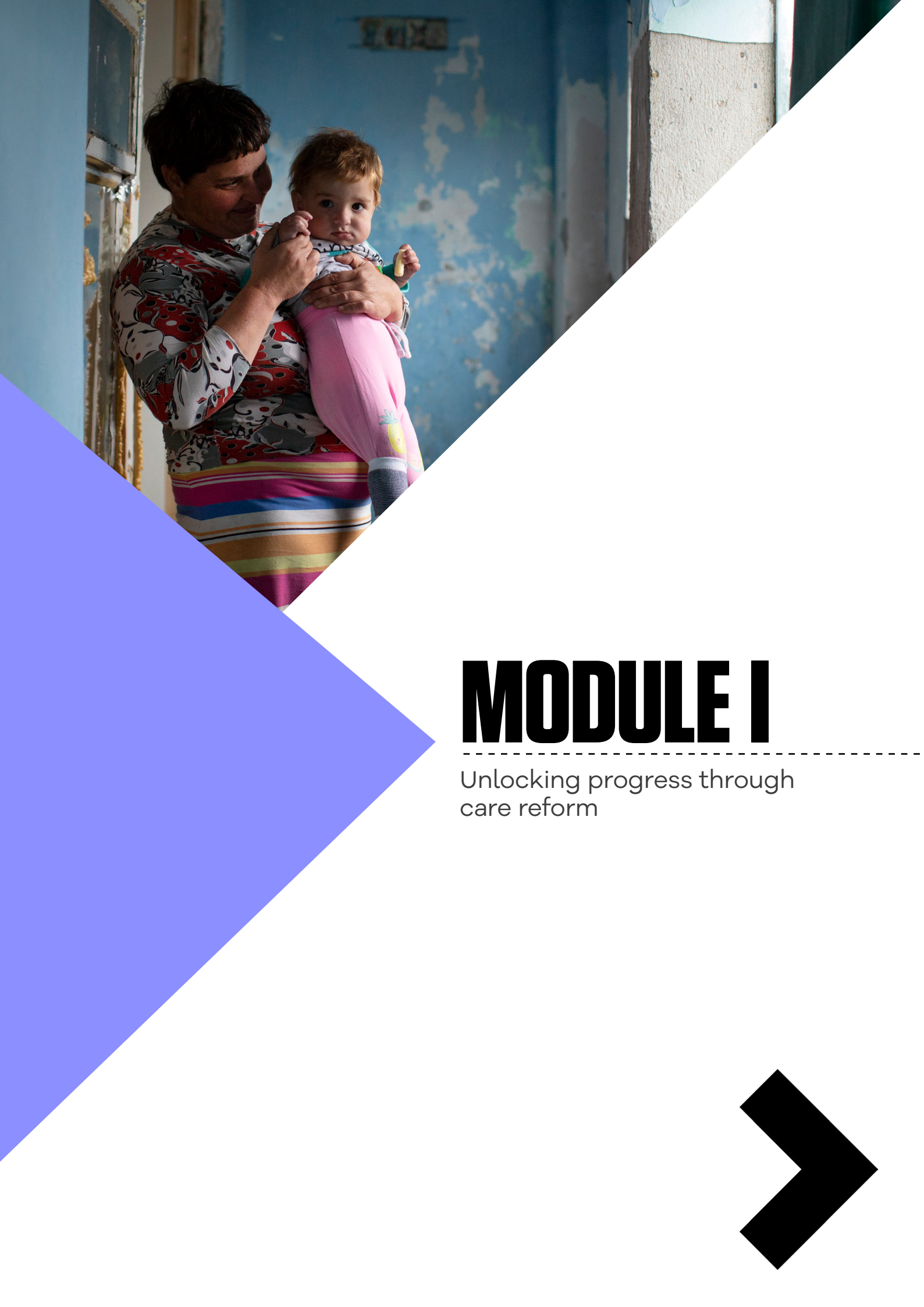HOPE
AND
HOMES
FOR
CHILDREN

FAMILIES.
NOT INSTITUTIONS.

MODULE I
Unlocking progress through care reform
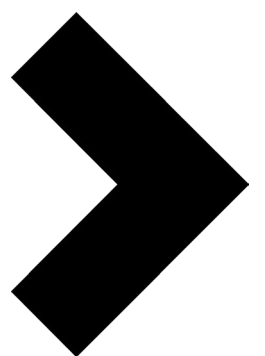
MODULE II
A roadmap for care reform for children

MODULE I

Unlocking progress through
care reform

MODULE I

CONTENTS

INTRODUCTION

HOPE AND HOMES FOR CHILDREN

Hope and Homes for Children aims to be a catalyst to end the institutionalisation of children globally. We work together with civil society organisations and funders, governments and in partnership with children, their families and communities to develop institution-free care systems. We achieve this by strengthening child protection mechanisms, building the capacity of local professionals, developing services to support all families and providing family-based alternatives for children who cannot remain with their own parents. We also work with governments and civil society to influence policy and legislation to protect and promote children's rights.

ABOUT THIS PUBLICATION

This publication distils nearly thirty years of Hope and Homes for Children's experience in **driving forward care reform** across a variety of contexts.

It provides **critical lessons learned, practical evidence and recommendations to support global, regional and national decision makers** to build political will, strategies, policies, and target funding to transform care systems.

This publication is comprised of two modules:

Module I – Unlocking progress through care reform

Module II - A roadmap for care reform for children

Module I (Unlocking progress through care reform) is divided into three parts:

- **Part I: The harm of institutionalisation**
  Outlines the damage caused by institutionalisation, why children end up in institutions and the global policy and human rights framework.
- **Part II: The case for care reform**
  Makes the investment case for why care reform is needed, and the role of different sectors in the process. It highlights how tackling the drivers of institutionalisation is key to unlocking broader change in the system, and how that in turn will strengthen progress in key areas such as health, education, poverty reduction, gender equality, and the rights of persons with disabilities, among others.
- **Part III: Introducing the roadmap for care reform**
  Briefly introduces the roadmap, highlighting the key stages and concepts involved in the care reform process.

Module II (A roadmap for care reform for children) provides a practical roadmap to guide those planning to implement, fund or otherwise support a process of care reform. It includes an overview of the key steps and processes needed to embark on transforming care systems for children. This module is written for government officials, donors, civil society and any other stakeholder that seeks to better understand the care reform process.

ACKNOWLEDGEMENTS

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1 https://www.hopeandhomes.org/who-we-are/governance-vision-strategy/our-strategy/

EXECUTIVE SUMMARY

Children living outside families and in institutions are one of the **most vulnerable and marginalised groups in society**. In many circumstances, even basic information about them is not recorded. Their existence is not registered. Over 100 years of evidence from across the world demonstrates the **significant harm caused to children in institutions**, deprived of loving parental care, who may go on to suffer lifelong consequences[2],[3].

Global human rights frameworks categorically recognise the harm of institutions, and the need to transform care systems to better meet the needs of children and families. However, this has not led to widespread action. **It is estimated that 5.4 million children still live in institutions across the world[4], exposed to a system that harms their development and systematically violates their rights**[5]. The majority of these children are not 'orphans'; approximately 80% have at least one living parent[6]. The evidence is clear, the transition from institutions to family-based care can improve children's wellbeing and development.[7]

The **COVID-19 pandemic is having a dramatic impact on the most vulnerable children and families**, exposing and compounding existing weaknesses in child protection and welfare systems. An additional 97 million people were pushed into extreme poverty in 2020 as a result of the pandemic[8], with **5.2 million children experiencing the death of a parent or caregiver due to COVID-19** over the first 20 months of the pandemic[9].

With households under immense pressure, services overstretched, and government priorities focused on the response to, and recovery from, the pandemic, many families are struggling to support their children. The **harmful effects will not be distributed equally, weighing heaviest on vulnerable and marginalised communities.**

The **escalation of the conflict in Ukraine is leading to unprecedented dangers** for children and families. The war is tearing families apart, and placing children already deprived of parental care at serious risk of harm. This reflects a growing global trend of mass displacement and family separation. Without adequate systems in place to monitor and support these crises, the outlook is grave.

2 Marinus Van IJzendoorn, Marian Bakermans-Kranenburg and others, 'Institutionalisation and Deinstitutionalisation of Children 1: A Systematic and Integrative Review of Evidence Regarding Effects on Development', *Lancet Psychiatry*, 7 (2020), 703–720 https://doi.org/10.1016/S2215-0366(19)30399-2

3 Anne Berens and Charles Nelson '*The science of early adversity: is there a role for large institutions in the care of vulnerable children?*' *The Lancet*, 386 (2015) https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61131-4/fulltext

4 Chris Desmond, and others, 'Prevalence and Number of Children Living in Institutional Care: Global, Regional, and Country Estimates', *The Lancet*, *Child & Adolescent Health*, 4.5 (2020), 370–377 https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30022-5/fulltext?rss=yes

5 Marinus Van IJzendoorn, Marian Bakermans-Kranenburg and others, 'Institutionalisation and Deinstitutionalisation of Children 1: A Systematic and Integrative Review of Evidence Regarding Effects on Development', *Lancet Psychiatry*, 7 (2020), 703–720 https://doi.org/10.1016/S2215-0366(19)30399-2

6 Corinna Csáky, 'Keeping Children out of Harmful Institutions: Why We Should be Investing in Family-based Care' London: Save the Children, 2009. https://resourcecentre.savethechildren.net/node/1398/pdf/1398.pdf

7 Christie Schoenmaker, Femmie Juffer and others. 'Does Family Matter? The Well-Being of Children Growing Up in Institutions, Foster Care and Adoption' *In Handbook of Child Well-Being* ed. by Ben-Arieh A., Casas F., Frønes I., Korbin J. (Springer, Dordrech, 2014) https://doi.org/10.1007/978-90-481-9063-8_179

8 Daniel Gerszon Mahler and others, 'Updated estimates of the impact of COVID-19 on global poverty: Turning the corner on the pandemic in 2021?' World Bank Blogs, 2021 https://blogs.worldbank.org/opendata/updated-estimates-impact-covid-19-global-poverty-turning-corner-pandemic-2021

9 H Juliette T Unwin, Susan Hillis and others. 'Global, regional, and national minimum estimates of children affected by COVID-19-associated orphanhood and caregiver death, by age and family circumstance up to Oct 31, 2021: an updated modelling study.' *Lancet Child Adolescent Health*, 2022. https://doi.org/10.1016/S2352-4642(22)00005-0

The impact of the pandemic will be experienced for many years, with the likelihood of conflict and climate change further increasing global instability and pressure on families. **We are on the precipice of a global care crisis that cannot be ignored.**

In the face of these challenges a better system to support children and build the capabilities of families must emerge.

Care reform is the comprehensive process of transforming a country's care system. It starts with understanding why children are separated, or at risk of separation, from their families. This insight is used to build a system of support that recognises and builds the capabilities of families and communities so that children have the protection and care they deserve, fulfil their potential and realise their rights.

The care reform process must **identify the forces which place families at risk** and lead to children being separated from their families, and placed in institutions. This includes recognising structural determinants, such as social, economic and environmental forces, which shape the conditions of daily life; how we grow, work and live.[10] The role of stigma and discrimination in creating and compounding inequalities must be prioritised to ensure that communities often most marginalised and vulnerable are at the forefront of reform efforts. Finally, the reform process must identify child protection risks – such as violence, abuse, neglect and/ or exploitation – how they can be prevented, how children can be protected, and the role of the care reform process in building systems and services that provide the foundations for safe, stable and loving families.

Child institutionalisation is symptomatic of a care system that is not working. Using the care reform process as a way of understanding the root causes of the problem will identify and unlock what changes are needed to build stronger, more inclusive systems of support.

By looking at the population of children in institutions and at risk of separation, the care reform process identifies the critical inter-linkages between the institutionalisation of children and other key human rights and development areas. **Taking a holistic multi-sector approach to care reform has the potential to catalyse and strengthen change across the broader system of support for children, families and their communities – providing the foundations to deliver the Sustainable Development Goals.**

Despite the complexity of care reform, **there are positive examples of reform at scale in different contexts and cultures around the world**. However, not all of these processes have been analysed and documented so that lessons learned can support reform in other contexts. In order to expand the global knowledge base and catalyse global care reform efforts, this publication offers a '**roadmap for care reform'**. It is based on nearly thirty years of Hope and Homes for Children's experience in different contexts and cultures, building in lessons learned to present an **evidence-based process to plan for and implement care reform**. The process requires three key elements which must be driven by the participation of children, and their caregivers – building their agency, and ensuring that every stage of the process is accountable to them:

> ❯ **Create the conditions for change:** identify and acknowledge the problem; make the case for change; mobilise relevant sectors; create a unifying vision and strateg; build the evidence, capacity and resourcing needed to fuel the reform process.

> ❯ **Effectively implement change:** implement the safe, planned process of transforming care systems away from institutional models of care to strengthening families and communities.

