accordance with their evolving capacities and gradually increasing autonomy.

Carefully consult children about their individual transition from institutional care to community-based living. Professionals must involve children in their care planning and placement decision processes, and ensure opportunities to voice their feelings, preferences and concerns during planning, preparing and monitoring their transition. Methods include child-friendly activities, talking spaces, child advocates and trusted adults.

Children can form and express views from the earliest age, but the nature of their participation, and the range of decisions in which they are involved, will necessarily increase in accordance with their age and evolving capacities. Young children's participation will be largely limited to issues relating to their immediate environment within the family, care facilities and their local community.

As children grow older and their capacities develop, their horizons broaden and they can be involved in the wide range of issues that affect them from the immediate family to the international level. Children in care and care leavers – including those over 18 who have left the care system – should be involved in the development of government strategies and plans for deinstitutionalisation and child care system reform, and in the monitoring and improvement of national and local efforts.

Participation checklist

- Inform and support children to understand the changes happening in their care environment
- Ensure that messages are available in formats that are appropriate to children's age and development and are disability inclusive
- Engage children in their care planning and placement decision processes. Listen to their opinions, feelings, preferences and concerns
- Create space for children, adolescents and young people to share their experiences and shape national strategies and plans for child care reform. Actively involve children in care and care leavers in the development, implementation and monitoring of plans
- Use this evidence to adapt your strategies and revise your practices. Go beyond tokenism and ensure your policies and practices are informed by evidence from children

“Very often to be living on a rather complicated situation makes our life project to be the day to day, without seeing beyond that stretch.”

”
Care leaver, Argentina

Personalised approach to care

The provision of personalised, appropriate care and attention according to each child and caregiver’s individual needs is at the centre of any good quality child care system. It should emphasize the importance of attachment, bonding and personalisation of care and recognise the assistance required by caregivers to provide appropriate care.

Safeguarding

Safeguarding is paramount to a robust child care and protection system which keeps children free from exploitation and abuse. All staff must uphold the highest standards of safeguarding and be trained in keeping children safe. A range of support services and procedures is essential to reduce violence on a family and community level. Monitoring and reporting systems, such as hotlines and helpdesks, must be available to children in the community and in care.

No child left behind

One of the hallmarks of a strong child care and protection system is that it should be inclusive of all children. This is in line with the Sustainable Development Goals agenda and the aim to ‘leave no one behind’. Often, children with disabilities are disproportionately more likely to be placed in institutional care than their non-disabled peers and less likely to benefit from efforts to transition from institutional to family-based care. It is important to avoid this pitfall and proactively focus strategies, services and capacity development on choice, control and inclusion for children with disabilities, migrant children and other children who are more vulnerable to be left behind.

Outcomes for children

Improved outcomes for children are the ultimate goal of deinstitutionalisation and child care system reform. Properly planned and supported transition from institutional care to family and community based care, and successful interventions that prevent the need to separate children from their families, deliver positive outcomes for children. Gather evidence of the outcomes for children and families as you develop, pilot and adapt your approach to deinstitutionalisation, and use this to inform practice and policy.



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Why is child and youth participation important

Participation contributes to personal development: It helps develop children’s self-esteem, cognitive abilities, social skills and respect for others. When children and young people learn to communicate opinions, take responsibility and make decisions, they develop a sense of belonging, justice, responsibility and solidarity.

Participation leads to better decision-making and outcomes: Adults do not always have sufficient insight into children’s lives to be able to make informed and effective decisions on the legislation, policies and programmes designed for children. Children have a unique body of knowledge about their lives, needs and concerns, together with ideas and views which derive from their direct experience. Decisions that are fully informed by children’s own perspectives will be more relevant, more effective and more sustainable.

Participation serves to protect children: The right to express views and have them taken seriously is a powerful tool through which to challenge situations of violence, abuse, threat, injustice or discrimination. Violence against children and other violations of rights will be tackled more effectively if children themselves are enabled to voice what is happening to them and provided with the necessary mechanisms through which they can raise concerns.

Participation contributes to preparation for civil society development, tolerance and respect for others: Respecting children and providing them with opportunities to participate in matters of concern to them encourages them to believe in themselves, to gain confidence, and to learn how to negotiate decision making with other people.

Participation strengthens accountability: Engaging in issues of concern in their local community not only contributes to civic engagement, but also strengthens capacity for holding governments and other duty bearers to account. Knowledge of one’s rights, learning the skills of participation, acquiring confidence in using and gathering information, engaging in dialogue with others and understanding the responsibilities of governments are all vital elements in creating an articulate citizenry.

Sustaining change

2. Learning

Learning as leverage

Warehousing children in institutions has been shown to be bad for children, and bad for society. Learning from experiences of running deinstitutionalisation programmes is vital if national governments are to build new systems that will be able to respond adequately to the needs of children and communities at any given moment in time, and focus on building up resilient, thriving communities.

Monitoring and evaluation as described in the previous chapter, can form the basis of securing support for similar programmes in other parts of a country, or indeed, a national plan.

Learning from experience and analysing outcomes will provide you with a broad framework for change that can be applied elsewhere. Such learning will enable you to estimate the cost per child of transition and the cost per child of developing and delivering necessary services in a newly configured child protection and care system that functions without institutions.

Sharing and applying this learning is what makes the difference between a worthwhile but isolated project, and a programme that contributes towards the achievement of systemic change at national level.

Establishing a local profile

Once the outcomes of your programme have been assessed, you can scale up the engagement using the techniques described in Step 1 – bringing into play again the four cornerstone stories, but this time enlisting local champions with their own experiences, particularly those who may have initially resisted the change. Include child protection directors and political decision makers at local or regional level. Promoting the experiences and outcomes within local professional circles is one of the most effective ways of both publicising the need for reform and generating support for your solution.

Establishing a national profile

Using the Inter-Ministerial Working Group as a forum, you can promote the programme and its outcomes, including any financial benefits or cost-effective assessments at the highest levels across national government. With a precedent set, it should be easier to form the basis of a national deinstitutionalisation strategy if this has not already been created.

Creating a national database – ‘what gets measured gets done’

We have recommended the use of the [Tracking Progress Initiative](#) to ensure the systematic collection of aggregated data at national level. Ensuring that data on communities is systematically collected across a country and acting on the findings will enable easier coordination and prioritisation of national action. If local, regional and national data collection tools can be aligned, this will enable the creation of a national database and ensure that data collected is standardised and more meaningful and therefore more valuable. If programme data and learnings gathered from deinstitutionalisation programmes can then be added to the national database and this is made widely accessible to professionals, this will contribute to gathering momentum and national efforts to achieve scale as each programme will be able to build on the successes and know-how acquired by others.



Sustaining change

3. Funding

Investment in transition and sustainable change

From experience, we know that institutional care is not a cheap or effective system to support children deprived of their family environment. In order to reform the child protection and care system and sustain this change in the long term, it is imperative to:

- Invest in children and families
- Invest in social workforce development
- Invest in programmes and services for family strengthening, prevention and alternative care
- Gradually transfer resources from institutional care to family and community-based care

Additional resources are always needed during the phase of transition. This refers to the period when the old and the reformed systems are still running in parallel, and until resources locked into running institutional care can be used to support children in their families and communities. Transitional costs include infrastructure, costs relating to service design and early delivery, training, capacity building and skills development, etc.

“ Successful transition programmes should leave a legacy of well-run preventative and family strengthening services in local communities. ”

Funding should follow the child

It is important to overturn the funding incentives in which institutions and care providers base their budgeting mechanisms on the number of children that they provide care for.

Successful transition programmes should leave a legacy of well-run preventative, family strengthening and alternative care services in local communities. A vital part of sustaining change at any level is ensuring adequate investment to maintain these services in the communities and sustain the social workforce.

Once institutions have been closed, the numbers of children needing placements in alternative care settings may, over time, decrease, as long as gatekeeping mechanisms that are operating in line with the principle of necessity are in place. Thus the funding requirements will evolve over time.

Using data and outcomes collected from the programme it should be possible to add to the case for change by demonstrating that these services both enable countries to implement the UN Guidelines and are cost-effective and bring benefits to communities and children.

Government ownership and external funding

It is crucial for governments to take up responsibility for the system in the long-term, to ensure national ownership and the overall sustainability of reform. By carefully planning the investment in transition and the sustained funding of the child protection and care system, states can reinforce their authority and oversight over the child protection and care system and improve regulation of care provision.

This requires that Governments develop robust financial plans for the real need in local communities and secure the necessary government budget at national and local levels.

This can represent a significant challenge for States engaged in transforming their care systems, particularly in low or middle-income countries. International assistance and development programmes can play a vital role in providing additional external funding for reform.

Public-private partnerships can be established with governments, institutional and private donors, without shifting responsibility for services away from Government and local authorities.

New opportunities to attract international development partner finance are being generated by global momentum for care reform. By setting change in motion and demonstrating an ambitious vision for deinstitutionalisation and care reform, national governments can present a strong case to institutional donors who wish to invest in countries to accelerate change.

Private funding, such as from NGOs or faith-based organisations, can be redirected from institutional to family and community based care. For example, donations could be invested in setting up alternative care services (seed capital), educational support services, help to access medical and health services, community hubs with services like day care, after school programmes and early intervention. They may also support infrastructure, like buildings and minibuses, and travel costs for prevention teams working in communities.

Development partner support for deinstitutionalisation and child care reform

The European Union (EU) plays a leading role in catalyzing care reform, by ensuring that no investment goes to institutional care settings within its borders and by supporting EU member states in the transition towards family- and community-based alternatives.

More recently, the issue of children in institutions was also put on the EU's global agenda. The European Commission showed high political commitment for deinstitutionalisation globally by introducing for the first time ever a **reference to the transition from institutional to community-based care for children in external action through its proposal for the Neighbourhood, Development and International Cooperation Instrument (NDICI)**. This proposal is supported by the European Parliament and the Council and is currently under negotiations as part of the EU's long-term budget (2021–2027 Multiannual Financial Framework).

Furthermore, the recently adopted **EU Action Plan on Human Rights and Democracy 2020–2024** also prioritises the development of quality alternative care and the transition from institution-based to quality family- and community-based care for children without parental care. The plan led by the European Commission and the European External Action Services includes a strong call to action to support deinstitutionalisation globally: ‘Promote measures to prevent, combat and respond to all forms of violence against children. Assist partner countries in building and strengthening child protection systems. **Support the development of quality alternative care and the transition from institution-based to quality family- and community-based care for children without parental care**’.

Read the new [EU Action Plan on Human Rights and Democracy 2020–2024](#)

Consider how your proposals would meet this [checklist](#) to ensure the best use of donor funds for inclusive reform

Sustaining change

4. Influence

Policy and legislative environment

The challenge for sustaining change is to move beyond the 'pioneering' phase to reach the 'tipping point' beyond which there is no returning to a reactive system that is reliant on institutions.