> ❯ **Establish cross-cutting elements to underpin and sustain change:** ensure that processes are in place to build and reinforce the new system, maintaining high quality, resourced programmes that can adapt to meet the needs of children and their families.

Transforming a care system is a commitment to children, to their future, and to building equal societies. Always families. Never institutions.

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10 World Health Organisation (WHO), ' Social Determinants of Health', https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

GLOBAL RECOMMENDATIONS

The following recommendations **apply to care reform in any culture or context**. Throughout this publication, separate targeted recommendations for different sectors, such as education and health, are provided.

1. Identify and act upon the critical role care reform plays in guaranteeing a range of human rights and securing key elements of global development for all children. Supported, loving and **resilient families are at the heart of delivering the Sustainable Development Goals (SDGs)**. Without the supportive net of a family, children will struggle to realise the benefits and ambition of the SDGs. All investment, policies and programmes to achieve the SDGs must therefore be required to identify and act upon their responsibility to help keep children in safe, supported families.

2. Ensure that any efforts to develop a care reform strategy **build in the meaningful participation of children without parental care, care-leavers, caregivers, and civil society**. This must involve efforts to strengthen their agency so that they can play a greater role in influencing decisions that affect their lives, while ensuring that the system is accountable to the communities it serves. This commitment must be maintained throughout the care reform process, and be a key component of the ongoing system.

3. **Leave no one behind.** No child is too difficult, too different, or too expensive to live in a family. Support families so that they can help children with different needs thrive. Provide support early in a child's life and recognise how it evolves alongside their developmental journey. Recognise that institutionalisation disproportionally harms children who have greater need for individualised support, and can negatively affect them throughout their lives.

4. Undertake a **thorough needs assessment to identify why children are being placed at risk, separated from their families and ending up in institutions**. This assessment should include an analysis of who is funding and supporting institutions, which will help identify potential allies and barriers. Ensure that economic, social and environmental forces are included in the assessment to identify their roles in building the capabilities of families and communities. **Take the time to engage and secure commitment** from different actors to develop a multi-sector, holistic coalition focussed on strengthening families and eliminating institutions.

5. **Follow the money.** Map resources currently in the system (formal and informal), the amount required for transition, and the running costs of the developed system. Develop a strong financial case and secure buy-in from relevant ministries, donors, and cross-party stakeholders to ensure long-term commitment to, and sustainability of, reform. Ensure that funds currently allocated to institutions are identified, ringfenced and reinvested in the new system.

6. Ensure care reform **tackles the root causes of family separation**. It must include a framework that addresses social protection, health, education, and other key policy areas crucial to supporting children and families. However, while the care reform process requires engagement with different sectors, **it must not lose sight of children in institutions**. It is imperative that reform includes a relentless focus on the elimination of institutions.

7. **Strengthen alternative family-based care**, so that children who are not able to live with their birth families can enjoy the love and support of a kinship, foster or adoptive family.

8. Tackle **stigma and discrimination**, which often affects the most marginalised communities – such as children with disabilities, girls, migrants and refugees. In order to close institutions, we must open up communities so that they are inclusive and supportive of the individual and diverse needs of families and children. This must be a cornerstone of any care reform strategy.

9. Ensure that a nationally appropriate and relevant **vision and strategy for care reform** is developed to drive the transition from institutions to family and community-based living for children. Although the scale and scope of care reform will look different depending on culture and context, it is essential that a sensible, measurable and resourced process is outlined. Take the time to **support local leadership and build capacity so that development is locally led**.

10. Develop the **child protection system to identify, support and protect children** at risk. This will involve strengthening laws and policies, developing a skilled social welfare workforce and ensuring adequate funding is in place. Recognise that a strong child protection system reinforces the care system, particularly for those children who are most vulnerable.

11. Develop **meaningful indicators to monitor the care reform process**, including a focus on outcomes and quality of life. **No care system in the world is ever 'complete'** – it must evolve as the needs of society change, and new thinking and practice develops. Ongoing data monitoring processes must identify what is working, what needs improving, and how. This is a hallmark of an effective care system.

GLOSSARY

Adoption: The permanent legal transfer of parental rights and responsibilities for a child.

> ❱ <u>Domestic (national) adoption</u> involves adopters who live in the same country as the child

> ❱ <u>Intercountry adoption</u> involves adopters who live in a different country to the child.[11]

Alternative care: A formal or informal arrangement whereby a child is looked after at least overnight outside the parental home, either by decision of a judicial or administrative authority or duly accredited body, or at the initiative of the child, his/her parent(s) or primary caregiver(s), or spontaneously by a care provider in the absence of parents[12].

Alternative family-based care: The short-term or long-term placement of a child into a family environment with at least one consistent parental caregiver; a nurturing family environment where children are part of supportive kin and community.[13]

Child protection system: A comprehensive framework to protect children who are suffering, or are likely to suffer, significant harm as a result of violence, abuse, neglect or exploitation. Key components of a rights-based child protection system include developing: the legal, policy and regulatory framework; a national strategy; meaningful coordination across sectors; the social services workforce; attitudes and practice; resourcing; data collection systems; and local preventive and responsive services.[14]

> ❱ <u>Community-based child protection</u> involves mobilising key resources within communities to: identify protection risks, understand and address the drivers of those risks, and engage relevant community actors in providing first line intervention, support, detection and referral when children are at risk or have been harmed.

> ❱ <u>A formal child protection system</u> includes legislative and policy frameworks to protect children, a skilled and qualified workforce to respond to child protection issues and effective approaches at the community level to ensure that girls and boys are protected[15].

Care reform: The comprehensive transformation of a country's care system for children so that it better meets the needs of children and families. This includes the transition from institutions to family and community-based care. This process typically starts with understanding the reasons why children are separated, or at risk of separation, from their families. This insight is used as the foundation for reform. Hope and Homes for Children's approach involves systematically targeting institutions as an entry point into understanding the nature, location and mix of services needed in each context to best support children and their families and, when separation is necessary, to provide high quality alternative care to those children who need it.

Care system: The legal and policy framework, structures and resources that determine and deliver alternative care[16].

Child: In line with the UN Convention on the Rights of the Child, a child is defined as any person under the age of 18.

Child protection social services workforce: The child protection social service workforce is an inclusive term that embraces all categories of people who work on behalf of vulnerable children and families. This includes a range of providers and actors, paid and unpaid, both non-formal and traditional such as family and kinship networks, community volunteers, as well as formal, employed professional and paraprofessional social workers.[17]

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11 Adapted from Better Care Network, Glossary of Key Terms, at: https://bettercarenetwork.org/toolkit/glossary-of-key-terms
12 Ibid.
13 Ibid.
14 Save the Children, 'Strengthening Child Protection Systems: Guidance for country offices'. 2019.
https://resourcecentre.savethechildren.net/pdf/strengthening_child_protection_systems.pdf/
15 Adapted from Save the Children, at: https://resourcecentre.savethechildren.net/topics/child-protection-systems/
16 Adapted from: Better Care Network Toolkit Glossary, https://bettercarenetwork.org/sites/default/files/attachments/glossary.pdf
17 Alliance for Child Protection in Humanitarian Action, 'Adapting to learn, learning to adapt' 2016,
http://www.cpcnetwork.org/wp-content/uploads/2016/07/Adapting-to-learn.-Learning-to-adapt_July-2016.pdf

Children without parental care: Children not living with at least one of their parents, for whatever reason and under whatever circumstances. Children without parental care who are outside their country of habitual residence or victims of emergency situations may be designated as unaccompanied or separated.[18]

Community-based services: The spectrum of services that enable individuals to live in the community and, in the case of children, to grow up in a family environment as opposed to an institution.[19]

Deinstitutionalisation: A term commonly used in parts of the world (notably in Central and Eastern Europe and Central Asia) to describe the process of strengthening families, progressively closing institutions, and developing a wide range of suitable alternative care options for children within the community. In some contexts, the term 'deinstitutionalisation' has been mistakenly associated as being solely focused on closing institutions, rather than the transformation of the care system. Furthermore, this term can be problematic because it suggests a negative act of closure, rather than a positive one - transformation. For the purpose of this publication, we will refer to 'care reform' as a better term to describe the breadth and complexity of the process of transforming child care systems.[20]

Emergency/transit care: Care provided in situations of emergency. Usually defined by rapid, short-term intervention to accommodate children at high risk, for a limited (short) duration of time until a longer-term option is identified. Emergency/transit care may be family-based or residential, while the nature of an emergency can range from natural disasters to separation from primary caregivers.[21]

Family support: Policies, services and programmes designed to help children to remain in, or return to, their families of origin by giving practical, social and/or emotional support to parents, the family as a whole or child-headed households.[22]

Family strengthening services: Assistance provided to families with the aim of strengthening their ability to provide nurturing care to their children. Family strengthening initiatives aim to increase families' strengths, resilience and protective factors, and by doing so promote healthy child development and minimise the risk of separation and recourse to alternative care. Including: parenting courses and sessions, promotion of positive parent-child relationships, conflict resolution skills, opportunities for employment and income generation and, where required, social assistance, etc.;[23]

Supportive social services: Including: day care, mediation and conciliation services, substance abuse treatment, financial assistance, and services for parents and children with disabilities.[24]

Foster care (formal): 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.[25] A foster care placement includes a legal process where the foster care parent(s) are legally recognised, usually through a 'care order', as being the legal guardians of the child for a specific period of time.

Long-term foster care: A permanent placement of 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.

Emergency foster care: A foster care placement for a child in emergency situations where the child needs immediate care and protection. Typically, emergency foster care placements are temporary while a more permanent or longer-term placement option is being pursued. Emergency foster carers are usually pre-approved to receive children so the placement can be made without any delays.

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18 Better Care Network 'Glossary of Key Terms': https://bettercarenetwork.org/toolkit/glossary-of-key-terms
19 European Expert Group on the Transition from Institutional to Community-based Care , Common European Guidelines on the Transition from Institutional to Community-based care, 2012. p. 25, https://deinstitutionalisationdotcom.files.wordpress.com/2017/07/guidelines-final-english.pdf
20 Hope and Homes for Children's definition
21 Adapted from the United Nations (2009) Article 29 (b), Guidelines for the Alternative Care of Children, United Nations and the Definitions of Formal Care for Children by the Children Without Appropriate Parental Care Working Group (2012). Taken From ACE toolkit P14 https://resourcecentre.savethechildren.net/pdf/ace_toolkit_0.pdf/
22 Tracking Progress Initiative, 'Terms and Definitions': https://trackingprogressinitiative.org/dashboard_bcn/troubleshooting/glossary.php?lang=en
23 Better Care Network, 'Family Strengthening', https://bettercarenetwork.org/practitioner-library/services-and-interventions/prevention-and-early-intervention-services/family-strengthening
24 UN General Assembly , 'Guidelines for the Alternative Care of Children', Resolution A/RES/64/142, para 34. 2009, https://documents-dds-ny.un.org/doc/UNDOC/GEN/N09/470/35/PDF/N0947035.pdf?OpenElement
25 UN Guidelines for the Alternative Care of Children', 2009 para 29.c.ii.. https://documents-dds-ny.un.org/doc/UNDOC/GEN/N09/470/35/PDF/N0947035.pdf?OpenElement

Foster care (informal): This can include situations where a responsible and recognised member of the community cares for children in need of care. This is often supported and regulated in some way by local communities who play the role of a 'competent authority'[26]. Informal foster care can also include a private arrangement between individuals, which may not be subject to any oversight.

Gatekeeping: A recognised and systematic procedure to ensure that alternative care for children is used only when necessary and that the child receives support to meet their individual needs. This procedure helps to determine the child's needs, ensure the most appropriate services and responses are in place and, where in their best interests, keeping them with their family[27].

Institution for children: There are numerous definitions of what an 'institution' means when referring to children. The term covers a range of residential care facilities, which in different contexts may be called 'institutions', 'orphanages', 'child care centres', 'baby homes', 'children's homes', 'children's villages', 'rescue centres', among others. Based on agreed international definitions, and practical experiences of working with children who have suffered institutionalisation, Hope and Homes for Children defines an institution as **any residential setting where children and young people are subjected to an 'institutional culture'** – which is characterised by features such as depersonalisation, rigidity of routine, lack of individual support or personal treatment, residents' lack of control over their lives and over decisions affecting them, and lack of prioritisation of their individualised needs[28]. Children in institutions are often excluded from the wider community, with limited contact with birth families or care givers. Many have very little knowledge of their own cultural heritage and traditions.

Kafala: The term 'Kafala' in Islamic law is used to describe a situation similar to adoption or guardianship, but without the severing of family ties, the transference of inheritance rights, or the change of the child's family name[29].

Orphan: The definition of an 'orphan' differs depending on the country or region. In some countries, an 'orphan' is defined as a child whose parents have both deceased. However, in other countries, a child who has lost one parent is considered an orphan[30]. In this document, an 'orphan' is defined as a child whose parents have both deceased.