For this, legislation and regulation are important and should be in place. Most of the countries of Latin America and the Caribbean have already developed legal frames to enable change encompassing the UNCRC and the UN Guidelines. Frequently, in its implementation

where the bottlenecks are located. If the case has not already been made, national service standards should at this point become the focus of development at policy level so that government funding is made available to cover the running costs for the services that form the bedrock of reformed child protection and care systems. Attention should also be paid to setting an explicit objective of progressive deinstitutionalisation that will ultimately make institutional care illegal. Depending on national priorities, this could be the focus of influencing activity for months or years.



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7 learnings / considerations to build a strong policy environment:

1. Guiding frameworks. Policy for child protection and care reform should be underpinned by the UNCRC, UNCRPD and UN Guidelines. These are the guiding frameworks that states have ratified and are responsible for upholding. The critical directions and standards within these should be the fundamental basis for policy.

2. Leadership. Government leadership is critical, and the agency leading the reform should have the mandate, vision and capacity to drive and coordinate change across a broad and diverse sector. The institutional design of the agency in charge of the reform is very relevant. In the region there are examples of inter-agency coordination formats with mixed results. In other places a central authority oversees the whole process. In any case, there must be a lead agency, with enough legal, administrative and symbolic authority that can take decisions, move with dynamism and lead the rest of the agencies towards the changes.

3. Evidence-based policy. The evidence base must be used accurately and wisely to inform policy and enable contextualization. Policy must be appropriate to the local context and meet the needs and challenges demonstrated by research, analysis and evidence in that particular context. Legislation on alternative care and its gaps need to be analysed at the beginning of a process so that useful evidence can be generated to ensure comprehensive policy.

4. Attitude change. The mindset of all stakeholders is critical to driving and enable change, in each level of the chain and in all branches. High level authorities, judges, prosecutors, police, teachers, social workers, carers, volunteers, unions, researchers, private donors, and the general public all need to be engaged and brought on a journey for reform to take root. Policy cannot only be paper based, but requires broad consultation and a deliberate effort to identify, understand and change the attitudes that have sustained the child protection and care system to date.

5. Finance. Effective policy requires sufficient and appropriate financing. Specifically, policy should ensure that money follows child. This important principle means that funding should be available to provide children with the specific support and services that they need in any care setting; not just certain placements. Policies must make sure that investment follows the child, whether that is in extended families, foster care, independent living or other family-type care.

6. Maximise and implement existing policy and law. Existing policies and programmes should be maximized, regardless of where they sit. Education, health, social protection, and employment policy are just some of the tools that can support family strengthening, gatekeeping, alternative care and the rights of children in any care setting. Whilst specific new policies may be needed for new services, strong inter-ministerial coordination can mainstream the needs of children at risk of separation and living in alternative care within other relevant policy areas such as health and education. Application of the law is also critical. Child and family courts need adequate training and capacity to apply the law, recognising the context and achieving best interests of the child. Paper-based policies need to be brought alive through dissemination, training and practice-based learning so that the social welfare and legal workforce can apply the theory to real life actions and decisions.

7. Innovate. Innovation is fundamental to change the status quo. Experiment at small scale and collect evidence from pilots to inform policy. Policy should not be rushed, as innovative approaches need time to take shape and generate models and learning that can inform strong and relevant policy.

Sustaining change

Building the legislative platform for modern child protection and care systems

/ Mexico / Brazil / Argentina



Mexico

In Mexico, the Law on the Rights of Children and Adolescents ([Ley General de los Derechos de Niños, Niñas y Adolescentes, 2014](#)) set out a new national framework for child protection and care. It provides a framework for gatekeeping and prevention, stipulating for example that lack of economic resources should never be a reason for family separation, and for alternative care. This legislation stimulated prioritisation and investment in foster care programmes.

Brazil

In Brazil, building on its Statute of the Child and Adolescent, Brazil's National Plan for the Promotion, Protection and Defense of the Right of Children and Adolescents to Family and Community Living was approved in 2006. This law stimulated the closure or downscale of large institutions nationwide and sought the reorganisation and replacement of large scale institutional care by alternative care services such as foster care. The number of children in state care – including institutional, residential and foster care, reduced from 44,585 children in 2010, to 36,929 in 2013 and to 32,852 in 2015.

Argentina

Argentina's national law entitled 'Support Program for Young People Ageing Out without Parental Care' ([Law No 27.364](#)) was approved in 2017 to extend the State's responsibility for the full social inclusion and development of young people ageing out of care in Argentina. It recognises that transition to independent life should not happen abruptly and without support at age 18, and builds on evidence that lack of housing, employment and social connection are the main challenges facing adolescents and young people leaving care.

Under this law, those without parental care are entitled to emotional and economic support for their transition to independent adult life. Specifically, from the age of 13 to 21 years, young people in, and ageing out of, formal care are entitled to:

- A mentor to accompany them and promote their independence
- A monthly subsidy equal to 80% of the minimum wage
- Support for education, training, employment, health, sexual health and family planning, housing, human rights and citizenship education, family and social networks, skills for independent living, identity, and financial planning and money management

The exemplary involvement of young care leavers in advocating for and shaping this law ensured its relevance and applicability in lives of children and adolescents.

Follow the work of [Doncel and care leavers](#) in Argentina to secure legislative support for children and adolescents



Sustaining change

Creating an orphanage market / Haiti



In Haiti, an estimated 25,813 children live in 754 institutions across the country (EDOS 2018). These are often referred to as orphanages, and the Haitian Government terms them 'maison des enfants'. An investigation documented over \$70 million from traceable international funding sources transferred to just over 1/3 of the estimated institutions in Haiti each year (Lumos 2017).

Data suggests that many institutional care providers in Haiti are private individuals who recruit and retain children in their institutions and benefit financially from doing so. Indeed, the research found that it is not uncommon for centre directors to pay 'child-finders' to recruit children for the orphanage and sometimes pay families to send their children to their facilities. Orphanages also use children to persuade donors to give them money, bringing in large amounts of cash, gifts, donations and sponsorship far exceeding what is spent on looking after children (Lumos 2017). Donors often provide funding on a 'per child' basis and want their contribution to achieve maximum results, or a greater number of children reached. Thus the more children a center has, the more funding that center may receive creating an incentive to keep beds full.

This financial support comes predominantly from North American, faith-based donors based on a widespread but unsubstantiated belief that, in the wake of poverty and natural disasters, there are hundreds of thousands of children in Haiti without any parents or family who could care for them. 92% of orphanage funders were from the United States, and 90% were faith-based (Lumos 2017). Voluntourism, whereby western volunteers pay to volunteer in orphanages, is also contributing to the creation of this orphanage market. This orphanage business - where orphanages are established and recruit children to raise donations from foreigners - is becoming increasingly recognized globally as a form of trafficking due to its specific exploitation of children for the purpose of financial gain. (Lumos, 2017)

Indeed, following the 2010 earthquake in Haiti and the ensuing humanitarian emergency and internal displacement, private philanthropy encouraged the mushrooming of unregistered and unregulated institutions instead of sustainable solutions to strengthen families and communities aligned with international frameworks and best practice. All institutions are privately run, predominantly by individuals, missionaries and church groups, except for three government run centres for unaccompanied children in transit.

Whilst the majority of this support is well-intentioned, there is an urgent need for the faith community to reconfigure its support towards strengthening families and community-based care. This requires both external support in technical services and training but also requires an internal shift in advocacy within the faith-based community itself. This momentum is being seen in Haiti as many faith-based organizations take leadership in promoting a transition to family-based care. In a context where state funding and capacity for family strengthening and alternative care is very low, the value and potential of NGOs, faith-based organisations (FBOs), civil society and private philanthropy is critical.

In recent years, reform has begun a slow but steady process in Haiti starting with the intercountry adoption reform act and the drafting of the foster care framework. Many faith-based organizations and NGOs have begun to work in advocacy and alternative care options in Haiti and momentum is gaining. For example, civil society has supported identification, evaluation and training of foster care families and 112 foster care families are accredited by the government to date. Other examples include:

- Rapha House provides a safe therapeutic residential program for victims of sex trafficking (many via orphanages or in domestic labour) with a goal of family reunification
- Heartline Ministries - which made a tremendous transformation ten years ago, from running an orphanage to a maternity center- promotes family preservation by providing care to 200 at-risk mothers and their babies each year
- Little Footprints Big Steps works in the Southern city of Les Cayes providing family tracing for children in orphanages, family reunification and livelihood support. They worked closely with the Institut of Bien-Etre Social et de Recherches (IBESR), the equivalent to a social/family welfare institute, and the anti-trafficking committee to ensure that children in south department orphanages were all accounted for and not trafficked following Hurricane Matthew
- Bethany Christian Services has begun to operate foster family training, accreditation and placement services
- Lumos provides training and technical support to the government related to care reform and direct service provision in several orphanages and communities in the West department

On October 11, 2018, the national institute responsible for the protection of children (IBESR) announced a moratorium on the opening of new residential centers for children. The moratorium is expected to be valid for a period of three years during which the Government will focus on ensuring existing centers meet quality standards and also prioritize the closure of unaccredited and sub-standard centers. IBESR commitment to ensuring family based care for children includes its initiative 'Une famille pour chaque enfant' encompassing all of its work on deinstitutionalisation.

Read Lumos report [Funding Haitian Orphanages at the Cost of Children's Rights](#) (2017)

Read [inspiring stories of care, family, and advocacy for children in Haiti](#)



Introducing Casa Sonrisa



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The fictional case study of Casa Sonrisa de los Niños illustrates the 5 key strategies for implementing change. This institution is a composite creation based on typical features and characteristics of many institutions across Latin America and the Caribbean.

We hope the experience and challenges of Casa Sonrisa and its team will help to ground the theory of each of the 5 key strategies of deinstitutionalisation in the realities of daily life from the perspective of one institution.

Casa Sonrisa de los Niños, (formerly known as Casa Hogar Sonrisa de la Virgen), is located on the outskirts of a small town in Central America. Originally a faith-based organisation, it has undergone many changes in its insecure funding in recent years but continues to be run by Sister Renata Perez, known by the children as Sor Renata, and her managing Director, César Domínguez, who was appointed 4 years previously at the behest of a private US benefactor.

Sister Renata sought help from a larger national organisation when one of the roofs of her crumbling building became so unsafe that she feared for the safety of the children in her care.

There are 67 children resident at Casa Sonrisa, from 54 families from the surrounding communities. The children range in age from 1 year to 17 years old and Madre Renata views them all as 'her children'. Many of the older children have spent the greater part of their childhoods in the institution, with the average length of stay being 5 years and the longest 10 years. Two of the oldest children are orphans. Many of the children have been brought to the institution by parents or grandparents who feel unable to cope or raise them. At least half of the children have experienced violence or abuse in their family homes.

Casa Sonrisa employs 40 staff. Sister Renata and Señor Dominguez run the institution with support from 5 full-time management and administrative team members and a further part-time administrator. 18 of the staff are employed directly to care for children. Of these, 14 are staff directly caring for 25 or more children each on a shift and 4 are teachers. There is 1 social worker on the team. In addition to these staff members are 6 cooks, 6 full-time caretakers who are in charge of keeping the building and garden and 1 part-time assistant.

Casa Sonrisa runs 'by the Grace of God', in the words of Sister Renata. Funding is largely from a handful of external, private international sources which the management team finds necessary as funding meant to be allocated by the state for all new admissions is very often delayed, sometimes by many months. The average total cost per child including staff costs, running costs, food and services is \$972 per month or \$11,664 per year. This does not include rent or building costs as the institution building is already owned by the local church.

In order to be able to pay staff salaries and overheads, Cesar needs to ensure that the institution is always filled to capacity, although Sister Renata would never put it in such terms. After recently losing a regular grant, Casa Sonrisa had been seeking other sources of funding and reached out to a large NGO for help.

Engagement with all



Previously isolated in her out of town location, Sister Renata started to engage with other professionals and in particular with the planning initiatives around ‘deinstitutionalisation’ that had, until then, been an unknown concept to her.

She was invited to a day-long seminar hosted by the NGO and supported by the State’s ‘Committee for the Progress of Deinstitutionalisation’. She heard about the results of a pilot that had been conducted in a region not 50 miles away from Casa Sonrisa in which 28 children had been reintegrated with their families, fostered or adopted and the institution had been converted into local community and family support services.

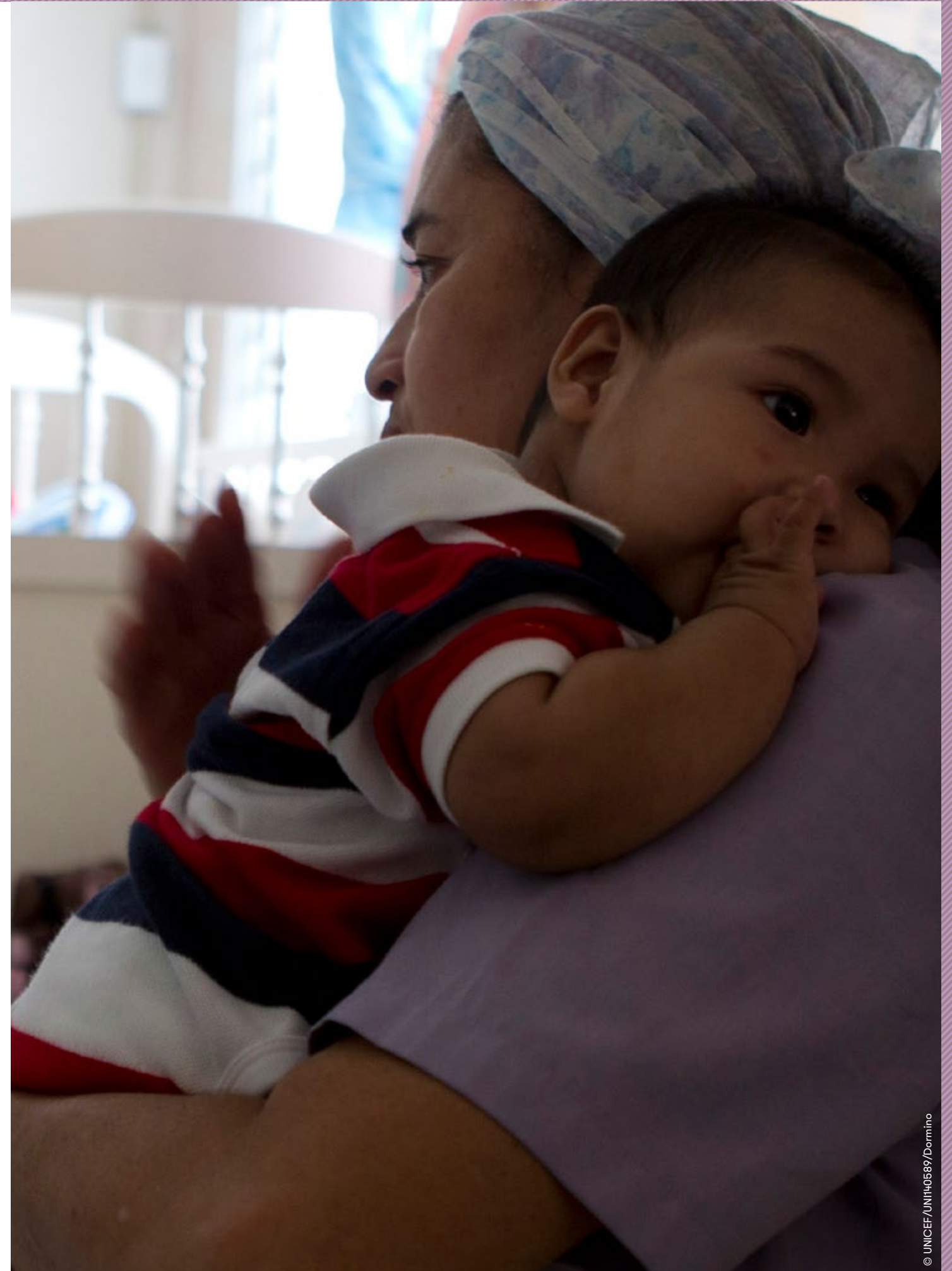
She cried when presented with the potentially catastrophic effects on children of spending the first three years of life in an institutional environment. She saw photographs, outcome charts and the evidence of how children would thrive best in family environments.

She questioned the speaker, challenging her with the reality of the hardships experienced by local families and the dangers children could experience in households where there were drugs and a high risk of exposure to crime and violence. She learned that no children should ever be moved against their will or without there being local services in place to ensure children reunited with their families received proper support and supervision. She learned how in cases where reintegration was not possible or in the best interests of the child, child protection and care professionals should find suitable alternative family based care.

Sister Renata disliked the word ‘deinstitutionalisation’ and worried about what would happen to the children if she had to close her home. Other speakers tried to persuade her that the process was not about endings, but beginnings. It was about developing services and, ultimately, a whole child protection and care system that worked better for families and children, and that she could be part of it.

In the end, it was testimony from Adriana that proved most convincing. A young woman activist, who was employed part-time as a youth worker at a local community centre, Adriana worked with the NGO and a national network of young care leavers to protect and defend the rights of children and young people. She described her experiences of growing up feeling unloved, in her words ‘luckier than an orphan in an orphanage’, and not abused or neglected like some of her peers, but still alone, because the staff at the institution where she had grown up had only cared for her because they were paid to, and now that she had left care, she ‘had no one to love’.

Within 9 months of that seminar, Sister Renata signed a Memorandum of Understanding (MOU) with the NGO, entering into a transition programme with two other childcare institutions in the state, agreeing to a moratorium on the entry of new children to Casa Sonrisa, and marking the beginning of its transition from children’s home to a centre providing family strengthening and community support services.



Assessing in real-time



After the MOU was signed, a project plan spanning 24 months was drawn up, providing a framework for the entire programme including engagement, assessment, service design, the transition of children into family based care and post-placement support and monitoring. A three month period was allocated to assessment and evaluation of all the resident children's circumstances.

Under the supervision of the local government and the NGO, a project team was formed. The team was led on a daily basis by the local government Child Protection Coordinator and the NGO's Senior Social Worker, supported by social workers, psychologists and child protection professionals who were paired up with responsibility for daily work with children and families. Their job would be to prevent new separations, transition children from the institution back into family and community based care, and have a practical role in developing new services like foster care. The government identified that some of its staff were new and inexperienced, and some who were keen to change their longstanding practices did not yet have the knowledge or skills to do so.

To benefit from the expertise the NGO had acquired through other similar projects and to make sure all the team members had the capacity to do this difficult job, the government asked the NGO to train its staff. This bespoke in-depth training on theories, skills and tools took place in the first two weeks of the project, followed by in-service training, practical support and supervision at all stages. The staff at Casa Sonrisa played a valuable role too. Their role was to provide the daily care to children in the institution and work hand in hand with the project team to help children to understand and prepare for transition.

The team quickly found that data available at institutional level was poor and outdated. It was clear that in-depth assessments of children and their families were needed to provide the evidence base for developing individual care and transition plans and placement recommendations, as well as the broader community service development plans. So, the project team set up a base at Casa Sonrisa and drew up a plan to interview all children individually. For those whose families were known and traceable, this included initiating contact with them and setting up visits to the family home when appropriate. Interviews were carried out by the project team and also included Casa Sonrisa's social worker and another trusted staff member of the child's choosing. Assessments comprised the findings from the interview, a review of all information relating to the child and the results of the home visit.

The assessments highlighted the following areas of additional need: 10 children had disabilities and would continue to need intensive support in their new placement, especially in the area of education. 15 adolescents were approaching the age of 18 and would need support to become independent.

The assessment of families' circumstances highlighted that 27 families were single parent families and in 35 households no one was employed. 17 families were living below the extreme poverty line. 15 families included at least one adult member with chronic mental health problems. 14 families had 3 or more children.

The team ensured that all assessments took into account the views and wishes of the children and adolescents themselves. They prioritised the consideration of the needs of sibling groups within Casa Sonrisa, and communicated this to the children.

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The team ensured that all assessments took into account the views and wishes of the children and adolescents themselves.
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Recommended placements were:

- Reintegration with biological family (with support) 23 children
- Local adoption – 9 young children
- Foster care – 20 children
- Placement in a small group home – 5 children
- Support to become independent – 10 children

In reality, the initial assessment phase took longer than the allocated 3 months, and lasted for 4.5 months in total, because of the complex circumstances of many of the children, some initial resistance on the part of families to the assessments and visits and the need to go at a pace appropriate to the adolescents, some of whom were very anxious and suspicious about the new development. In fact, the assessment period allowed the children to develop trusting relationships with the project team, the new adults in their lives. Children reported abuse situations, confessed their worries and wishes, asked for support and were helped to make the changes they wanted for their lives.

Continuing engagement during the assessment phase

Sister Renata and her team had devised a plan to communicate the upcoming changes to all of the children in their care before the assessments began and during the assessment period. Some of the older and more perceptive ones had already noticed that Sister Renata had been travelling and talking much more on the phone and had noticed the visits from strangers that were different from others they had experienced when donors came to visit.