Orphanage: An institution providing residential care for children. The term 'orphanage' implies that the facility houses 'orphans' - children whose parents are both deceased. However, this term is not representative as evidence highlights that, in practice, orphanages predominately admit children who have living caregivers[31].

Prevention of family separation: Intervention in the family and/or community that enables children to stay in their families as an outcome, if this is in their best interest. Support can be provided in several areas such as living conditions, family and social relationships, household economy, education and physical and mental health.

Residential care: Care provided in any non-family-based, group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes[32]. Institutions for children are a form of residential care.

Safeguarding: The values, culture, policies and procedures to be upheld by those working with children and young people in order to protect them from all forms of abuse, neglect, exploitation and violence[33].

Separated child: A child separated from both parents or from their previous legal or customary primary caregiver, but not necessarily from other relatives[34].

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26 *UNICEF and Changing the Way We Care 'Supporting Foster Care in East and Southern Africa'*. 2021, https://bettercarenetwork. org/sites/default/files/2022-01/Foster%20care%20in%20ESA%20FINAL.pdf
27 Better Care Network and UNICEF, 'Making Decisions for the Better Care of Children: Role of Gatekeeping in Strengthening Family-Based Care & Reforming Alternative Care Systems.'. 2015 https://bettercarenetwork.org/sites/default/files/Making%20 Decisions%20for%20the%20Better%20Care%20of%20Children.pdf
28 'Report of the Ad Hoc Expert Group on the Transition from Institutional to Community-based Care', 2009. https:// bettercarenetwork.org/library/principles-of-good-care-practices/transforming-institutional-care/report-of-the-ad-hoc-expert-group-on-thetransition-from-institutional-to-community-based-care. See also European Expert Group on the Transition from Institutional to Community-based Care, 'Common European Guidelines on the Transition from Institutional to Community Based Care', November 2012. http://enil.eu/wpcontent/uploads/2016/09/Guidelines-01-16-2013-printer.pdf.
29 Better Care Network, 'Adoption and Kafala' https://bettercarenetwork.org/library/the-continuum-of-care/adoption-and-kafala.
30 UNICEF, 'For Every Child, End AIDS –Seventh Stocktaking Report', UNICEF, New York, December 2016. https://www.unicef. org/reports/everychild-end-aids-seventh-stocktaking-report-2016. Analysis and citation in: Christian Alliance for Orphans, 'Understanding of Orphan Statistics' https://cafo.org/wp-content/uploads/2017/10/Orphan-Statistics-Web-06.2018.pdf
31 Better Care Network, 'Glossary of Key Terms' https://bettercarenetwork.org/toolkit/glossary-of-key-terms
32 UN Guidelines for the Alternative Care of Children, 2009 para 29.c.iv. 2009. https://documents-dds-ny.un.org/doc/UNDOC/GEN/N09/470/35/PDF/N0947035.pdf?OpenElement
33 Adapted from Better Care Network, Glossary of Key Terms, https://bettercarenetwork.org/toolkit/glossary-of-key-terms
34 Ibid.

Social protection: Covers the range of policies and programmes needed to reduce the lifelong consequences of poverty and exclusion. Programmes like cash transfers – including child grants, school meals, skills development and more – help connect families with health care, nutritious food and quality education to give all children, no matter what circumstances they are born into, a fair chance in life.[35]

Unaccompanied children: Children under the age of 18 who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.[36]

35 UNICEF, 'Social Protection': https://www.unicef.org/social-policy/social-protection
36 United Nations High Commissioner for Refugees (UNHCR) 'Guidelines on Determining the Best Interests of the Child', 2008, p. 8,. https://www.unhcr.org/4566b16b2.pdf

PART I: THE HARM OF INSTITUTIONALISATION

PART 1:   THE HARM OF INSTITUTIONALISATION

1.1   What is an institution?

There are numerous definitions of what 'institution' means when referring to children. The term covers a range of residential care facilities, which in different contexts may be called 'institutions', 'orphanages', 'child care centres', 'baby homes', 'children's homes', 'children's villages', 'rescue centres', among others.

Based on agreed international definitions, and practical experiences of working with children who have suffered institutionalisation, Hope and Homes for Children defines an institution as **any residential setting where children and young people are subjected to an 'institutional culture'**. This is characterised by features such as depersonalisation, rigidity of routine, lack of individual support or personal treatment, residents' lack of control over their lives and over decisions affecting them, and lack of prioritisation of their individualised needs.[37] Children in institutions are often excluded from the wider community, with limited contact with birth families or care givers. Many have very little knowledge of their own cultural heritage and traditions.
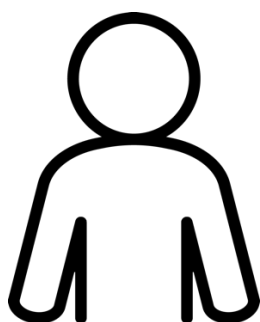
The impact of institutionalisation: Nepal

"I am a visually impaired care leaver. I lived in orphanages for over 9 years. I, along with my two sisters, was moved to different orphanages. **The orphanages I was in did not take good care of children**, especially a differently able child like me.

The saddest part was that **my sisters and I were not allowed to see our mother and brother when they came to visit us**. We were threatened and told by the orphanage owner not to speak a single word about our family. When we had to fill in forms for schools and colleges, we had to leave them blank as we didn't know about our parents. **It hurt a lot!**

We were forced to follow the religions and culture of the orphanage owner. We were not allowed to contact anyone, including friends and family. **We were caged like a bird!"**

Young person, CENN Shine Together, Nepal

Institutions distort a country's care system. They often receive a significant portion of a country's expenditure on its care system, which can create pressure for them to be at full occupancy. This can circumvent well-established ways of supporting children who are at risk, as institutions become the default 'care' option. The presence of institutions means that services and support for children's care are directed to a restricted setting that can only ever accommodate a small group of children, rather than to services that can support many more.

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37 'Report of the Ad Hoc Expert Group on the Transition from Institutional to Community-based Care', 2009. https://bettercarenetwork.org/library/principles-of-good-care-practices/transforming-institutional-care/report-of-the-ad-hoc-expert-group-on-the-transition-from-institutional-to-community-based-care. See also European Expert Group on the Transition from Institutional to Community-based Care, 'Common European Guidelines on the Transition from Institutional to Community Based Care', November 2012. https://enil.eu/wp-content/uploads/2022/03/Guidelines-01-16-2013-printer.pdf

1.2   Why do children end up in institutions?

It is estimated that 5.4 million children live in institutions around the world.[38] The majority of children in institutions are not 'orphans'; approximately 80% have a living parent.[39],[40]

There are many, often **interrelated factors that *push* and *pull* children into institutions**. When families struggle to meet their child's basic needs, it creates a force which can *push* the child out of the family. In these situations, institutions promise access to education, health, among other elements creating a *pull* factor.

Although the reasons why children end up in institutions look different in different countries and contexts, some of the common factors that lead to institutionalisation include:

Lack of access to, and availability of, services to support children and families: If families are not able to access essential services – which may include health, education and financial support, among many other areas – they may struggle to provide for their children's basic needs. This can lead to parents feeling that the only way their children can access the services they need is by placing them in an institution or, in some circumstances, authorities making the decision to take their children away. This is particularly the case for specialised, targeted care which in many countries is not always available in the community.

No other alternative care available for children who can't remain with their birth families: When it is not safe for children to be in their birth families, or where the birth family cannot be located, and there is no alternative family-based care available (such as kinship care and foster care), authorities may feel that their only option is to place a child in an institution.

Discrimination: Care systems often discriminate against certain groups of children, families and communities. In this context, institutions are inappropriately promoted as a form of care for children for whom some in society have lower expectations or misconceptions about their abilities. This discrimination leads to disproportionately higher numbers of children with disabilities, children from certain ethnic groups, or specific genders, and indigenous children being placed in institutions.

Misplaced good intentions: In spite of conclusive evidence demonstrating the damage institutions cause to children, many people, including parents and caregivers, still believe they provide a good form of care. In some cases, well-meaning people seek to volunteer in, or visit, institutions to support children, sometimes called orphanage volunteering or tourism.

Financial drivers and the 'orphanage business model': In some resource-poor environments, institutions are private, money-making initiatives, often small scale and operating under the radar of authorities. They thrive in environments where there is a chronic lack of availability of support for vulnerable families, or where money and donations can be elicited from well-meaning tourists or donors. They are able to present themselves to parents as the sole means to providing basic care, education and life chances to their children.

Parallel, independent and well-funded institutions: In some countries, institutions (either individually, or as a network) run in parallel to the national care system. Institutions can be well-funded and operate outside regulated care provision – in many cases funded, and overseen, by international donors. In these instances, it can be difficult for authorities to wrestle oversight and control over private institutions.

38 Desmond, 2020 https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30022-5/fulltext?rss=yes
39 Csáky, 2009. https://resourcecentre.savethechildren.net/node/1398/pdf/1398.pdf
40 In Nepal, 85% of children in orphanages have a living parent, in Ghana this figure is 90%, in Indonesia 94%[1] and in Ukraine it's 92% [2].[1] Lumos, Children in Institutions: The Global Picture (2017) https://www.wearelumos.org/resources/children-institutions-global-picture/ Pact, 'Information on DI Reform' (2021) http://reform.diplatform.org.ua/ [accessed 13 April 2021]

Change is complex: The harm of institutions is recognised in global human rights frameworks. However, the process of moving from a system of care that relies on institutions towards one that prioritises family-based care can be complex, expensive and require expertise to oversee and implement. This change cannot happen overnight and needs long-term commitment and planning.

> **The tourist industry driving institutionalisation: Cambodia**
>
> According to a 2017 report by the Cambodian Ministry of Social Affairs, Veterans and Youth Rehabilitation, *"the rapid and uncontrolled increase in the number of institutionalised children in Cambodia, traditionally a country with community-based mechanisms for the alternative care of children, has long raised the concerns of the government and child protection workers."*[41]
>
> Although many stakeholders are in agreement that family care is the best place for children to develop, reliance on institutions remains a persistent challenge. The report identified 639 institutions, housing 35,374 children and young people. The majority of institutions in Cambodia are located in tourist areas. This highlights how tourists seeking to volunteer in, visit, or donate to institutions, tie up resources in institutions, rather than going to services that can help keep families together.[42]

1.3   The harm of institutionalisation

Institutions compromise children's development, threaten their survival, exacerbate inequalities, and increase challenges throughout life.

Over 100 years of research from across the world demonstrates the **significant harm caused to children in institutions** who are deprived of stable, continuous and loving parental care and who may consequently suffer life-long harm.[43]

Violence, abuse and neglect in institutions is pervasive.[44],[45] Children in orphanages are particularly at risk of violence compared to children in other settings, including verbal abuse, beatings and physical torture, sexual abuse including rape, and psychological harm including isolation, harassment and humiliating discipline. This sometimes includes solitary confinement, physical restraints and forced medication.[46] In a recent study, over half the children in institutional care experienced physical or sexual abuse.[47]

41 Ministry of Social Affairs, Veterans, and Youth Rehabilitation, 'Mapping of residential care facilities in the capital and 24 provinces of the Kingdom of Cambodia'. MoSVY, Kingdom of Cambodia, 2017, https://www.unicef.org/cambodia/reports/mapping-residential-care-facilities-capital-and-24-provinces-kingdom-cambodia
42 Forget me Not Australia, 'Voluntourism and trafficking into orphanages" ECPAT, 2017. Forget-Me-Not-Australia-Voluntourism-and-child-trafficking-into-orphanages-Final.pdf
43 van IJzendoorn et al, 2020 https://doi.org/10.1016/S2215-0366(19)30399-2; Berens & Nelson, 2015 https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61131-4/fulltext; Schoenmaker et al., 2014. https://doi.org/10.1007/978-90-481-9063-8_179
44 Paulo Sérgio Pinheiro, 'World Report on Violence against Children', United Nations Secretary General's Study on Violence against Children, 9/27, 16/53/57/58/59 (2006) https://resourcecentre.savethechildren.net/pdf/2999.pdf/
45 Manfred Nowak, 'United Nations Global Study on Children Deprived of Liberty', United Nations, 2019, https://omnibook.com/global-study-2019/liberty/cdf5e7.xcml
46 Pinheiro, 2006 https://www.ohchr.org/EN/HRBodies/CRC/Study/Pages/StudyViolenceChildren.asp
47 C. L. Gray and others, 'Prevalence and Incidence of Traumatic Experiences Among Orphans in Institutional and Family-Based Settings in 5 Low- and Middle-Income Countries: A Longitudinal Study', *Global Health: Science & Practice*, 3 (2015a), 395–404 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4570014/pdf/395.pdf

Growing up in an institution is strongly linked with **negative impacts on children's development**, especially their physical growth, cognition, and attention as well as socioemotional development and mental health.[48]

It harms children's ability to form **attachments**[49] which are critical to healthy development. This is further exacerbated by the carousel of international volunteers who work for short periods of time in institutions, further harming the attachment patterns of children.[50]

Children require responsive relationships and positive experiences to build strong brain architecture, and adversity can disrupt children's development[51]. In institutions, children's daily life experiences commonly qualify as **structural neglect**, contributing to developmental delays.[52],[53] The neurological consequences of neglect or deprivation in institutions are well-documented[54],[55], including evidence from the Bucharest Early Intervention Project which reveals how brain architecture is compromised, shown by decreased brain activity of institutionalised children.