The NGO supplied guidance on the kinds of questions that the children might have and helped the Casa Sonrisa team to develop their own tailored list of answers that would help them in their conversations. Thinking about the needs of each of the youngsters, the team arranged group meetings and one to one informal conversations with all of the children old enough to understand that change was coming. Sister Renata and Cesar announced an open door policy inviting all of the children and staff to come and talk to them at any time about any concerns they might have.

Some of the children, and some staff, were very worried about the prospect of leaving the home. It took many weeks, in some cases months, of conversation. The team allocated plenty of time in their project planning for discussions with the children and adolescents, allowing them the space and time to question, challenge, become used to the idea and gradually understand it.



Service design and capacity building



The assessments allowed the team to build up more insight on the reasons why children were institutionalised, the needs of the 'sending' communities, the gaps in service provision and where communication between gatekeeping agencies/actors were breaking down. This provided the insight necessary to begin a phase of service design to ensure a safe and successful transition for all children from Casa Sonrisa.

The assessment phase had highlighted that the state-run social workforce was chronically under-staffed and under pressure. Another problem highlighted was in the referral mechanism. Due to the high number of drug-related incidences of domestic violence in the region, judges were disinclined to look favourably on returning children to their families, and children were often separated from families against the advice of social workers, leaving those professionals feeling further undermined. With a lack of quality available family based alternative care, social workers often felt they had few good choices. Casa Sonrisa had been viewed as a valuable resource.

The project team dedicated time and energy to designing and establishing best practice services that would both meet the needs of the children and adolescents at Casa Sonrisa and those in the surrounding communities who would inevitably need them in future.

Based on the recommended placements for the children and adolescents in the institution and the average annual flow of children through the institution, the following reforms and developments were proposed:

- Strengthening prevention services and gatekeeping mechanisms, via an enhanced family strengthening programme and capacity development of the judiciary and decision-making panels
- A specialist reintegration service (for the transition period only)
- A foster care service
- A small group home for a maximum of 6 children
- A dedicated support service for adolescents and young people leaving institutional care

It was decided that the staffing needs of the services would be as follows:

- Mobile team (prevention and family strengthening, reintegration and support to care leavers): 4 professionals (social workers, psychologists, educators)
- Small group home: 1 coordinator, 6 direct care staff, 1 cook
- Foster care service: 2 professionals (social worker and psychologist)

Staff from Casa Sonrisa were to be given priority in applying for the jobs in the small group home.

Proposed new management structure, roles and responsibilities

The new services would be managed within the administrative structure of the local authorities. The government would be responsible for family strengthening services, reintegration, foster care, the small group home and independent living. They had some government programmes and resources, such as a small cash transfer programme, that could be leveraged and also committed new resources to developing foster care and a small group home.

The local authority did not have budget available to pay all of the salaries of the professionals employed in the new services immediately. Thus the local authority allocated its own funding to the staff salaries for the small group home whilst the NGO agreed to fund the mobile team and foster care service for the first year, enabling the local authority to allocate funding in the next budget cycle. The local authorities anticipated securing sustainable finance as the national government was already in the process of considering financial mechanisms to support its national policy on alternative care. As a contingency plan, the NGO also agreed that it would continue funding these posts for up to three years if necessary.

Continued engagement through this phase

In a distinct but related development, the NGO's advocacy and partnerships had contributed to a state-wide drive towards closer working relationships between the judiciary and other agencies involved in child protection and care which enabled the team to address the obstacles to effective gatekeeping. Judges and legal officials were brought on board with the aims of the programme and committed to strengthening decision-making processes governing referrals and placements to ensure that in future they would be more in line with the principles of necessity and suitability, as highlighted by the UN Guidelines for the Alternative Care of Children.

Transition

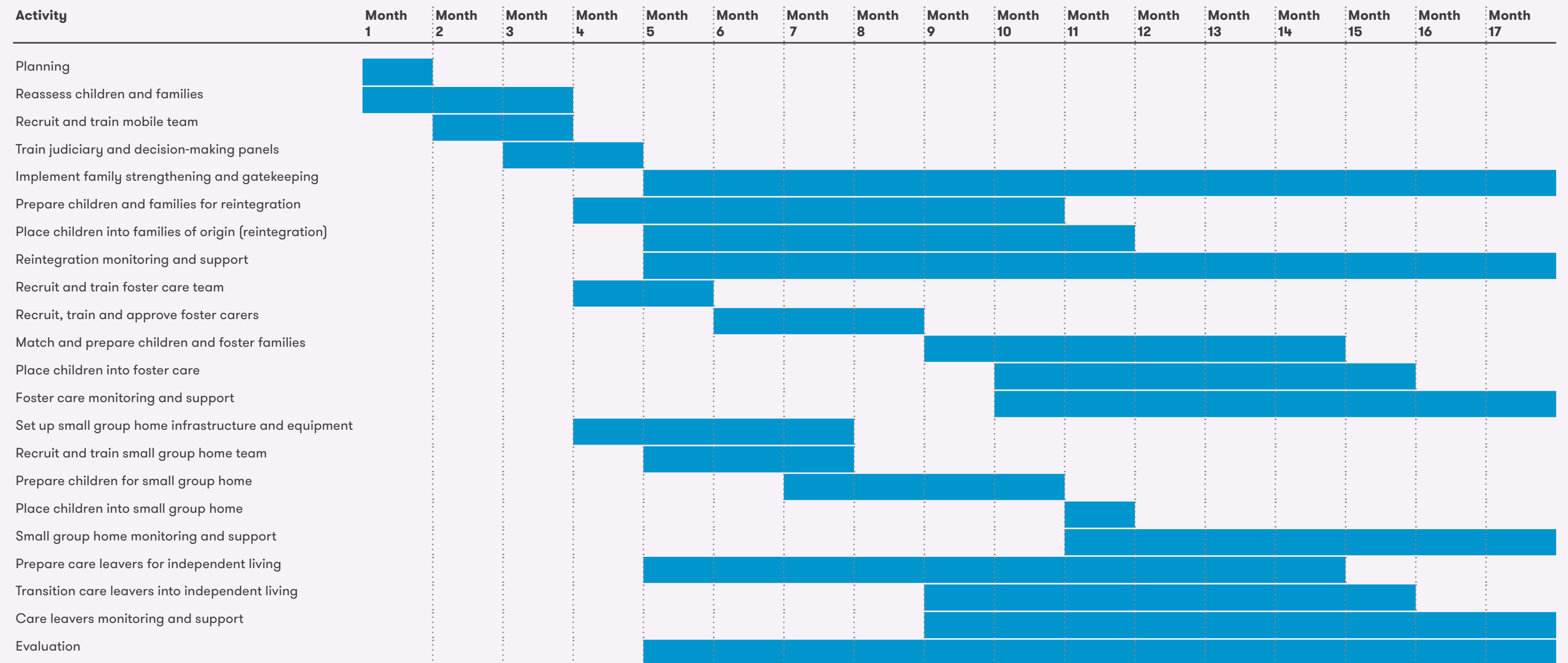


A 17 month transition plan for Casa Sonrisa covered the planning and development of prevention and alternative care services and the preparation and transition of all children from the institution into family based care.

The timeline below shows how each of the elements were managed in parallel to ensure that a safe transition of children into community and family based settings was achieved alongside the development of services that would make institutional care an unnecessary component of the area's future child protection and care system.



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Transition (continued)



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An individual care plan was developed for each child and each placement decision was approved by the local judiciary.
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From the enhanced family strengthening service to the specialist reintegration service, from the setting up of foster care services including recruiting and training potential foster carers to the staffing and equipping of a small group home; every aspect of the overarching implementation plan had its own timeline and project management overseen by the local government and NGO management and delivered by the specialists within the project team to ensure high quality in both process and practice.

At the beginning of the transition phase, the children at Casa Sonrisa were all re-assessed. While the initial assessment had given the team what they needed to design services that would meet local needs, the amount of time between that first assessment and the beginning of the transition period for children was lengthy. In the life of a young child there was much that could have changed. From this, an individual care plan was developed for each child and each placement decision was approved by the local judiciary.

With ongoing support and close supervision of their social workers, each child and family were thoroughly prepared and supported for gradual transition. An individualised package of support was provided to assist the placement of each child, whether to remove the barriers to reintegration or to support the placement of children into alternative family-based care or independent living. The National Adoption Agency lead on the adoption processes, striving to find local adoption opportunities for every child who would benefit from this permanent solution and working collaboratively with the team at Casa Sonrisa to better support the children.

Sister Renata worked closely with the government child protection team and the NGO's mobile team over the entire process of the transition, and made sure she was aware of every single placement of each one of 'her' children. The aspect of 'transition' that had always given her most anxiety was the return of children to their biological families. As the time approached for transition to begin she worried that children would not be well cared for in families from which they had previously been removed. What if they were returning them to abusive or neglectful situations? She worried that the good work of rebuilding the children's trust and confidence would be lost.

She asked the social workers to explain some of the reintegration plans to her, and accompanied them on some home visits. She was reassured by the professionalism of the well trained social workers and their specialist reintegration approach. She saw that every reintegration involved a series of assessments, conversations and tailored support with the extended family, neighbors and local services to understand the family environment and prepare the carers and the support network around them. There was a supported chain of visits and activities between the child and family – from supervised and supported contact at first, to home visits and then, when everyone felt comfortable and ready, overnight stays at the family's house.



Through all of this, she saw the staff always made time to ask children how they feel, and they were always ready to listen the child and help them understand what was happening. In fact, the return of children to their families was treated very similarly to how a new placement with an alternative family would be, and support and monitoring began on day one.

Setting up a local foster care service was particularly critical as the assessments and care planning identified that 20 children required short-term foster care whilst permanency planning continued. The project team set up the very first foster care service in the state, which recruited, assessed, trained, selected and matched foster carers. In total, 31 foster carers were trained and 16 were matched with children from Casa Sonrisa, four of whom provided foster care for siblings.

The project team found that patience was needed to appropriately match children and foster carers, establish a bond and build relationships with the whole family. The remaining trained and approved foster carers are available to support children for whom alternative care is necessary in future, and new foster carers are trained three times per year.

For the 10 adolescents approaching the age of 18 and moving towards becoming independent, intensive work was done to jointly develop plans for their autonomy. The mobile team accompanied them in developing independent living skills such as food shopping and preparation, managing a budget and housekeeping and also enlisted the support of the local care leavers' association to link the adolescents to housing and employment support and connect them into supportive community networks. In reality, these were the first adolescents to be supported to transition out of care to live independently in the area. Previously care leavers had been ejected from their placements at age 18 without support. The friendships between the adolescents were very important to them, and some decided to live together whilst others returned to their home areas to be closer to family.