The profound effect of neglect on the neurological development of young children: Romania[56]

The Bucharest Early Intervention Project highlighted how children who were placed into institutions shortly after birth had dramatically lower brain activity compared with children who were never institutionalised, due to the impact of severe neglect.

In the scan shown here the brain's activity is being measured in electrical impulses. The 'hot' colours like red or orange indicate high activity. Each column shows a different kind of brain activity.

The impact of early experiences.

Extreme Neglect Diminishes Brain Power

Nelson, C.A. (2008); Marshall, Fox & the BEIP Core Group (2004)
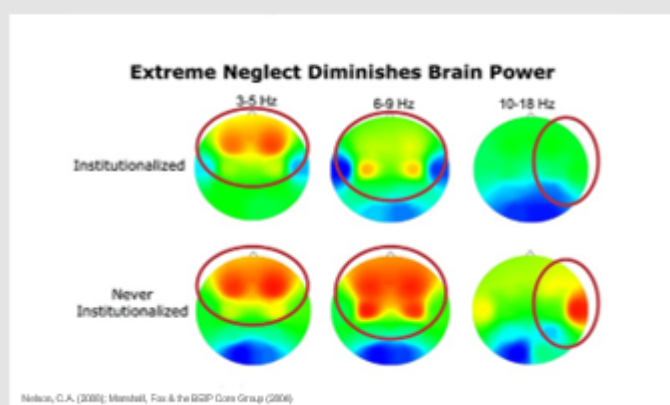
Institutionalisation can impact negatively on children's physical growth. Children lose on average 1 month's growth for every 3 months spent in an orphanage.[57] Analysis of growth data from institutions in Romania, the former Soviet Union and China shows that children lose one month of physical growth for approximately every three months spent in institutional care.

48 For further reading about attachment theory see: Vera Fahlberg, A child's Journey Through Placement, London: Jessica Kingsley, Publishers, 2012.

49 van IJzendoorn *et al*, 2020 https://doi.org/10.1016/S2215-0366(19)30399-2

50 Lumos, 'Orphanage Entrepreneurs: The Trafficking of Haiti's Invisible Children', 2016. https://lumos.contentfiles.net/media/documents/document/2017/12/Haiti_Trafficking_Report_ENG_WEB_NOV16.pdf

51 Harvard University Centre on the Developing Child, 'InBrief: Applying the Science of Child Development in Child Welfare Systems', Harvard University https://developingchild.harvard.edu/resources/inbrief-applying-the-science-of-child-development-in-child-welfare-systems/

52 Marinus H. Van IJzendoorn and others, 'Children in Institutional Care: Delayed Development and Resilience', *Monogr Soc Res Child Dev*, 76:4 (2011), 8–30 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4130248/pdf/nihms259203.pdf

53 Femmie Juffer, Marinus H. van IJzendoorn, & Marian Bakermans-Kranenburg, 'Structural neglect in orphanages: Physical growth, cognition, and daily life of young institutionalized children in India.' In *Child Maltreatment in Residential Care: History, Research, and Current Practice, eds.* Adrian V. Rus, Sheri R. Parris, and Ecaterina Stativa – Springer, 2017.

54 Mark Wade, Nathan A. Fox, Charles H. Zeanah, and Charles A. Nelson III, 'Long-term effects of institutional rearing, foster care, and brain activity on memory and executive functioning'. *Proceedings of the National Academy of Sciences of the United States of America*, *116*(5), 1808–1813 (2019) https://www.pnas.org/doi/epdf/10.1073/pnas.1809145116

55 C.A. Nelson (2008); Marshall, Fox and BEIP Core Group (2004); cited in Centre on the Developing Child, *InBrief: The Impact of Early Adversity on Children's Development* (2007) https://developingchild.harvard.edu/resources/inbrief-the-impact-of-early-adversity-on-childrens-development

56 Wade et al, 2019

57 Dana E. Johnson, 'Medical and Developmental Sequelae of Early Childhood Institutionalization in Eastern European Adoptees', in *The Minnesota Symposia on Child Psychology. Vol 31: The Effects of Early Adversity on Neurobehavioral Development*, ed. by Nelson (Mahwah, NJ: Lawrence Erlbaum Associates Publishers, 2001)

Children under the age of three are particularly vulnerable to the effects of institutionalisation.[58] Infants respond to a caregiver who will reach, talk to, and handle them in a sensitive way and introduce new stimuli in a manner that is safe, predictable, repetitive, gradual, and appropriate to their stage of development.[59] This "serve and return" process shapes brain architecture[60]. This environment is absent from institutions, even in those with high staff-to-child ratios, as they lack the on-demand responsiveness needed. As a result, infants in institutions are particularly vulnerable to brain impairment and developmental delays[61,62], poor health, hearing and vision problems, reduced cognitive and social ability, among other issues.[63]

Recent evidence suggests that **placing children in institutions can have an 'orphanisation' effect**. Regardless of whether they have one or both living biological parents, placement in an institution can lead children to perceive they are 'orphans'. This can lead to a negative self-image, feelings of worthlessness, pessimistic future perspectives, and distrust.[64]

Moving from institutions to family-based care can help repair some of the harm done by institutionalisation. Children's ability to recover is impacted by their age and length of stay. Studies have demonstrated that those who are placed in institutions at a very young age or remain longer have lower chances of recovery, and suffer developmental and emotional difficulties throughout the rest of their childhood and adolescence.[65] Some children develop disabilities during their stay in institutions.[66] Ultimately, any stay in an institution will have a profound and lasting effect on children.

The impacts of institutionalisation can continue beyond childhood and lead **to multiple disadvantages during adulthood.**[67] Life-long impacts of institutionalisation include severe developmental delays, disability, irreversible psychological damage[68] and poor health**.**

The transition to independent living is more difficult for adolescents **leaving institutions** than for young people who grew up in families.[69] Preparation for leaving care either does not exist or comes too late, and care leavers often face difficulties in adjusting to independence outside the care system due to the harms caused by institutionalisation and because they have had fewer opportunities to develop the skills and networks needed to support independent community-based living. Care

58 Kevin Browne, 2009. http://learn.viva.org/wp-content/uploads/2017/08/The_Risk_of_Harm.pdf

59 Bruce Perry and Ronnie Pollard, 'Homeostasis, stress, trauma and adaptation: A neurodevelopmental view of childhood trauma'. *Child and Adolescent Clinics of North America*, 7, 33-51 (1998) https://www.sciencedirect.com/science/article/abs/pii/S105649931830258X

60 Harvard University Centre on the Developing Child, 'Serve and Return', Harvard University. https://developingchild.harvard.edu/science/key-concepts/serve-and-return/

61 Rebecca Johnson, Kevin Browne, Catherine Hamilton-Giachritsis. 'Young children in institutional care at risk of harm'. *Trauma, Violence and Abuse* 7(1):1–26 (2006) https://doi.org/10.1177/1524838005283696

62 Michael Rutter, ' Developmental catch-up, and deficit, following adoption after severe global early privation: English and Romanian Adoptees Study Team.' *Journal of Child Psychology and Psychiatry*, 39:465–476 (1998)

63 UNICEF. ' Children Under the Age of Three in Formal Care in Eastern Europe and Central Asia: A Rights Based Regional Situation Analysis'. 2012. https://europe.ohchr.org/Documents/Publications/Children_under_3.pdf

64 Epa Nsabimana and others, 'Does residential care system orphanize children? Perceived pathways to self-adjustment following institutionalization in Rwanda'. *Children and Youth Services Review,* 1;122:105870. (2021) https://doi.org/10.1016/j.childyouth.2020.105870

65 van IJzendoorn *et al*, 2020 https://doi.org/10.1016/S2215-0366(19)30399-2

66 UNICEF, 'At Home or in a Home? - Formal Care and Adoption of Children in Eastern Europe and Central Asia.' 2010 https://bettercarenetwork.org/library/principles-of-good-care-practices/transforming-institutional-care/at-home-or-in-a-home-formal-care-and-adoption-of-children-in-eastern-europe-and-central-asia

67 van IJzendoorn *et al*, 2020 https://doi.org/10.1016/S2215-0366(19)30399-2 Berens & Nelson, 2015 https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61131-4/fulltext. Schoenmaker *et al.*, 2014. https://doi.org/10.1007/978-90-481-9063-8_179

68 Georgette Mulheir and others 'Deinstitutionalisation – A Human Rights Priority for Children with Disabilities' *Equal Rights Trust Review*, 9 (2012) https://www.equalrightstrust.org/ertdocumentbank/err9_mulheir.pdf

69 Red Latinoamericana de Egresados de Protección and DONCEL 'More Independence, More Rights. Research on methods of supporting the transition of adolescents and young people from the alternative care system to independent living in six Latin American countries Argentina, Bolivia, Brazil, Colombia, Mexico and Peru.' 2020 https://doncel.org.ar/2020/04/28/investigacionregional-mas-autonomia-mas-derechos/

leavers face multiple challenges with regards to housing, education, employment, emotional support, family and community support and access to sports and cultural activities.[70] Young people leaving 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 in conflict with the law. For example, evidence from Ukraine shows that of those who survive childhood in an institution, 23% become homeless, 50% are in conflict with the law and 90% are not prepared for independent living.[71]

Institutions deprive children of their liberty

The United Nations Human Rights Committee, a body of independent experts that monitors implementation of the International Covenant on Civil and Political Rights, outlined that **the placement of a child in institutional care amounts to deprivation of liberty.**[72] The 2019 UN Global Study on Children Deprived of Liberty argued that this results in 5.4 million children being deprived of liberty per year, in various types of institutions worldwide.

"Deprivation of liberty is occurring within a wide range of institutions, including through the following measures: children being confined and cut off from communities, having limited or no contact with their families, often placed far away from where they live. The use of physical restraints, isolation and solitary confinement occur in some institutions, which are particularly egregious examples of deprivation of liberty, in some instances amounting to torture".[73]

The placement of children in institutions can represent a form of trafficking and modern slavery[74]

Evidence from different countries demonstrates how institutions can act as central participants in a web of modern slavery and trafficking of children.[75]

Under international law, child trafficking is defined as *"the recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation."* The demand for children to fill up institutions is fuelling the systematic recruitment of children into institutions – a pattern that is **increasingly being recognised as 'orphanage trafficking'**: *"the recruitment of children into residential care institutions for the purpose of profit and exploitation".*[76]

The relationship between children's institutions and human trafficking compounds the harmful nature of both phenomena.[77] Four cycles of institution-related trafficking can be identified:[78]

1. Children are recruited and trafficked into institutions for the purpose of financial profit and other forms of exploitation – also known as 'orphanage trafficking';

2. Children are trafficked out of institutions into other forms of exploitation;

3. Child trafficking victims and unaccompanied children are placed in institutions for their 'protection', which can put them at risk of trafficking and re-trafficking;

4. Care leavers are more at risk of exploitation and trafficking.

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70 Ibid.

71 Children's Ombudsman Office of Ukraine,' The Monitoring and Information System of the child De-Institutionalization Reform portal PRO-MISE!' 2021, http://diplatform.org.ua - page accessed in April 2022

72 United Nations Human Rights Office of the High Commissioner (OHCHR) '*International Covenant on Civil and Political Rights, General Comment No.35 - Article 9: Liberty and Security of person' CCPR/C/GC/35, 16 December 2014, paras. 5 & 62* https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CCPR%2fC%2fGC%2f35&Lang=en

73 Nowak, 2019 https://omnibook.com/global-study-2019/liberty/cdf5e7.xcml

74 Joseph M. Cheer, Leigh Matthews, Kathryn E. Van Doore and Karen Flanagan (eds.), *Modern Day Slavery and Orphanage Tourism*, C Fenton-Glynn, 2021

75 Ibid.

76 Kate van Doore, K. Paper Orphans: Exploring Child Trafficking for the Purpose of Orphanages. International Journal of Children's Rights. 24 (2016). https://research-repository.griffith.edu.au/handle/10072/99655

77 Lumos, 'Cycles of Exploitation: The links between children's institutions and human trafficking' , 2021 https://www.cyclesofexploitation.wearelumos.org/

78 Ibid.

As the case for care reform continues to be made in many parts of the world, it is critical to recognise and understand these links so that interventions, advocacy and policies can be put in place to disrupt the systems and processes that negatively impact children's lives.