As individual transition processes progressed, children were finally moved out of the institution in phases. It was important that each placement was celebrated to mark the positive change in a child's life, and to reassure the remaining children that no one would be left behind. Friendships were top of the children's list and they were supported to maintain contact through one to one friendships and group activities after they no longer lived together.

Alongside this, Sister Renata and her team worked with the NGO to discuss the future of Casa Sonrisa. An early suggestion had been to use the building to house the Small Group Home but it was deemed too large to be appropriate: its out of town location made it inappropriate and not useful enough to be the base for community social workers. A final decision was deferred to allow Sister Renata time to think about her role, and to consult with her remaining and potential donors.

Support, monitoring and evaluation



The journey did not end when the last child moved out of Casa Sonrisa. After closing the doors, all the staff knew that there were still challenges ahead. But the specialist reintegration service put in place for transition and ongoing support ensured that any issues could be dealt with rapidly.

Supervision visits to the families were scheduled at regular intervals and mechanisms put in place to ensure access to support for the families within communities. At first the monitoring and support telephone calls and visits by the project team were daily, as they supported the children and carers to adapt and settle. As children and families adjusted, the pattern of support became less intensive. But for some, there were feelings of guilt or anger, unsolved issues between children and parents, difficulties fitting into a new school or making friends, or behaviours that had developed in Casa Sonrisa flared up and triggered conflict, causing problems that threatened the placement.

These challenges were not uncommon and had already been foreseen by the NGO, so the project team was prepared to continue offering support, counselling and other services until their circumstances changed. The mobile team, together with the local care leavers association, accompanied the adolescents and young people who now lived independently. Local employers were sensitised and invited to a corporate supporters event by the NGO, and all 15 adolescents and young people found further education, vocational training or jobs that fit their future plans.

Written into the Memorandum of Understanding was an agreement to fully evaluate both the family strengthening service and gatekeeping mechanisms and the project overall. With an evaluation planned from the start, high standards on record-keeping were reinforced among all teams. Work schedules for all staff accommodated this, to ensure that paperwork did not detract from the work of being there for children and their families, but instead supported the face to face contact by ensuring continuity and efficiency in working practices.

To help gather learning from the pilot to support national plans for deinstitutionalisation, an independent evaluation had been commissioned from a local university and an international NGO with a specialism in reviewing evidence-based practices. In the last month of the implementation the evaluator arrived to spend several days at Casa Sonrisa, reviewing paperwork, interviewing staff and the mobile team, reviewing all process documents and systems that had been set up and accompanying social workers on a day of post-placement support visits and to the small group home.

Separately, the team conducted its own review meeting, with Sister Renata and her former staff, several of whom now worked in the small group home, attending a final team to discuss key learnings and record experiences.

A final report incorporating all this information was disseminated to government officials as part of a State-wide seminar hosted by the NGO, and has gone on to provide the basis for discussions on a state-wide roadmap towards deinstitutionalisation.





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Sustaining change – what happens next



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The key to the lasting success of the programme and the ultimate goal had always been to ensure that the newly strengthened gatekeeping mechanisms and new community and family based services would continue beyond closure.
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The ending of the transition programme was in no way the end of the story for the children who had lived at Casa Sonrisa, nor for the services set up to replace the institution.

The key to the lasting success of the programme and the ultimate goal had always been to ensure that the newly strengthened gatekeeping mechanisms and new community and family based services would continue beyond closure.

If those preventative, family strengthening services were discontinued, children would be at risk once more. If gatekeeping mechanisms did not remain strong, nothing would prevent children being unnecessarily placed in another institution.

The NGO working with the Casa Sonrisa team worked hard to put in place mechanisms and agreements to ensure the sustainability of the new prevention and alternative care mechanisms long before the closure of the institution.

They motivated and secured a government commitment to fund the new services – particularly the running costs of the foster care and small group home, which was agreed in the local authority expenditure plan for 5 years.

They supported dialogue with the judiciary, forging a closer partnership and agreement to joint capacity building on the UN Guidelines and decision making in the best interests of children in order to improve gatekeeping. Partnerships were brokered with international cooperation partners who the following year provided \$2.5m funding for family strengthening and community-based prevention in three provinces.

Sister Renata expanded her knowledge on the sorts of support available to families and became a vocal advocate of interventions to prevent family separation in the first place. With support from the church, she left the old institution behind and, after some months, set up a small parenting support and daycare centre in the centre of town. When she had visited the families of children in her institution with the project team and listened to them talk about their lives, she had been saddened to hear that many parents had been unable to juggle childcare and the need to work. Now, she has a small group of donors who fund the daycare service for 25 children and four of her dedicated and skilled staff from Casa Sonrisa still work there, caring for the children and supporting their working parents and foster carers.

Protecting vulnerable children and families in the COVID-19 pandemic

The COVID-19 pandemic, and the accompanying measures put in place to control it, is having a dramatic impact on some of Latin America and the Caribbean's most vulnerable children, families and communities. It is also exposing and compounding structural weaknesses in child protection and welfare systems.

It is critical to ensure that the pandemic does not become a stumbling block to child protection and care reform, and that countries do not revert to the harmful practice of placing children in institutions or separating children from their families when it's against their best interests. In the long-term, the socio-economic impact of the crisis will test the capacity of vulnerable families to care for their children. Ultimately the number of children at risk of separation, in need of additional support or in alternative care is likely to increase. Therefore, governments should use this crisis to further accelerate reform and build more resilient families and communities, integrating child protection and care reform within national plans for response and recovery.

10 priorities for Governments in the response to Covid-19

This has been adapted from [COVID-19: Call to action to protect vulnerable families and children in alternative care across Europe](#)

1. Support families to prevent unnecessary separation

Families should be provided with emergency economic assistance and social protection measures, including those whose residence status is pending or irregular. Depending on the national context and need, this may include rent and mortgage payment freeze, moratorium on evictions, universal one-off cash, childcare support, waiver/ postponement of utility and financial obligations, and increasing food assistance during the pandemic. It should be mandated that family support services continue to operate during the pandemic, including by putting in place virtual monitoring and outreach mechanisms. This includes identifying and approaching new families in difficulty, to prevent any child safeguarding and protection risks and minimise the risk of family separation due the socio-economic fall-out of the crisis.

2. Prioritise family-based care

In a context of paralysed or stretched social services, and given the need for social isolation measures, it is critical to prioritise support for family-based alternative care providers (kinship and foster care). New placements in quality, specialized residential care should be strictly limited, organized around the rights and needs of children in a setting as close as possible to a family, and used only as a temporary measure until family-based care can be developed. Emergency plans covering alternative care services should be developed by the child welfare authorities in partnership with service providers and community leaders.

3. Protect children in alternative care

Adequate personal protective equipment should be provided to caregivers working with children who have chronic illnesses or an underlying health condition or who have been exposed to the virus, as well as in cases where there are other individuals at risk within the home or care setting. Residential care settings should have plans in place in case a child or a worker gets infected, to ensure the safety and well-being of all children and staff.

“ Governments should use this crisis to further accelerate reform and build more resilient families and communities. ”

4. Ensure safeguarding and monitoring

Given the restrictions placed on travel and social contact for child protection and social workers, it is critical to put in place new modalities of monitoring and case management (e.g. maintaining regular phone or virtual contact) for children, families and care settings. For high risk vulnerable families with no phone or internet connection, case workers with the appropriate protective measures should still continue to visit the family following agreed public health guidance and procedures. Children, including those of prisoners, should also be supported to maintain contact with their families.

5. Support care leavers

It is essential for governments to include care leavers in outreach initiatives, connect them with social services, make sure that the young person has a secure residence status and provide them with practical support, guidance and mentorship.

6. Support reintegration of children within their families

Where there is sufficient capacity in the system to safely plan, manage, support and monitor changes in care settings, those children in care who can return to their birth families or be placed in family-based care should be supported to do so, provided that this is in their best interest. Families should also receive support to care for the child.

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The challenges presented by the pandemic can be turned into an opportunity to build stronger and more resilient social and child protection systems.

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7. Ensure access to education

Provide access to technological equipment for disadvantaged families and children in care. This is significant at a time when teaching is taking place in an online environment, but also in the aftermath of the COVID-19 crisis, when work will be continued on the modernization and digitization of the educational process.

8. Ensure child welfare, social and protection services are included in the list of essential services during the pandemic

Many countries have made a list of essential services (e.g. health, public safety and basic societal functioning) that continue to operate during the pandemic. A number of critical social and child protection workers (e.g. social workers, care workers, community workers and community volunteers) have often been excluded from COVID-19 essential services lists – thereby undermining national child protection and care provision. These services are critical to support families in need and prevent children from unnecessarily entering care, which in many countries effectively means preventing their (re) institutionalisation.

9. Prioritise support to families in need and child protection systems strengthening in the post-crisis recovery

As countries slowly lift confinement measures and plan for the post-crisis recovery, it is essential to take stock of the impact of the COVID-19 measures and plan long-term strategies to support the most affected sectors and groups. The challenges presented by the pandemic can be turned into an opportunity to build stronger and more resilient social and child protection systems.

This should include:

- Prepare an assessment on the impact of COVID-19 on child protection systems and the needs of families
- Prepare a national contingency plan for future crises: This should include a strong focus on addressing the needs of the most vulnerable groups of children and families, without discrimination. It should also plan for staff training and shortages and highlight the importance of the social and care sector in the long-term, by promoting the development and provision of community-based services in line with needs for higher health protection
- Once adequate family support and family-based alternative care is in place, establish a moratorium that will put an end to the placement of children in institutions: Where systems have reintegrated children into their families and communities, establish individual reviews and plans for each child to assess the safety and suitability of the placement. Prevent new placements of children in institutions and ensure that no new institutions are established as a response to the crisis
- Develop and resource a childcare reform strategy and plan to strengthen support to children to create resilient families, communities, and services

10. Ensure sufficient funding

Support services are meeting increased costs associated with this crisis (medicines, protective materials and staff costs). Service providers are also changing modalities of work (e.g. online support), which are not always recognised by their contracts. Some civil society organisations are stepping in to support marginalised communities, including undocumented children, whose needs are otherwise unmet. Additional funding should be provided to account for these changes.



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Resources

- 🗨️ [Technical Note on the Protection of Children during the COVID-19 Pandemic: Children and Alternative Care](#)
- 🗨️ [COVID-19: Call to action to protect vulnerable families and children in alternative care across Europe](#)
- 🗨️ UN Committee on the Rights of the Child [COVID-19 Statement](#)
- 🗨️ Inter-American Commission on Human Rights Resolution 1/2020 [Pandemic and Human Rights in the Americas](#) and [Warning on the consequences of the pandemic for children and adolescents](#)
- 🗨️ [Covid-19 and the impact on children and adolescents deprived of parental care](#)
- 🗨️ The Better Care Network's [Resource Centre](#) on Covid-19



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Conclusions

“ Children’s lived experiences, the stories of their families, and the evidence on the harm of institutional care help governments engage all the stakeholders including the donors and the public in getting behind the national care reform strategies and plans.