The impact of trafficking in institutions: Guatemala (Lumos)[79]

In 2017, 41 girls died in a fire in a state-run orphanage (Hogar Seguro) in Guatemala. More than 100 children had attempted to flee the facility after experiencing various forms of exploitation but were brought back by law enforcement personnel and placed in confinement. Fifty-six girls were placed in one cramped room to await instructions from the local magistrate. In desperation, the girls started a fire to gain the attention of the officers outside. Instead, the officers did not respond to the situation, resulting in a tragic loss of life[80]. Several of the children had been sent to the institution as a protection measure, including girls who were rescued from criminal gangs that are alleged to have sexually exploited them[81].

From 2012 to 2015, six children had reportedly died in the same facility, which had a concerning history involving the sexual exploitation, labour exploitation, abuse and neglect of many children who had stayed there. In some cases, girls were trafficked out of institutions and prostituted by the orphanage staff to others. In some cases, orphanage staff themselves sexually abused the girls. In the aftermath of the fire, the surviving children were placed in other institutions with similar histories. Some children told child protection practitioners that the orphanage staff often beat them. As a result, the cycle has repeated as there have been increased cases of children attempting to escape from these institutions and becoming vulnerable to other forms of trafficking.

In some of the institutions where survivors were placed, orphanage volunteering is common and encouraged. At Hope of Life, an orphanage where 40 survivors of the Hogar Seguro tragedy reside, volunteers can buy packages to stay at the orphanage: US$750 for "The Significance Package", US$850 "The Transformation Package", and US$1000 for "The Dream Makers Package". In some seasons, the orphanage receives 400 volunteers a week. At other orphanages, such as Dorie's Promise, volunteers are not required to have any form of qualification or experience; the only requirement is that they pay the standard fee of US$1100. Reports highlight an intersection between voluntourism and child sex tourism in Guatemala, as volunteers have unfettered access to children and criminal background checks are only occasionally done. In one study, out of 20 companies arranging voluntourism trips to Guatemala orphanages, only three conducted background checks.[82] Some orphanages even allow volunteers to sleep in the same room as the children.[83]
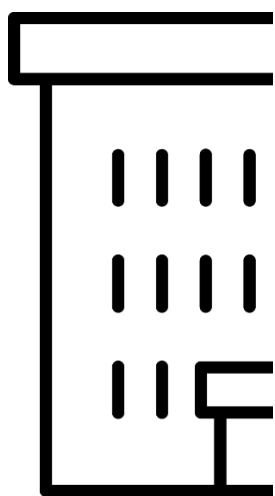
79 www.wearelumos.org

80 Azam Ahmed, 'A Locked Door, a Fire and 41 Girls Killed as Police Stood By.' New York Times, 14th February 2019.. https://www.nytimes.com/2019/02/14/world/americas/guatemala-shelter-fire-trial.html

81 Rodríguez, P. et al. (2018). Still in Harm's Way: International Voluntourism, Segregation, and Abuse of Children in Guatemala. Disability Rights International, https://www.driadvocacy.org/wp-content/uploads/Still-in-Harms-Way-2018.pdf (ibid, following references)

82 Better Care Network. (2014). Collected viewpoints on international volunteering in residential centres. Country focus: Guatemala

83 Ibid.

The tragedy at Hogar Seguro highlighted the urgent need to create an effective child protection and care system in Guatemala, requiring both emergency response and long-term systemic change. Communities demanded accountability and justice for children and families, and civil society called for an end to the human rights violations against children and adolescents in institutions[84]. Government and UN agencies, civil society and development partners contributed to a multi-stakeholder emergency response that aimed to ensure the protection of the children and adolescents affected, promote the creation of a new child protection model and invest in children and young people. Whilst a full plan for deinstitutionalisation needs to be developed in order to achieve systemic change, efforts already in progress include child protection system strengthening, legal reform, development of prevention and alternative care services and pilot projects.

Orphanage Trafficking: (Dr K E van Doore)

Orphanage trafficking is the active recruitment of children from vulnerable families into residential care institutions for the purpose of exploitation and profit. It typically involves the false construction of a child's identity as an orphan, known as 'paper orphaning'.[85] This is achieved through falsifying documents including parental death or abandonment certificates or through fabricated 'orphanhood' narratives, which are espoused to foreign donors in order to legitimise a child's admission into institutional care.

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Once a child is constructed as an 'orphan' and placed into care, the orphan narrative and associated notion of vulnerability are used to elicit the sympathy of tourists, volunteers and overseas donors to solicit funds. Orphanages are often established in popular tourist destinations for this reason.[86] Once in the orphanage, children are often kept in poor conditions, malnourished and without proper healthcare or schooling in order to encourage donations and further funding from volunteers.[87]

Like many forms of trafficking, a primary motivation driving orphanage trafficking is profit. In countries where orphanage trafficking takes place, orphanages have become a lucrative business due to the high levels of tourist, volunteer and foreign donor interest in assisting orphaned children. This has been widely termed the 'orphanage industry'.[88] Within the orphanage industry, orphanage tourism acts as the interface between the commodification of the child as a tourist attraction and object of voluntourism, and the commodification of the good intentions of tourists/volunteers[89]. The result is profit in the form of a fee for volunteer placement or one-off or recurring donations.

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84 Centre of Excellence for Children, 'Ending child rights violations against children and adolescents in institutions: A call to action.' 2018 https://bettercarenetwork.org/sites/default/files/Call%20for%20action%20CEN.pdf

85 Paper Orphans: Exploring Child Trafficking for the Purpose of Orphanages, Kathryn E. van Doore (2016) accessed via https://brill.com/view/journals/chil/24/2/article-p378_7.xml

86 Reas, P. J. 2015. "So, Child Protection, I'll Make a Quick Point of It Now": Broadening the Notion of Child Abuse in Volunteering Vacations in Siem Reap, Cambodia. *Tourism Review International,* 18**,** 295-309.

87 Better Care Network 2014. Collected Viewpoints on International Volunteering in Residential Care Centres: An overview. Better Volunteering, Better Care

88 Cheney, K. & Rotabi, K. S. 2015. Addicted to Orphans: How the Global Orphan Industrial Complex Jeopardizes Local Child Protection Systems. *In:* Christopher Harker, K. H., Tracey Skelton (ed.) *Geographies of Children and Young People.* Berlin: Springer.

89 Guiney, T. & Mostafanezhad, M. 2014. The political economy of orphanage tourism in Cambodia. *Tourist Studies,* 15**,** 132-155

1.4   The global human rights and policy framework

There has been significant global progress towards recognising that institutionalisation **violates children's rights, harms their development, and underlines the importance of care reform**. Key global milestones include:

The **1989 Convention on the Rights of the Child (CRC)** affirms that all children have a right to live with their families, unless this goes against their best interests, and that parents or other legal guardians have the primary responsibility to protect and care for the child.

The **2006 UN Convention on the Rights of Persons with Disabilities (CRPD)** underlines that all persons with disabilities have equal rights to live in the community. For children this means being in a family environment and receiving quality care and protection. Moreover, it affirms that States shall ensure that children with disabilities have equal rights with respect to family life. States should provide services and support to children with disabilities and their families and, where the immediate family is unable to care for a child with disabilities, should undertake every effort to provide alternative care within the wider family, and failing that, within the community in a family setting. In no case shall a child be separated from parents on the basis of disability (art. 23).

The **2009 Guidelines for the Alternative Care of Children** (A/RES/64/142) provides the first in-depth explanation of how the relevant articles of the CRC should be applied to children in alternative care. The Guidelines clarify that institutions are not a suitable care option for children and that in countries where institutions still exist, *"alternatives should be developed in the context of an overall deinstitutionalisation strategy with precise goals and objectives, which will allow for their progressive elimination"*.[90]

The **2015 Sustainable Development Goals (SDGs) 2030 Agenda for Sustainable Development (A/RES/70/1)** set ambitious global targets to meet by 2030, promising to 'leave no one behind' as they tackle poverty, education for all, ending violence against children and many other targets. The SDGs recognise the essential role that families play in achieving their aim and call for greater disaggregation of data related to disability and other factors in order to meet the needs of those who *are most vulnerable, including children. The Sustainable Development Agenda seeks to "…. strive to* ***provide children and youth with a nurturing environment for the full realization of their rights and capabilities****, helping our countries to reap the demographic dividend including through safe schools and* ***cohesive communities and families****.*" (A/RES/70/1, para. 25)

The **2017 General Comment Number 5 of the Committee on the Rights of Persons with Disabilities** on Article 19 of the CRPD[91] highlights the prevalence of children with disabilities in institutions around the world and provides strong calls for deinstitutionalisation to be prioritised. The General Comment highlighted concerns about the form of residential care known as 'small group homes' stating that*, "'Family-like' institutions are still institutions and are no substitute for care by a family*" (para 16). On this topic, vigorous debate is still ongoing between the UN Committee on the Rights of the Child (UN CRC) and the UN Committee on the Rights of Persons with Disabilities (UN CRPD) about what constitutes institutional care.

The **2019 UN General Assembly resolution on the rights of the child** (A/RES/74/133) focuses on children without parental care. It contains important articles recognising the harm caused by institutionalisation, prioritises prevention, and endorses family- and community-based care over institutions. It clearly acknowledges the vital need for better data about children without parental

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90 UN General Assembly, Guidelines for the Alternative Care of Children : resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142, available at: https://www.refworld.org/docid/4c3acd162.html [accessed 1 March 2022]
91 https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD/C/GC/5&Lang=en

care in all settings and situations in order to bring about better policies[92]. Crucially, it urges UN Member States to take action, including by progressively replacing institutions with quality alternative care.

The **2019 Human Rights Council Resolution on Empowering Children with Disabilities for the Enjoyment of their Human Rights** highlights the need to create inclusive education for all children to create inclusive societies (A/HRC/40/27).

The **2019 UN Global Study on Children Deprived of Liberty**[93] details the human rights violations in institutions for children, including deprivation of liberty and, in certain cases, torture.

Global human rights frameworks categorically recognise the harm of institutions, the importance of families, and the need to reform care systems so that they better meet the diverse needs of children and families. However, this clarity has not led to widespread action to eliminate institutions. This alarming lack of action condemns children in institutions to a greater risk of harm and continues to present a pathway for future generations to be consigned to a similar fate.

The United Nations Day of General Discussion on Children's Rights and Alternative Care took place in September 2021.[94] This event represented a significant review of the implementation of these rights. Following significant input from young people, the final outcome document[95] contains clear recommendations for action from governments around the world.

Intergovernmental organisations also have a role to play in taking forward these key global commitments. For example, in June 2022, the Kigali Declaration on Child Care and Protection Reform[96] was agreed at the Commonwealth Heads of Government Meeting (CHOGM) 2022. This declaration has strong echoes of the 2019 UNGA Resolution on the Rights of the Child - restating the importance of implementing many of its commitments including the progressive replacement of institutionalisation. It sows the seeds for greater intergovernmental co-operation on this theme.

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92 Resolution adopted by the General Assembly on 18 December 2019, A/RES/74/133, para 35 (d), available at: https://documents-dds-ny.un.org/doc/UNDOC/GEN/N19/426/12/PDF/N1942612.pdf?OpenElement
93 Nowak, 2019
94 https://www.ohchr.org/en/events/days-general-discussion-dgd/2021/2021-day-general-discussion-childrens-rights-and#:~:text=The%20overall%20purpose%20of%20the,respond%20to%20family%20and%20child
95 https://www.ohchr.org/sites/default/files/2022-06/13Jun2022-DGD-Outcome-report-and-Recommendations.pdf
96 https://production-new-commonwealth-files.s3.eu-west-2.amazonaws.com/s3…

1.5   The impact of the COVID-19 pandemic

The **COVID-19 pandemic is having a dramatic impact on the most vulnerable children and families**, exposing and compounding structural weaknesses in child protection and welfare systems. **The cumulative effect of these challenges is placing us on the precipice of a global care crisis.**

The number of people in extreme poverty globally has risen for the first time since 1997. An **estimated** additional 97 million people will have experienced extreme poverty in 2020 as a result of the pandemic.[97]
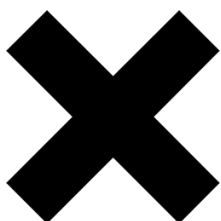
The pandemic's impact on financial security: India

By May 2021, it was estimated that over 122 million people in India had lost their jobs in the pandemic.[98] Around 75% were small traders and daily wage-labourers. When families are economically unstable, the vulnerability of children increases, who can become victims of human trafficking, abuse and exploitation.[99]

The significant toll of the pandemic on human life has directed affected children, with approximately **5.2 million children experiencing the death of a parent or caregiver due to COVID-19** over the first 20 months of the pandemic **– or an estimated 5.93 children every minute.**[100] There is an urgent need for pandemic responses to prioritise children affected by the deaths of parents and caregivers, particularly due to the elevated risks of these children being placed in institutions.[101]

Compounding the terrible impact on human life, around the world, vital support services for families have been scaled back. A survey of 32 countries highlighted that prenatal care visits had dropped by two-thirds between April and September 2020, and consultations for children under five had reduced by three-quarters.[102]

The impact of COVID-19 on teenage pregnancies: Kenya

In Kenya, school closures, combined with a lack of access to sexual and reproductive health services during the COVID-19 lockdown in early 2020, led to a 40% rise in the number of teen pregnancies.[103] The consequences of teen pregnancy in Kenya continue after childbirth and often affect the trajectory of a young mother's future. 98% of pregnant teenagers are not in school, and most never return after giving birth.

Losing their access to school, friends, and supportive networks has **disrupted children's mental health and wellbeing.**[104] Inequalities in access to mental health support have been exacerbated.

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97 Gerszon Mahler *et al,* 2021, https://blogs.worldbank.org/opendata/updated-estimates-impact-covid-19-global-poverty-turning-corner-pandemic-2021

98 Centre for Monitoring Indian Economy https://www.cmie.com/

99 Caritas 'Human Trafficking and exploitation in India during the COVID-19 pandemic,' 2020, https://www.caritas.org/2020/07/human-trafficking-and-exploitation-in-india-during-the-coronavirus-pandemic-hitting-children-hard/

100 Unwin, Hillis *et al* 2022

101 Ibid.

102 Global Fund to Fight AIDS, Tuberculosis and Malaria, '
health: a snapshot from 502 health facilities across Africa and Asia', 2021, https://www.theglobalfund.org/media/10776/covid-19_2020-disruption-impact_report_en.pdf

103 Sophie Partridge-Hicks, 'Rise in Teenage Pregnancies in Kenya Linked to COVID-19 Lockdown,' *Global Citizen*, August 19, 2020. https://www.globalcitizen.org/en/content/rise-in-teenage-pregnancies-during-kenya-lockdown/

104 UNICEF, 'Responding to the mental health and psychosocial impact of Covid-19 on children and families,' Child Protection Learning Brief, UNICEF, 2020, https://www.unicef.org/media/83951/file/MHPSS-UNICEF-Learning-brief.pdf

This has resulted in many caregivers experiencing additional stress, and a deterioration in their own well-being, which can impact the quality of care they are able to provide to children.[105]

We are starting to see **increased risks of violence, abuse, neglect and exploitation** as a consequence of children being taken out of schools and community groups. Without these places of external support and protection, children may be left isolated and at further risk of harm. This is leading to a rise in child protection concerns, which will increase the risk of family separation.

Greater poverty, increased hardships and challenges with accessing essential education and health services – to name a few – will increase pressure on families, **weighing heaviest on those that were already vulnerable and marginalised**. The effects will be particularly acute for those in the informal economy or in-kind work, where there tend to be fewer safeguards.

The impact of COVID-19 on migrant workers: Moldova: (Changing the Way We Care - unpublished case study):

The COVID-19 pandemic has seriously affected the situation of migrant workers from Moldova, especially workers who circulate back and forth between home and a host country, dividing their lives into a 'stay-at-home season' and a 'working season'. With the COVID-19 outbreak, many workers found themselves stuck in one of these seasons: either in Moldova, without the possibility to return to the jobs abroad that feed their families - or in a foreign country, unable to work, send money home or be with their loved ones.

UNDP estimates that due to COVID circumstances, 17% of migrant workers stopped sending remittances back home.[106] Due to high rates of labour migration, many children in the Republic of Moldova do not live with both biological parents and a significant share does not live with either.

The response to the pandemic by some authorities has also led to children's care placements being changed at short notice due to factors such as concerns about the vulnerability of group-care to the spread of the virus, or a lack of capacity to run services. This has led to sudden, mass 'reintegration' of children in institutions back to their families, or other alternatives, without the careful assessment, preparation, support and ongoing monitoring needed to ensure their wellbeing, protection and best interests. For example, in Ukraine, around 42,000 children were sent back 'home' from institutions in a sudden and unprepared move, entailing significant risks for the children affected.[107] In Nepal, in response to the pandemic, 2,057 children went back to their home temporarily and 343 children were permanently reunited with their families.[108] Hope and Homes for Children's partners' monitoring of these children highlighted their mixed feelings. Some ended up meeting their families for the first time in years, others were worried about having to return to an institution after the lockdown, and some found it difficult to rebuild relationships with their families.

105 Better Care Network and UNICEF. 'It's time for care: Prioritizing quality care for children during the COVID-19 pandemic' 2020, https://bettercarenetwork.org/sites/default/files/2020-12/UNICEF_Better_care_network_1222_DIGITAL.pdf
106 UNDP Press Release, 2020, https://www.eurasia.undp.org/content/rbec/en/home/blog/2020/moldovan-migrants-remittances-coronavirus.html
107 UNICEF, Press Release, 2020, https://www.unicef.org/ukraine/en/press-releases/unicef-ukraine-and-ukrainian-child-rights-ngo-network-are-concerned-about-protection
108 Ministry of Women, Children and Senior Citizens ' State of Children in Nepal 2020 Report,' Government of Nepal, Ministry of Women, Children and Senior Citizens, National Child Rights Council, 2020
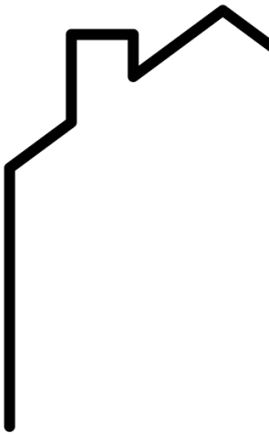
Preventing family separation during the COVID-19 pandemic: India (Children in Need Institute – CINI)

Sonia and Diya are friends from Khunti, Jharkhand. Both were doing well in school, and living happily in their families. However, their lives were torn apart when both of their fathers passed away from COVID-19.

Sonia's father was the main income earner and his death plunged the family into grief and an economic crisis. With limited employment and livelihood opportunities, the family only managed to undertake small farming activities, which generated a small amount of food to eat. Both Sonia and Diya couldn't afford to go to school and dropped out of education. Both families were falling into a desperate situation.

A mobile phone application (app) was created by CINI (Children in Need Institute), to enable frontline workers, such as community volunteers and health workers, to immediately register a child who needed support. This real-time information is linked to the department for Women and Children at a district level who, working with partners, can instigate an assessment to determine what support is needed to address children's vulnerability and prevent them being separated from their family.

The cases of Sonia and Diya were identified as a priority. This resulted in district authorities, with support from CINI conducting an emergency assessment on the two families. The assessment identified that the situation was so desperate that the children were at risk of being separated and forced into child labour, or into an institution.

The families were linked to government social security schemes to help meet their immediate needs and were also given access to livelihood support programmes. Both girls were enrolled back in school.

PART 2: THE CASE FOR CARE REFORM

PART 2: THE CASE FOR CARE REFORM

Children living outside families and in institutions are one of the **most vulnerable and left behind groups in society**.

Failure to establish a quality care system, anchored in resilient and supported families and communities, leads to children being institutionalised. When placed in institutions, **children are exposed to a system that cannot meet their needs and systematically violates their rights** – out of sight and segregated from society. When they reach adulthood and exit 'care', without a family environment or support network to rely on, they experience further inequality and disadvantage.

As highlighted in Part I, **children end up in institutions due to a number of interrelated forces**. Institutional systems discriminate against certain groups of children, including children with disabilities, indigenous children and children from ethnic minorities, who are disproportionately at risk of family separation, entering the care system and institutionalisation.

Identifying and tackling the drivers of why children are separated from their families and placed in institutions provides **a valuable entry point to understand the nature, location and mix of services needed to best support vulnerable children, families and communities**. It reaches a segment of the population that experiences some of the most extreme and compounded vulnerabilities, and can **catalyse changes in all sectors that play a role in supporting children and families, providing the foundations through which the Sustainable Development Goals can be achieved.**

2.1 Eliminating institutions – a strategic entry point for care system reform

The UN Guidelines for the Alternative Care of Children call for the **progressive elimination of institutions for children.**

While the process of eliminating institutions is sometimes perceived as a discreet focus on 'deinstitutionalisation' and narrowly defined as 'closing institutions', taking a **strategic systems-wide approach to care reform** can provide the foundations of inclusive and sustainable societies, benefiting many more children than just those placed in institutions.

The care reform process requires authorities to:

Prevent unnecessary family separation: understand the root causes of why children are being separated from their families and ending up in institutions, and other forms of care. Identify and develop the support and services needed so that families and communities can meet the needs of children, and strengthen gatekeeping mechanisms to ensure that children only enter care when truly necessary. This requires a targeted focus on those most discriminated against and left behind, and an understanding of what services are needed to ensure they don't end up in institutions.

Strengthen alternative family-based care: where children are not able to live with their family, build family-based alternatives. Across the world, the overwhelming majority of children who don't live with their birth parents, live in families, not institutions. Communities all around the world have experience and expertise in ensuring that children live in kinship families, but the presence of institutions distorts this.

Progressive elimination of institutions: as services are developed to prevent family separation and strengthen family-based alternative care, develop and implement a safe, phased and resourced plan to eliminate institutions. Uncover how money locked up in institutions could be redirected and better spent to support children at risk, their families and communities.

Assess and restrict the role of residential care: In many countries there is still an over-reliance on residential care – particularly for children with disabilities. The focus of care reform is not just to end child institutionalisation, but to ensure children grow up in safe, supported families. Residential care should be temporary, specialised and organised around the rights and needs of the child, in a small group setting as close as possible to a family, and for the shortest possible period of time, with the ultimate goal of finding longer term care in a family and community.

Throughout this document, we refer to **'care reform' as the comprehensive process of transforming a country's care system**, including the systems and mechanisms used to eliminate institutions and strengthen families and communities.

2.2 Care reform – strengthening human rights and global development

Care reform is not simply *taking a child out of an institution*. If the conditions that led to a child being separated from their family are not tackled, they will continue to be at risk.

Child institutionalisation is a symptom of a child protection and care system that is not working. This can lead to institutionalisation, but also extends to other areas, such as child labour, trafficking and children being connected to the street.

Using the care reform process as a way of understanding the root causes of this problem will **identify and unlock what changes are needed to build stronger, more inclusive, family-based systems of support – essential for delivering the Sustainable Development Goals, and realising human rights**. This includes exploring the different factors that directly and indirectly contribute to placing children and families at risk:

> **Structural social, economic and environmental forces**: These are systems that shape the conditions of daily life; how we grow, work and live.[109] This can include access to health and education, economic policies and social norms. These forces impact on inequalities seen within and between countries.

> **Stigma and discrimination**: This includes certain communities, families and children that are discriminated against – such as children with disabilities, migrants, indigenous populations, ethnicities and gender discrimination. Discrimination creates unequal societies and compounds and reinforces structural inequalities based on social, economic and environmental forces.[110]

> **Exposure to child protection risks**: Children and families exposed to child protection risks such as violence in their communities or households face significant risks and challenges. Phenomena such as violence can be a product of social, economic and environmental forces, and discrimination, and as such, responses to violence prevention have to be seen in the broader societal context.

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109 World Health Organisation (WHO), ' Social Determinants of Health' 2022, https://www.who.int/publications/m/item/rio-political-declaration-on-social-determinants-of-health and https://www.who.int/publications/m/item/rio-political-declaration-on-social-determinants-of-health
110 Nowak, 2019, Chapter 12, 3. https://omnibook.com/global-study-2019/liberty/cdf5e7.xcml

INTERPLAY OF FORCES WHICH PLACE FAMILIES AT RISK, AND CONTRIBUTE TO INSTITUTIONALISATION

STRUCTURAL, ECONOMIC AND ENVIRONMENTAL BARRIERS
Forces that shape the conditions of daily life; how we grow, work and live

- Economic insecurity, poverty, no access to social protection
- Lack of access to quality education
- Lack of access to quality inclusive health services
- Impact of Humanitarian crises and emergencies
- Impact of climate change
- Unsupportive or exclusionary societal norms

STIGMA AND DISCRIMINATION
Discrimination creates unequal societies and compounds and reinforces structural inequalities based on social, economic and environmental forces

- Disability
- Gender
- Ethnicity, Race & Indigenous Populations
- Migratory Status

EXPOSURE TO CHILD PROTECTION RISKS

- Violence, abuse, neglect & exploitation

FAMILIES AND CHILDREN AT RISK
Increases risk of family separation and institutionalisation

The image above highlights how the **interplay of these different forces affects how families live on a day-to-day basis**. By looking at the population of children in institutions and at risk of separation, the care reform process is able to identify where the broader system is not working and the critical inter-linkages between the institutionalisation of children and other key human rights and development areas. This must simultaneously address the factors that *push* children into institutions, and identify the resources locked up in institutions which create a *pull* factor. **Taking a holistic multi-agency approach to care reform has the potential to catalyse and strengthen change across the broader system of support for children, families and their communities – providing the foundations through which to deliver the Sustainable Development Goals**.

The image below demonstrates how the care reform process prioritises building the capabilities and resilience of families and children, and that by using this child-centred lens to develop services and tackle discrimination, it can generate dividends in other development areas, supporting them to achieve their priorities.