A clear and uncompromising focus on children and the realisation of their rights will ensure that we design services that deliver quality and individualised care.

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“With an attitude that combines ongoing learning and adaptation with the recognition that change is personal, the leaders in charge of child protection and care reform will be tooled for success.”



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The evidence is clear, the gradual and systematic elimination of institutional care can help leaders across Latin America and the Caribbean to catalyse the reform of the national care and protection systems and the development of suitable alternative care and family strengthening service for all children.

Children should always be at the centre of the process. Children in institutional care, the circumstances of their separation, the pathways which led them into care, their needs, experiences and voices are all critical in the planning and development of protection and care services, which are sustainable, appropriate and adapted to the national contexts.

Children’s lived experiences, the stories of their families, and the evidence on the harm of institutional care help governments engage all the stakeholders including the donors and the public in getting behind the national care reform strategies and plans.

A clear and uncompromising focus on children and the realisation of their rights will ensure that governments design services that deliver quality and individualised care. Such services will respond to the needs and circumstances of children without parental care, including those who are embarking on independent life as adults. Functional and sustainable gatekeeping mechanisms will ensure the child protection and care system is achieving the realisation of the two fundamental principles of necessity and suitability.

Most critically, the reformed care and protection system will shift its focus from being reactive to becoming proactive in preventing the separation of children from their families and reduce considerably the number of children in formal care. By doing so, the care and protection system will be more cost-effective and capable to deliver high quality care even for those children and families who need lifelong support.

Leading change at this scale is not easy and it requires a great understanding of the context, the knowledge of those involved, and systemic thinking. With an attitude that combines ongoing learning and adaptation with the recognition that change is personal, the leaders in charge of child protection and care reform will be tooled for success.

The global experience of successful care and protection system reform tells us that we need to work systemically and concurrently to catalyse the political will, to develop the evidence base and the local know-how of alternatives to institutions, whilst building the capacity of the national social workforce across government and NGOs. Securing funding for the transition from institutional care to family and community-based care should always be prioritised, whilst we are ensuring funding can be ringfenced to help sustain the reformed system.

10 lessons from 20 years

global experience of child protection and care system reform



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1. Don't get lost in translation

Care reform is not a sprint but a marathon, therefore a long-term vision and crystal-clear clarity of all its components define the chances for success. Never assume that everyone will have the same understanding of complex and loaded terms like 'care reform', 'deinstitutionalisation' or even simpler concepts like 'formal and informal family-based care' and 'gatekeeping'. Define, agree and develop your dictionary, your common language which will enable you to succeed in driving the care reform and sustain it over the years.

2. People will follow if you tell them why

Technical issues, professional jargon, complexities of the care reform, sometimes become a real barrier for others, outside our immediate circle, in understanding why care reform is needed and urgent. We are all guilty at times of focusing on how rather than why. It is evident that the countries which engage in national discussions and explore why children need families, why institutional care is not acceptable, and what the solutions are, are successful in broadly enrolling stakeholders and changing their paradigm for the care of children.

3. Don't try to fit a round peg into a square hole

No matter how tempting it might be to 'copy paste' a system reform plan from a neighbouring country or another region, it is important that you work to contextualise your plans and develop your own strategies for care reform. Context matters and the dynamics of child separation and institutionalisation must inform and help adapt the national strategies and action plans. Once you understand the triggers of separation and the suitable alternatives that you can develop to provide alternative care, you have the scaffolding for all the planning.

4. Don't be the poor sister

Care and protection reform is not only relevant to children at risk of separation and those without parental care. It sits at the intersection of all policies and services for children including early childhood and education, health care, social protection and poverty alleviation. The care system reform adds a significant contribution to tackling violence against children, addressing trafficking and exploitation, as well as social exclusion and discrimination. Therefore, it is essential that you plan and implement the care reform in collaboration with all relevant ministries, under a national convening prioritised at the highest level.

5. Don't pass the 'hot potato'

The transition from institutional care to family and community-based care entails the decentralisation of services and resources from being held in institutions to services that are located in communities and are accessible to children and families. Often the closure of institutional care facilities is not followed by the reallocation of its resources – financial and human – to the newly developed services. The repurposing of the infrastructure can be simply achieved and designed through the care reform process. You need to prioritise the development of capacity at the local level to provide effective gatekeeping including family strengthening and alternative care.

“
The care system reform adds a significant contribution to tackling violence against children, addressing trafficking and exploitation, as well as social exclusion and discrimination.
”

6. Care reform for all children

Care reform should be inclusive and should prioritise the transition of all children including young children and children with special needs. We know young children are most vulnerable to lacking family care and children with special needs require more intensive and specialist support to ensure their successful transition to community-based care. All successful care reforms at national level created the urgency needed to enable such transitions and worked to prepare communities and services to embrace and include children with special needs.

7. Say no to revolving doors

Aiming to reducing the number of children in institutions without specifically planning for the repurposing or closure of those facilities as residential care centres will inevitably maintain the flow of children coming in to replace those children who left the institution. Even if some reduction in the net numbers of children in institutions could be achieved in short term, the financial mechanisms set up usually on a cost/child allocation, which underpin the functioning of an institution will not allow for a significant change. There is a clear financial threshold that will dictate the number of children in the institution to ensure its financial viability.

8. Time is of essence

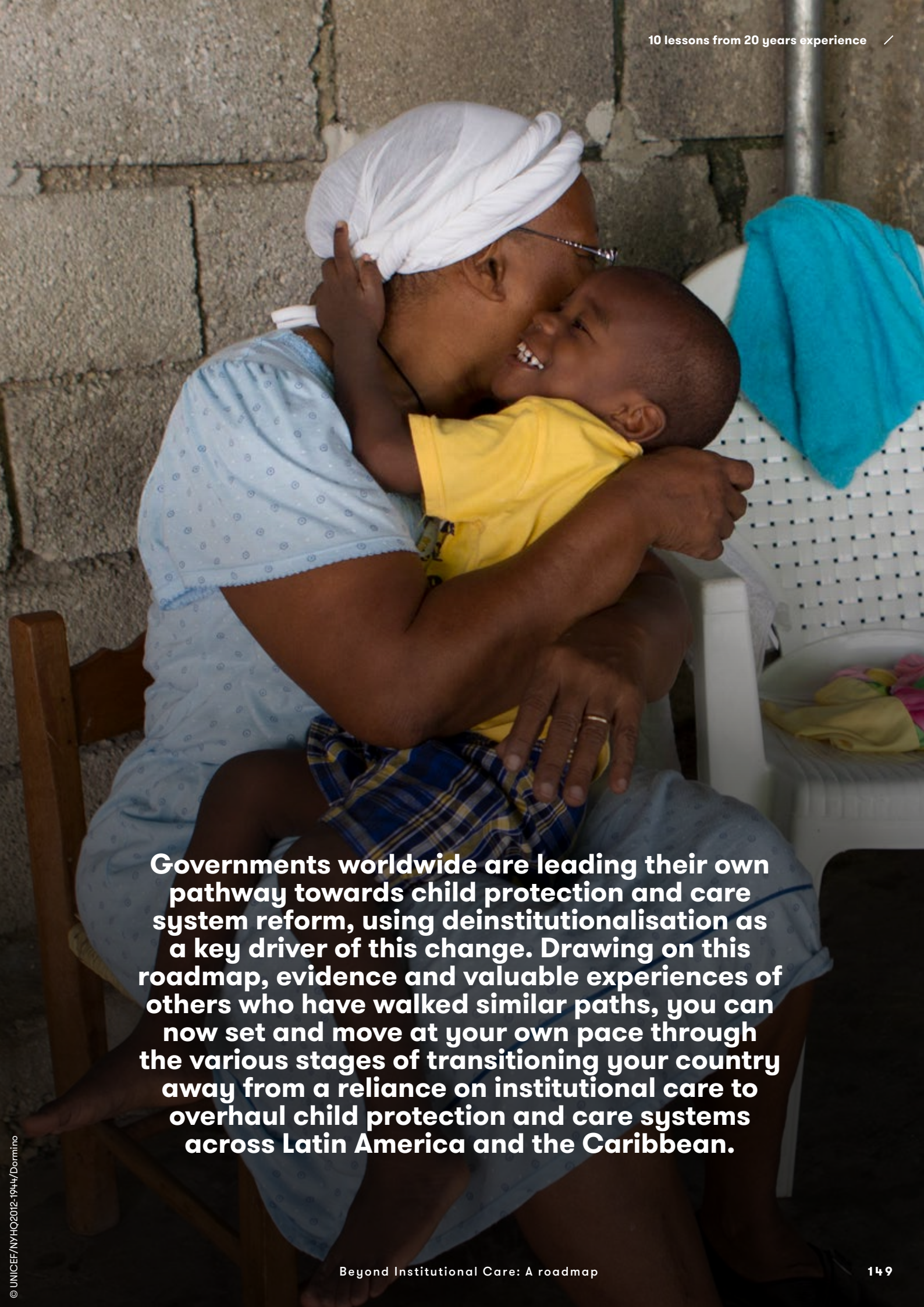
The care and protection system reform is a long term commitment but it needs clear milestone planning so it enables measuring progress and continued engagement of all stakeholders. Most importantly, children need clear timelines to manage the transition. Considering that we are spending just under 90% of all the time that we have with our parents during our childhood, it is clear why time is of essence for children without parental care and how care reform can ensure all children experience the warmth and care of the family environment.

9. Follow the money

Money should follow the children, not the other way around. Systemic care and protection reform enables the reallocation of resources to follow children and secure their access to universal and specialist services: across protection and care, education, health and social protection. Pay special attention to ensuring children with special needs, when reaching adulthood, are not returning to institutional care because funding is not following them in adulthood.

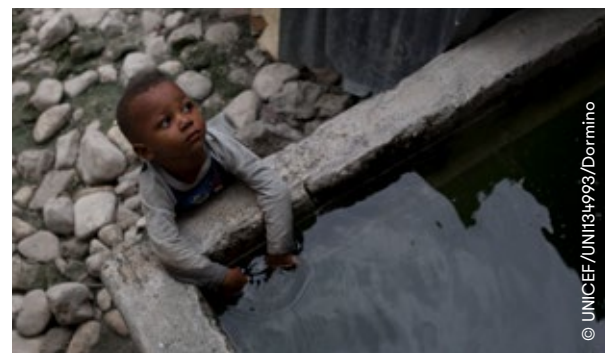
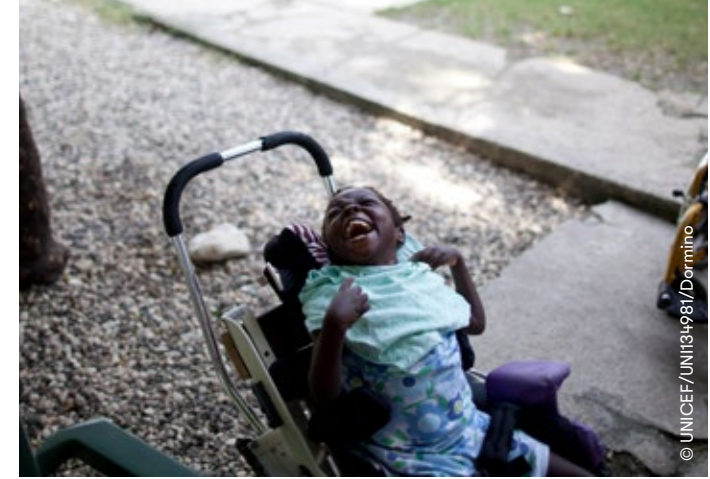
10. Measure what matters

What gets measured, gets valued. It is important to ensure you have a strong baseline and measure qualitative and qualitative indicators to document progress and ensure the quality of all care provided to children. A strong monitoring and evaluation system is needed at national level in addition to setting up learning from practice mechanisms which document failures as well as success. Real time and historical data must be captured adequately and sensitively, analysed and used to inform the iterative process of planning and implementing the care reform.



Governments worldwide are leading their own pathway towards child protection and care system reform, using deinstitutionalisation as a key driver of this change. Drawing on this roadmap, evidence and valuable experiences of others who have walked similar paths, you can now set and move at your own pace through the various stages of transitioning your country away from a reliance on institutional care to overhaul child protection and care systems across Latin America and the Caribbean.

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Resources

This final section contains references to some of the many relevant global and national resources that are available to help you in the journey towards child protection and care system reform, plus some additional resource material to support your work.

Defining and recognising institutional care – additional information

Core characteristics: Care provision

In an institution, the delivery of care and protection is inadequate, and not aligned with the UN Guidelines. **The running of the facility is governed more by the needs of the institution than by the needs of children.**

- **Children’s lives are governed by a regimented routine:** made to follow a fixed timetable each day and ‘processed’ in groups with no consideration for privacy or individuality. They sleep, eat, play, and sometimes even go to the bathroom at the same time or in a set order, regardless of individual needs.
- **Children are reduced to a file in a depersonalised system:** not encouraged to develop or supported to show personal preferences or individuality. Clothes, towels and toys are often shared within the group in living spaces that do not allow for privacy.
- **Children receive sub-standard care from poorly trained staff who are often outnumbered by administrative and back-up staff at the facility:** direct care staff and professionals (such as social workers, psychologists and specialist therapists) often lack professional status, formal qualification and adequate training and do not provide consistent or quality care. Institutions are often characterised by having large numbers of administration and back up services such as kitchen, cleaning, transport who are employed directly by the facility but not trained to be part of the support system.

- **Children in institutional care are unprepared for life outside the institution:** children cannot gain experience of independent living skills such as preparing food, cleaning, administering pocket money, functioning in a community or society – and lack a supportive social network in the community when they embark on independent life.
- **Children are deprived of the chance to form healthy attachments with long-term consequences for development:** typically, the ratio of carers to children is too low. Children usually have multiple caregivers, even on a daily basis. Unlike in family-based care, employees do not act as the substitute parents that young children need around the clock. Adult care-givers are only paid to work pre-determined hours and have only a professional relationship with children. While this is the case in all forms of residential care, in institutions, strong social distance and unequal power relationships further exacerbate this, blocking attachment and bonding between staff and children. This can lead to attachment disorders and other social consequences for children in later life. In some cases, the presence and then sudden absence of volunteers from overseas may increase a sense of abandonment.

Core characteristics: Family and social relationships

Institutional care socially isolates children, breaking the connection to their families, communities, cultural heritage, traditions and values. Children grow up without a sense of identity and belonging, and unprepared for living in community. The consequences for children and society are far-reaching and long-lasting.

- **Institutions typically segregate children according to age, gender, special needs or medical conditions.** Groups of siblings are often separated and assigned to different units, or even to different institutional care facilities at different and sometimes distant locations.
- **Institutions often blame and vilify the parents and relatives of children in their care, and perpetuate prejudice against certain groups.** It is not uncommon for children in institutions to be told that their parents gave up on them, abandoned them and failed in their parental responsibilities. Prejudices against certain communities, social or ethnic groups are transferred to children who may grow up with negative associations with their own cultural heritage.

- **Institutional care typically leads to children being stigmatised and excluded** Even in cases where children do go to the local school, institutional care fails to provide a sense of ordinary life and belonging to the community. Children usually lack adequate resources and professional support and have weak or no representation in schools. Children tend to be stigmatised as they are perceived as ‘different’, which in turn leads to further marginalisation and exclusion.
- **Institutions cut children off from their families and communities and deny them the opportunity to form a sense of identity and belonging.** Neither the children nor their families are given regular, up-to-date information and they are not encouraged to maintain contact. Children may be moved from institution to institution, losing track of brothers, sisters, friends, families and local communities. In the most closed and isolated environments, children’s entire lives are spent within the institution – including their education, leisure and healthcare.

“
In institutions where lack of interaction and systematic neglect is more severe, children may develop a set of typically ‘institutional’ behaviours: self-stimulation, stereotypical behaviours and sometimes self-harming.
”

Core characteristics: systemic effect

Institutional care warps community systems of child protection, health and education by exerting a powerful 'pull effect' on local decision-makers. As long as it is socially, legally and politically acceptable, it acts as the easy option for providing for children without parental care. However, the very presence of institutions in communities creates a perverse incentive to maintain them and the employment and fundraising opportunities they sustain.

- **Institutional care can seem to be the only available and promoted local service for children who need care.** Local authorities and professionals can view it as the easy choice, the only choice, or the obvious choice. This may be particularly the case where children are separated from families for their own protection, for example, from violence in the home. Institutions may be perceived as safer for orphaned or abandoned new-born babies, premature babies and generally for all babies and very young children requiring alternative care. It can be seen as better in offering instant access to onsite medical care for babies and children with disabilities.
- **Institutional care can sometimes seem to be the best way for families to access education or health services.** It is not uncommon for one child from a family to be sent into institutional care in order to access school, medical care or other services. Children failing in mainstream education are not uncommonly sent to institutional care facilities that specialise in providing education for children with learning disabilities.
- **Institutional care can seem to be the best or only option for children with special needs.** 'Specialist' institutional care is often advised by a doctor or institution manager. Children with disabilities or special needs tend to remain in the institution for their entire life or be moved into facilities for adults.

- **Institutional care facilities distort local systems so that the number of places in an institution becomes the driving factor for placements.** Institutions require a minimum number of children in residence to secure their existence and financial sustainability. Either through child sponsorship mechanisms or using a cost/child approach, private donors and State agencies that fund institutions create a perverse incentive for increasing or at least maintaining a critical number of children in institutional care facilities at all times in order to cover the infrastructure and staff costs.
- **In some countries' systems, children are at high risk of being deliberately separated from their families and placed in institutional care so that they can be used to attract fee-paying volunteers and donors or to keep the system sustainable,** ensuring the employment of those working there. In the worst instances, children are also kept in poor conditions to enhance 'the case for support', i.e. if children appear to be more vulnerable they will be a more attractive fundraising proposition.

Research evidence against institutions – in more detail

Impacts on children

There is now an established body of evidence in which researchers have documented structural and functional changes in the brains of children who grow up in an institutional environment.

The kind of **neglect** that is associated with institutional care **leads to a build-up of toxic stress**, which in turn significantly inhibits the development of the brain. This situation is particularly damaging for children under the age of three. Institutionalisation during these early years is devastating.

Synaptic connections which develop crucial brain functions in a baby are triggered by the kind of stimulation provided by a parent lovingly interacting with them.

The vast majority of these connections are established during the first two years of life and form the basic architecture of the child's brain, in large part, as a consequence of this kind of loving nurture.

Research shows that institutions, even apparently well-run ones, can never provide this. This is a key reason why children's physical, cognitive and emotional development is hindered.

Negative effects of institutional care in children:

Higher levels of apathy, restlessness, disobedience, hyperactivity, anxiety, depression, attention-seeking, sleep disorders, eating disorders and stereotypical behaviours like rocking, head banging and self-harming.

Children may have lower levels of social maturity for their age, and their ability to concentrate and communicate may all be affected. Children raised in institutional care experience delays in terms of IQ, language, speech and vocabulary. Physically, children have been seen to lose 1 month of linear growth for approximately every 3 months spent in institutional care.

Institutional care carries a high risk of violence towards children

In light of the devastating consequences of institutionalisation – particularly on babies and very young children – institutional care should be recognised as a form of violence against children in and of itself.

However, a particularly gruesome feature of institutional care around the world is the high incidence of violence committed against children within institutional walls.

Catastrophic mortality rates have been associated with institutional care for over a century. Hope and Homes for Children have recorded mortality rates exceeding 80% per month at institutions they have worked with. Children in institutional care experience exceptionally high levels of physical and sexual abuse, including cases of extreme violence such as torture and rape.

It is not difficult to see how the defining features of institutional care facilities both increase the risk of violence and facilitate its occurrence. If children are socially and geographically isolated, disempowered and neglected by under-trained, over-stretched and underpaid staff then children, already vulnerable, are made even more so. They have nowhere and no-one to turn to and no means of escape.

There may be few, if any, safeguarding norms or standards to regulate their activities or those of other administrative and support staff. Predatory adults who seek to abuse children may intentionally target institutions as members of staff, volunteers or visitors.

Monitoring systems are often weak and ineffective, children have little or no access to safe complaint and reporting mechanisms.

Attachment: why love matters

In childhood and young adulthood, children who have been unable to form a healthy attachment with a significant caregiver may be overly friendly indiscriminately, and have severe responses to strangers and separation, struggle to form and maintain social relationships and develop disinhibited behaviour.

Children who have grown up in an institution, particularly from a very young age, often struggle later on in life due to the impact of 'attachment disorders' compared to children who had never been institutionalised or were institutionalised after the age of two years.

Neglect is a widespread feature of the institutional care system

In addition to abuse, children's health and survival is threatened by widespread neglect in institutions. Poor health and sickness often result from poor provision of healthcare, hygiene and overcrowded conditions.

With cots back-to-back and limited environmental experiences, the development of the immune system is inhibited. Soiled clothing is often left on babies and infants for long periods of time and poor hygiene practices are widespread. Infectious diseases and serious medical illness are frequent, and children are routinely isolated when they are sick. Children are frequently denied the medication and treatment that they require.