CARE REFORM DELIVERS BETTER OUTCOMES FOR CHILDREN

The care reform process starts by understanding the reasons why families and children are placed at risk. It identifies the role of different systems and sectors in building more supportive and inclusive communities and their ability to reach often the most vulnerable groups of society, ultimately strengthening and reinforcing their ability to deliver development objectives.

SUPPORTED, RESILIENT CHILDREN AND FAMILIES

CHILD PROTECTION SYSTEMS STRENGTHENING

TACKLING STIGMA AND DISCRIMINATION

TACKLING STRUCTURAL SOCIAL, ECONOMIC AND ENVIRONMENTAL FORCES

2.3. STRUCTURAL SOCIAL, ECONOMIC AND ENVIRONMENTAL FORCES

Social, economic and environmental forces shape the conditions of daily life; how we grow, work and live. Key elements that can prevent family separation and the institutionalisation of children include:

- Economic security, ending poverty and building social protection
- Access to quality, inclusive education
- Access to quality, inclusive health services
- Preparedness and response to humanitarian crises and emergencies
- Mitigating the impact of climate change
- Inclusive and supportive social and community norms

A) ECONOMIC SECURITY, ENDING POVERTY AND BUILDING SOCIAL PROTECTION

How poverty can drive the institutionalisation of children

2.3   Structural social, economic and environmental forces

a) Economic security, ending poverty and building social protection

How poverty can drive the institutionalisation of children

Across the world, **poverty is the most common underlying risk factor** that leads to children being separated from their families and institutionalised.

Poverty is a **direct driver of institutionalisation, and indirectly exacerbates the impact of all other factors that are associated with institutionalisation**, such as disability, gender, violence, health, education and discrimination, among others.

Poverty can place families in a situation where they are not able to meet the basic needs of their children. This can result in authorities taking children away from their families, or parents feeling that they have no choice but to place their child in an institution.

Without an adequate social protection safety net to support families on the margins of poverty, they are **incredibly vulnerable to changes** in circumstances, such as unemployment, which can very quickly lead to financial difficulties and increase the risk of family separation.

Poverty can be a manifestation of intergenerational poverty[111] or trauma.[112] In certain communities it is **often a consequence of longstanding inequity and exclusion, rooted in forms of discrimination**. This is highlighted by indigenous children, children of particular ethnic backgrounds, children with disabilities and children from poor and vulnerable families being over-represented in institutions.

How institutionalisation can lead to poverty

Children who have been in institutions can suffer multiple disadvantages in adult life[113] **which all affect the likelihood of them experiencing poverty**. Those who have lived in residential care have less income, and are more likely to be young parents and experience mental health issues. They experience poorer health as adults than those who grow up with parents.[114] They are more likely to be marginalised, isolated and in conflict with the law as well as more vulnerable to exploitation and trafficking. For example, evidence from Ukraine shows that of those who survive childhood in an institution, 23% become homeless, 50% are in contact with the law and 90% are not prepared for independent living.[115]

Children of adults who have grown up in institutions are more likely to become institutionalised themselves – reflecting the intergenerational cycle of poverty and institutionalisation.[116] For example, almost 50 per cent of parents in Ukraine who had their babies placed in institutions had grown up in institutions themselves.[117]

111 Intergenerational Transmission Of Poverty: The Role Of Agency In Mitigating The Impact For Child Headed Households - A Case Of Zola, Soweto (South Africa) 2019, https://bettercarenetwork.org/sites/default/files/2020-09/198850-Article%20Text-499993-1-10-20200819.pdf

112 Brittany Barker, Kali Sedgemore, and others Intergenerational Trauma: The Relationship Between Residential Schools and the Child Welfare System Among Young People Who Use Drugs in Vancouver, Canada'. *Journal of Adolescent Health*, 65(2), pp.248-254 (2019), https://pubmed.ncbi.nlm.nih.gov/30948272/

113 van IJzendoorn *et al*, 2020 https://doi.org/10.1016/S2215-0366(19)30399-2 Berens & Nelson, 2015 https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61131-4/fulltext. Schoenmaker *et al.*, 2014. https://doi.org/10.1007/978-90-481-9063-8_179

114 Murray *et al*, 2020 https://doi.org/10.1093/eurpub/ckaa113

115 Children's Ombudsman Office of Ukraine, 2021. No link available.

116 Elizabeth Wall-Wieler, Ylva Almquist & others 'Intergenerational transmission of out-of-home care in Sweden: A population-based cohort study.' *Child Abuse and Neglect*, 83,2018. https://www.sciencedirect.com/science/article/abs/pii/S0145213418302760X?via%3Dihub

117 Sereda *et al,* 2020. As referenced in Behind the Mask of Care, Hope and Homes for Children, https://www.hopeandhomes.org/wp-content/uploads/2022/03/Behind-the-Mask-of-Care-Hope-and-Homes-for-Children-Ukraine.pdf

The role of poverty reduction in the care reform process

A **systemic approach to poverty reduction must be integrated into the care reform process to prevent unnecessary family separation and the institutionalisation of children**. This can be a catalyst for wider societal change and help promote more equality (in-line with achieving Goal 10 of the SDGs).

Historically, some attempts to end poverty have resulted in **children having to go where resources are, rather than resources going to the child**. This can lead to perverse situations where the only way a child can find a meal is by being placed in an institution. The importance of a stable, nurturing and loving family has played secondary to development responses which have, at times, focused on material needs, to the detriment of strengthening families, communities and, ultimately, societies.

Small investments in the family so they can meet their children's material needs are far more effective, and cost-effective, than placing resources in institutions. An important part of the care reform process is to strengthen services and support for families, **redirecting resources away from institutions towards families and community services to build the capabilities, resilience and support needed**. This can include investment in areas such as poverty reduction programmes, social protection, measures to address discrimination, marginalisation and social exclusion, counselling and financial support services, which tackle both the symptoms of poverty and prevent entry of children into institutions.[118]

Household Economic Strengthening: Uganda

The Accelerating Strategies for Practical Innovation and Research in Economic Strengthening (ASPIRES) project outlines how initiatives such as cash transfers can help to strengthen families and prevent the separation of children and families in Uganda. It includes useful resources and tools related to family preservation and reintegration.[119]

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118 Neil Quinn, Jennifer Davidson and others, 'Moving Forward: Towards a rights-based paradigm for young people transitioning out of care' International Social Work, 60(1) 2012, https://doi.org/10.1177/0020872814547439
119 FHI 360, 'Accelerating Strategies for Practical Innovation and Research in Economic Strengthening (ASPIRES) Project' 2019, https://bettercarenetwork.org/library/strengthening-family-care/household-economic-strengthening/accelerating-strategies-for-practical-innovation-and-research-in-economic-strengthening-aspires

KEY RECOMMENDATIONS:
ECONOMIC SECURITY, END POVERTY AND BUILD SOCIAL PROTECTION

💛 Recognise the role of poverty reduction – including universal and targeted support – in preventing family separation and institutionalisation. Ensure policies and programmes developed in this area focus on building the capabilities and resilience of families and communities, rather than providing incentives for family separation, such as resources being locked up in institutions.

💛 Ensure that programmes to tackle poverty reach communities that are often the most vulnerable and marginalised. Identify and tackle the role of stigma and discrimination against vulnerable and marginalised communities in order to maximise the potential of poverty reduction programmes.

💛 Increase coverage and quality of poverty reduction measures. Listen and establish accountability mechanisms to families and children and prioritise what social protection measures are most essential.

💛 Ensure that a financial case for care reform is produced, which outlines the short, medium and long-term costs and benefits of the process, with a particular focus on outcomes for children. Ensure cross-ministry/agency involvement and commitment to long-term investment. Mobilise civil society to ensure ongoing commitment remains a priority.

💛 Map international funds going into the care system – formal and informal – and create a plan to engage with donors to influence them to pivot funding away from institutions, to new services needed in the care system. It is essential that donors are part of the process, therefore donor engagement and education must also be a significant part of this process.

💛 Support families of children being reintegrated, and those transitioning out of care, to build their independence and wellbeing, including housing, employment and social protection measures.

B) ACCESS TO QUALITY, INCLUSIVE EDUCATION

How barriers to education can drive the institutionalisation of children

b) Access to quality, inclusive education

How barriers to education can drive the institutionalisation of children

Many children are placed in institutions because they **cannot access quality, affordable and inclusive education in their community**. This happens at all ages, from early childhood education and development through to primary, secondary and tertiary levels.

Some groups of children – such as children with disabilities, girls, children in rural communities, refugees, minority ethnic or indigenous children, and children living in extreme poverty – face more challenges in accessing quality, inclusive education in their communities. It is likely that this exclusion places them at a **higher risk of institutionalisation.**[120]

The availability of education in institutions should never be seen as an acceptable alternative to providing inclusive education close to home. **Parents should never be asked to choose between raising their child in their family or giving them an education**.

In some countries, institutions are labelled as 'boarding schools' – **this can give false legitimacy to the institution in the eyes of parents, donors and the community, and lead to institutions being invisible in alternative care statistics**.
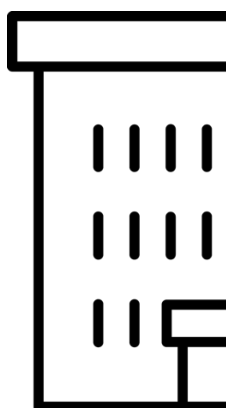
Education driving placement in institutions: Rwanda

The National Survey of Institutions in Rwanda found that of the 3,323 children living in institutions, records showed that only 0.5% of them were placed in order to access education.[121] However, on closure inspection, interviews with family members found that many had placed their child into an institution expecting better access to education. For example, the reason recorded for a child's entry to an institution was recorded as 'family breakdown, poverty or child abandonment'; whereas the parents themselves reported "I am poor and could not afford his education in the future" and another one "I abandoned him because I am sure he will get better education which I can't afford.".

How institutionalisation can lead to poor education outcomes

Despite promises made by institutions, education for children in institutions is very rarely of a satisfactory standard, if provided at all – **leading to lower educational attainment and contributing to poorer life chances**.

Evidence highlights that school-age children with a history of early institutionalisation perform worse on measures of both memory and executive functioning compared to their peers without a history of institutionalisation.[122] A meta-analysis of 75 studies covering over 3,800 children in 19 countries found that children who grew up in institutions had, on average, an IQ 20 points lower than their peers in foster care.[123]

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120 European Commission Daphne Programme, Deinstitutionalising and Transforming Children's Services (July 2007). Available online: https://resourcecentre.savethechildren.net/pdf/5995.pdf/

121 Hope and Homes for Children and MIGEPROF (2012), National Survey of Institutions for Children in Rwanda. https://bettercarenetwork.org/library/the-continuum-of-care/residential-care/national-survey-of-institutions-for-children-in-rwanda

122 Karen Bos, Nathan Fox and others, Effects of Early Psychosocial Deprivation on the Development of Memory and Executive Function. *Frontiers in Behavioural Neuroscience* 2009 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2741295/

123 Marinus van IJzendoorn, Maartje Luijk and others, and others 'IQ of children growing up in children's homes: A meta-analysis on IQ delays in orphanages'. Merrill-Palmer Quarterly, 54(3) 2018. https://faculty.uml.edu/darcus/47.361/FOSTER%20CARE/vanijzendorn_etal_2008_IQ.pdf

Education in institutions often segregates children from local communities, **subjecting and compounding stigma and discrimination** against certain groups of children.

Carers' low expectations of children in their care, unstable or multiple placements, low levels of investment and a pervasive medical model of care, are among the plethora of reasons why children in institutions are often **significantly behind their peers in both academic attainment, and work-life earnings in later life**. Analysis of high-, middle- and low-income countries all report a significant degree of difference between children in institutions and their peers.[124]

Decades of research has shown the detrimental effects of institutionalisation on child development, such as attachment disorders and impaired or delayed brain development, growth and cognitive development. Coupled with poor educational provision, across the world, **children who grow up in institutions have lower educational attainment, lower high school graduation rates and do not progress as far in the education system, compared to their peers.** Care leavers often struggle to access employment or vocational training.

Impact on educational attainment: Romania

Research with a sample of 800 young care leavers from Romania who left care from 2014 to 2017 highlighted that only 24% had completed 'general education' (8 grades), with 6.1% graduating from higher education.[125]

In some countries, the nature of the education provided in institutional settings may reflect the culture, faith or worldview of the donor and not necessarily that of the local community.[126] This can result in children being unable to speak the local language or unfamiliar with their own cultural customs or heritage.[127] In some cases, institutions have been used with the express purpose of eradicating links to culture or 'assimilating' communities. This has been particularly acute in countries with indigenous populations, with countries such as Canada undergoing inquiries and processes of reflection into historic and more recent examples of institutionalisation of indigenous populations[128] taking place over many decades.

The role of education in the care reform process

Until children with disabilities have **access to high-quality education** in the community, the pull of institutions will remain and it will be difficult for children to return home from institutions.