Institutions can, in fact, be a threat to children's survival.

Children with disabilities are especially vulnerable to the impacts of institutional care.

The institutional care environment is completely inadequate in terms of providing the attention, stimulation and specialised care required to meet the special needs of children with disabilities. Across the world, children with disabilities are commonly left in their beds or cribs without any human contact or stimulation, or even tied or restrained to prevent them from leaving their beds or to commit self-harm. This type of neglect and harmful treatment can have severe physical, mental and psychological consequences. Children with disabilities are also more exposed to violence and abuse in institutional care, with those suffering from mental illness or intellectual impairments among the most vulnerable. There is some evidence that they may even be subjected to abuse in the guise of treatment.

Young people leaving care are one of the most vulnerable and disadvantaged groups in society.

Children who grow up in institutional care are poorly prepared for independent life and often struggle as young care leavers.

They are more likely to have lower educational qualifications, be young parents, be homeless, and have higher levels of unemployment, offending behaviour and criminality, and mental health problems.

This is a heavy cost for families and communities. When children leave institutional care as young adults, they have no support network and lack the basic skills they need to live a fulfilling, productive and harmonious life at community level. They continue to be more vulnerable to abuse and exploitation throughout their adult life.

According to some studies, up to one in three children who leave institutional care become homeless and one in five ends up with a criminal record. As adults they are far more likely to allow their children to be separated from them and confined to an institution, thereby contributing to the intergenerational transmission of the problem.

The combination of developmental delays and institutional experiences commonly results in young people entering adulthood ill equipped for independent life and unable to interact with, and contribute as much as they would like to the world around them.

Impacts on families

Professionals increasingly recognise the characteristic 'pull effect' of institutions as described before. Institutional care sets up a vicious cycle, whereby its very existence instigates or facilitates family separation.

Across the world, institutions benefit from a number of common misconceptions.

In many parts of the world, a prevalent myth is that children growing up in institutional care are orphans. In Latin America and the Caribbean, institutions are often considered a form of protection for children from domestic violence and a way of dealing with children who are without parental care as a result of migration, perhaps as a result of crisis or emergency (see *Spotlight on Latin America and the Caribbean p.16*).

Historically, establishing orphanages or childcare institutions has been viewed as a socially acceptable and appropriate response to perceived 'orphan crises' linked to wars, natural disasters or health pandemics such as HIV/AIDS and Ebola. Often well-intentioned individuals and organisations fundraise to support children in institutions.

While it is true that in crisis circumstances many children lose their parents, many of those who end up in institutions are actually displaced and separated from their parents, rather than orphaned. **Almost all children confined to institutions have extended family that, in many cases, could be supported to care for them.**

It is not possible to talk about institutional care without addressing the poverty of families and the inadequate provision of services to their communities. Globally, poverty is the most significant underlying cause of children being separated from parents and institutionalised. Where basic social security is lacking families are much more vulnerable to breakdown and separation. When crisis occurs and they are separated from their children, they may not understand the significance of their child's entry into the child protection and care system. They may think placement in an institution will be temporary.

In some parts of the world, families struggling to feed and clothe children may be persuaded that entry into an 'orphanage' is in the best interests of the child, and the only way of securing access to education or healthcare. As indicated earlier, some institution owners may exploit the poverty and/or lack of understanding of families and the lack of gatekeeping systems in place to actively encourage admissions into their institution.

Where mechanisms for protecting children's rights are weak, institutions have been and continue to be used to isolate specific groups of children perceived as unfit for life in the community, such as children with disabilities, children belonging to ethnic minorities or born out of wedlock – thus perpetrating a system of structural discrimination.

Migrant and unaccompanied children, who may be crossing borders by themselves or who are unaccompanied as their parents migrate, are often detained or institutionalised in their countries of transit or destination.

This is not in the best interests of children and sets up another vicious cycle. **Institutional care leavers go on to suffer multiple disadvantages in adult life that compound and reinforce poverty**, including reduced economic opportunities, social exclusion, an increased tendency to substance abuse, mental health problems, high suicide rates, exposure to criminal activities and exploitation

All countries recognise that care outside the birth or extended family is sometimes necessary and in the best interest of the child. However, it is clear that institutions are not an adequate or acceptable solution for children without parental care.

Childcare institutions actively contribute to family separation by providing a one-size-fits-all response to deeper societal problems, which are left unaddressed.

It is both possible and necessary to provide a range of family and community-based options that can deliver appropriate support and quality care to children in their communities.

Cost to society

The reasons why institutional care crowds out family and community-based alternatives are complex. However, a common misperception is that institutions are cheaper than family and community-based care and therefore a ‘realistic solution’ in a context of scarce resources.

This is based on an alleged ‘economy of scale’, according to which increasing the number of children hosted in an institution decreases per capita expenditure.

Children’s rights and needs should never come second to financial considerations, however, even from a financial perspective, the economy of scale of institutions has proven to be a myth.

Institutions are only cheaper than the alternatives when material conditions and the quality of care are so utterly abysmal as to allow a cost saving per child, but this comes only at the expense of children’s health, wellbeing and even survival.

Institutional care is a poor investment

- **Unnecessary:** institutional care draws in children for whom the separation is unnecessary – so there are high numbers of children in care needlessly
- **Excessive:** many children typically spend too long in care – sometimes remaining in institutions into adulthood
- **Long term dependency is created:** young people leaving care without skills or the capacity to become independent often remain dependent on the institutional care system, directly or indirectly for their own children

The assumption that institutions are cheaper fails to take into account the long-term impact of institutional care on children and the associated societal costs. Significant savings could be achieved in the long-term through care system reforms, by preventing children from going unnecessarily into care and promoting reintegration, foster care and other family-based alternatives.

When social welfare, health and public security costs are brought into the equation, family strengthening and quality alternative care prove to be not only intrinsically better for children, their families and communities, but also cost-effective in the long term.

The rights of children with disabilities

Some people argue that institutional care is in the best interests of children with disabilities. This is misleading and inaccurate – children with these additional needs have their rights violated twice over, as children and as persons with disabilities. The UN Convention on the Rights of Persons with Disabilities states that ‘Parties shall, where the immediate family is unable to care for a child with disabilities, undertake every effort to provide alternative care within the wider family, and failing that, within the community in a family setting’.

The Convention clarifies that ‘in no case shall a child be separated from parents on the basis of a disability of either the child or one or both of the parents’. Moreover, the UNCRC sets out the right of all persons with disabilities (irrespective of their age) to ‘live in the community with choices equal to others’ (United Nations Committee on the rights of persons with disabilities, 2006, art. 23).

It requires that States develop ‘a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community and to prevent isolation or segregation from the community’ (United Nations Committee on the rights of persons with disabilities, 2006, art. 19).

Institutional care and child rights – in more detail

Convention on the Rights of the Child

How institutional care violates rights

Article 2

The Convention applies to every child without discrimination.

Some children are disproportionately represented in the institutional care system. Children affected by poverty, ethnic groups and children with disabilities are over-represented in institutional care. This shows a clear pattern of discrimination.

Article 3

The best interests of the child must be a top priority in all decisions and actions that affect children.

The ‘one size fits all’ approach of institutional care tends to prioritise the best interests of institutions over children. Institutions cannot respond to individual needs or circumstances and so cannot be in the best interests of individual children.

Article 6

Every child has the right to life.

Institutions threaten children’s survival in childhood and adulthood. Institutionalisation has devastating consequences for cognitive, emotional and physical development and, in some cases, very high child mortality rates.

Article 7

Every child has the right to be registered at birth, to have a name and nationality, and, as far as possible, to know and be cared for by their parents.

Institutions too often break ties with children’s biological and cultural heritage and dislocate them from families, communities, culture and identity.

Article 9

Children must not be separated from their parents against their will unless it is in their best interests.

Many institutions routinely and unnecessarily separate children from their parents, often deliberately in the interests of maintaining the institution. Children are denied contact with parents, families and communities and given no information so that ties can be completely severed. This lack of belonging contributes to children’s disempowerment and lack of ability to thrive in society post-care.

Article 12

Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously.

The lack of flexibility in institutional processes and the lack of choice in options does not provide opportunities for children to be heard and their opinions to be taken seriously. Children are not encouraged to express individuality, let alone their own opinions. The institutional power dynamic inherently disadvantages children, whose futures are decided for them.

Article 18

Both parents share responsibility for bringing up their child and should always consider what is best for the child. Governments must support parents by creating support services for children and giving parents the help they need to raise their children.

The presence of institutions in communities distorts proper decision-making by local child protection agencies, meaning they place little or no emphasis on social support to families to help them raise their children and prevent family breakdown.

Convention on the Rights of the Child

How institutional care violates rights

Article 19

Governments must do all they can to ensure that children are protected from all forms of violence, abuse, neglect and bad treatment by their parents or anyone else who looks after them.

Life in institutional care makes children particularly vulnerable to physical or mental violence, injury and abuse, neglect and negligent treatment, maltreatment and exploitation.

Article 20

If a child cannot be looked after by their immediate family, the government must give them special protection and assistance. This includes making sure the child is provided with alternative care that is continuous and respects the child's culture, language and religion.

It is sometimes necessary and possible to address and/or alter local/national laws on alternative care to ensure that they prioritise family and community based care because of the numerous ways in which institutional care demonstrates itself to be an unworthy and unsuitable option. It also tends not to respect a child's culture, language and religion.

Article 24

Every child has the right to the best possible health.

The impact of institutionalisation on children's development – particularly at the early stages of life – clearly hinders the fulfilment of this right. Particularly disturbing is the fact that, in some cases, parents and families may be persuaded or forced to give up their children to institutions in order to access necessary or promised health and medical care.

Article 26

Every child has the right to benefit from social security.

Children placed in institutional care are often excluded from society – cut off geographically and socially. The systemic effects of institutions on local and national child protection systems mean that not enough emphasis is placed on supporting families to provide for their children, including even the simple provision of material assistance and support programmes, particularly with regard to nutrition, clothing and housing.

Article 27

Every child has the right to a standard of living that is good enough to meet their physical and social needs and support their development.

Institutional facilities cannot, by definition, provide a standard of living that is good enough to meet children's developmental, physical and social needs, however materially well resourced. In the worst cases, standards of living are deliberately lowered in order to increase the apparent 'plight' of children and increase their vulnerability in order to attract funding. This is an especially horrible violation of children's rights and the presence of institutions in communities distracts from addressing problems caused by poverty.

Article 28

Every child has the right to an education.

Institutions may attract families with the promise of education and a better life for their children. Across the world, however, children in care have lower educational attainment, are more frequently excluded, have lower high school completion rates and progress less in the education system.

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