Inclusive education reform and care reform processes are deeply connected. Access to affordable, quality, inclusive education services – including early childhood education – is essential to any reintegration or care reform programme.

Education provides children with the opportunity to socialise with a diverse range of peers within their communities. This **opportunity for socialisation is greatly diminished when children are**

124 Yasuharu Shimamura The Dynamics of Educational Attainment for Orphaned Children in Sub-Saharan Africa: Evidence from Malawi, 2015, https://arefiles.ucdavis.edu/uploads/filer_public/2015/01/26/orphan_education_jan2015.pdf and Takashi Yamano. "The Long-Term Impacts of Orphanhood on Education Attainment and Land Inheritance among Adults in Rural Kenya," *Agricultural Economics (Amsterdam, Netherlands)*, 37.2–3: 141–49 https://doi.org/10.1111/j.1574-0862.2007.00260.x
125 Alexandru Toth, Daniela Mita, Research report on the study regarding the situation of youth leaving the care system in Romania 2020, https://www.sos-satelecopiilor.ro/wp-content/uploads/2020/08/Studiu-tineri-iesiti-english-web-1.pdf
126 https://www.hopeandhomes.org/blog-article/orphanages-have-no-place-in-an-africa-fit-for-children/?utm_source=Social&utm_medium=Twitter&utm_campaign=Black_History_Month_2021
127 Andrew Gray and Wesley Cote, Cultural connectedness protects mental health against the effect of historical trauma among Anishinabe young adults. Public Health, 176, 77. Applied Social Sciences Index & Abstracts 2019, https://doi.org/10.1016/j.puhe.2018.12.003
128 Amélie Ross, Jacinthe Dion and others, Impact of residential schooling and of child abuse on substance use problem in Indigenous Peoples. Addictive Behaviors, 51, 184–192. 2015, https://doi.org/10.1016/j.addbeh.2015.07.014

segregated in institutions. Inclusive education is essential in breaking down stigma and discrimination.

Funding that flows into institutions (including child sponsorship, donations from abroad as well as government or faith-based funding) can be **reallocated to support children's integration and the development of education provision in the community**.

SUSTAINABLE DEVELOPMENT GOAL

4 QUALITY EDUCATION

By building the capabilities and resilience of families and communities, and addressing the root causes of family separation, the care reform process will contribute to the delivery of SDG4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes

4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education

4.4 By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship

4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations

4.6 By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy

4.a Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all

KEY RECOMMENDATIONS:
ACCESS TO QUALITY, INCLUSIVE EDUCATION

💛 Recognise that denying access to quality inclusive education plays a key role in driving family separation, and that keeping children in supported families will deliver better education outcomes. All human rights are indivisible and interdependent. The right to education should not supersede the right to respect of family life.

💛 Ensure that education sector planning includes a specific focus on the needs of children in the care system and of those at risk of being taken into care.

💛 Develop an education system that ensures access to free, safe, inclusive and equitable learning opportunities and environments for children in their own communities. This includes early childhood education, inclusive education for children with disabilities and support services in the community. Special attention should be paid to vulnerable groups, including girls.

💛 Identify and reduce barriers to accessing education, such as financial barriers including: uniforms, meals and transportation.

💛 Ensure that national registration, reporting and monitoring systems on children outside family care include educational facilities which provide long-term residential care so that they can be included in national efforts to ensure appropriate family-based care for every child.

💛 Identify and tackle stigma and discrimination that hinder access to education in societies through policy change and awareness raising initiatives. Schools are also valuable places to influence the attitudes and beliefs of communities – challenging and shaping discriminatory social norms.

💛 Enshrine formal coordination between the child protection, education and care sectors so that no child falls through the gaps and is left behind.

C) ACCESS TO QUALITY, INCLUSIVE HEALTH SERVICES

How the health system can drive the institutionalisation of children

c) Access to quality, inclusive health services

How the health system can drive the institutionalisation of children

Children have a right to access quality healthcare in their own communities. Yet, all too often lack of access to, or inability to pay for, quality healthcare is a key driver of institutionalisation.

This results in **children being torn from their families and placed in institutions to meet their basic needs**, such as life-saving drugs or therapies or access to supportive aids, and services for children living with disabilities.

Families that have a child living with long-term medical needs such as HIV, or a disability, often **face significant challenges accessing adequate treatment and support**, in addition to managing the stigma they may experience in the community. As a result, the child may be placed in a 'specialised institution', reinforcing the common misconception and discrimination that they cannot be supported to live in their community.

Discriminatory attitudes towards certain communities increase the likelihood of institutionalisation. All too often, disability is seen as a 'medical problem', requiring a medicalised solution in an institutional setting, rather than providing specialised support through the frame of care in family settings. Consequently, this places many children with disabilities at risk of being separated from their families.

In some contexts, decision makers and, at times, health or social workers, **are not aware of the critical importance of the attachment between a child and their family**, which is essential to a child's development in their early years. This lack of understanding can lead to, for example, a baby being moved into an institutional setting to access respiratory support, instead of providing oxygen support at home.

A phenomenon, observed in countries that Hope and Homes for Children have operated in, is children with disabilities and/or medical conditions being placed in institutions by social workers, because they perceive that in doing so, it reduces the risk to them as professionals. Even though the outcomes for the children are worse, social workers pass on responsibility to another part of the system, which then takes on responsibility for the child. This can lead, in some circumstances, to social workers being reluctant to reintegrate or place children in alternative family care because they have to continue to support and monitor the child, and will be held responsible if something happens to them.

Another important factor to consider is that disabilities or the poor health of parents or caregivers can lead to a child being institutionalised.

How institutionalisation can lead to poor health outcomes

Over 100 years of research **demonstrates the detrimental effects of institutionalisation on the health of children**. This is due to many interrelated factors, including the lack of individualised, stable care, neglect, violence, and over-medication. The lack of individualised care in institutions means that children with disabilities and/or medical conditions can see their needs misdiagnosed, worsen or go untreated. Institutions can lead to:

> Impaired or delayed cognitive development

> Impaired or delayed physical growth

> Impaired or delayed psycho-social development

> Impaired or delayed brain development. For babies and very young children, the impact on brain development is particularly acute

> Higher mortality rates and an increased risk of infectious disease or chronic illness caused by lack of healthcare, poor hygiene, malnutrition and overcrowded conditions

> Increased risk of mental health problems, psychiatric symptoms, and emotional, attachment and behavioural problems

> Detrimental effects of overmedicalisation, which is commonly used within institutions.

Major longitudinal studies show that the experience of living in institutions can cast a long shadow over a child's development, **increasing the risks of adversities through to adulthood.**[129] This can result in a need for lifelong physical and mental health services.

SUSTAINABLE DEVELOPMENT GOAL

3 GOOD HEALTH AND WELL-BEING

By building the capabilities and resilience of families and communities, and addressing the root causes of family separation, the care reform process will contribute to the delivery of SDG3: Ensure healthy lives and promote well-being for all at all ages

3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States

The role of health services in the care reform process

The care reform process plays a critical role in identifying where universal and targeted health services are needed to support communities and prevent the separation of children from their families. While health resources remain locked up in institutions, they will draw vulnerable families towards them. And **when stigma and discrimination remain towards groups in society, there will be pressure to conform to medical models of support, rather than building inclusive communities.**

It is essential that a social model approach to disability is followed. This model concentrates on eliminating the barriers that a child or family with a disability faces in accessing what they need to maximise their inclusion in communities, recognising that their disability is as a result of how society is organised. This moves away from an outdated 'medical' model of disability which aims to 'fix' or 'treat' differences; an approach commonly associated with institutions.

The care reform process identifies **touch points in the health system which can prevent family separation**. For example, paediatric and maternity services in the community are critical in preventing abandonment and separation of babies, and have a key role in providing early intervention for the child and support and guidance for the mother and family.

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129 Philip Goldman, Marian Bakermans-Kranenburg, and others, 'Institutionalisation and deinstitutionalisation of children 2: policy and practice recommendations for global, national, and local actors'. *The Lancet Child & Adolescent Health*, *4*(8), 606-633 (2020) https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30060-2/fulltext

Community health structures: Rwanda

Structures have been built at the community level in Rwanda to advocate for families in need. Community health workers provide medical assistance to families and referrals to other services. Inshuti z'umuryango (Friends of families) are in charge of child protection in the community, they provide counselling sessions to families facing challenges to reduce family separation. The National Council for Persons with Disabilities committees at the community level monitor the well-being of persons with disabilities and advocate for those who need additional assistance.

KEY RECOMMENDATIONS:
ACCESS TO QUALITY, INCLUSIVE HEALTH SERVICES

💛 Recognise that access to quality inclusive health services plays a key role in driving family separation, and that keeping children in supported families will deliver better health outcomes. The right to health should not supersede the right of family life.

💛 Ensure that national registration, reporting and monitoring systems of children outside family care include health facilities which provide long-term residential care so that they can be included in national efforts to ensure appropriate family-based care for every child.

💛 Ensure that all aspects of the health system required at different life-stages recognise the importance of family preservation.

💛 Recognise the important role that informal community structures can play in building family capabilities and early intervention support in tackling health problems or preventing them worsening.

💛 Identify and tackle stigma and discrimination that hinder access to health services in societies through policy change and awareness raising initiatives.

💛 Enshrine formal coordination between the child protection, health and care sectors so that no child falls through the gaps and is left behind.

D) PREPAREDNESS AND RESPONSE TO HUMANITARIAN CRISES AND EMERGENCIES

How humanitarian crises and emergencies can drive the institutionalisation of children

d) Preparedness and response to humanitarian crises and emergencies

How humanitarian crises and emergencies can drive the institutionalisation of children

Humanitarian crises and/or emergencies place major strains on children and families, and communities' ability to support them. These situations can trigger mass displacement, and threaten the health, safety and wellbeing of communities. Consequently, this can dramatically affect a family's ability to support their child's basic needs.

Section 1.5 highlights the pressures that the COVID-19 pandemic has placed on families and communities – affecting health, social and livelihood factors, and compounding discrimination and inequalities already present in care systems for children.

The impact of war on children deprived of family care: Ukraine

Before the escalation of the conflict in Ukraine, close to 100,000 children were confined to nearly 700 institutions across Ukraine. Already exposed to the harms of institutionalisation, deprived of a family environment, these children are highly vulnerable during the crisis.

Institutions have been targeted by shells and missiles. Many risk being cut off from supplies. As fighting intensifies, staff are fleeing and children risk being left to face the dangers of war, alone.

In some cases, groups of children from Ukrainian institutions have been evacuated and relocated to other countries, which makes it harder to keep track of their whereabouts. Many of them are travelling with staff from the institutions and therefore are recorded as accompanied by a legal guardian, which can lead to an unclear status with regards to their needs for care and protection. Although often misrepresented as 'orphans', the majority of these children have parents in Ukraine who may not have been informed about their relocation. Hundreds face the risk of re-institutionalisation upon arrival.

As the horror of the conflict unfolds, many more families are being torn apart amid the chaos. This can lead to children being separated from their parents or being made an orphan.

One of the most concerning elements of this fast-developing, multi-country crisis, is the delay in establishing a centralised, cross-country information management system to keep track of the whereabouts, safety and well-being of the nearly 100,000 children from Ukrainian institutions, as well as all other children and families fleeing the war.

This places children at greater risk of exploitation, trafficking and going missing.[130]

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130 Hope and Homes for Children and partners. 'Key recommendations to uphold the rights of Ukrainian children deprived of family care', March 2022, https://www.hopeandhomes.org/wp-content/uploads/2022/03/FINAL_Recommendations_Children-without-family-care_22032022.pdf

As has been documented following the Tsunami of 2004 in Indonesia[131], the earthquakes in 2015 in Nepal[132], and in 2010 in Haiti[133], at times, **institutions can become a major component of the international response to support vulnerable children.**

SUSTAINABLE DEVELOPMENT GOAL

11 SUSTAINABLE CITIES AND COMMUNITIES

By building the capabilities and resilience of families and communities, and addressing the root causes of family separation, the care reform process will contribute to the delivery of SDG11: Make cities and human settlements inclusive, safe, resilient and sustainable.

11.b By 2020, substantially increase the number of cities and human settlements adopting and implementing integrated policies and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change, resilience to disasters, and develop and implement, in line with the Sendai Framework for Disaster Risk Reduction 2015–2030, holistic disaster risk management at all levels

Challenges faced by the Rohingya community in Cox's Bazaar Refugee Camps: Bangladesh

"During the displacement of the Rohingya community in 2017, many children were separated from their parents. Separation is also a risk within refugee camps due to their size and the lack of any identifying signage. Furthermore, there are child protection concerns in the camps due to many unaccompanied or abandoned children. The annual cyclones also increase the risk of separation. Due to COVID-19, all meeting spaces have been closed and children have a lot of free time. They are sometimes left unsupervised while parents work."[134]

This proliferation of institutions during times of crisis creates countless risks for children. At times, the only way that children can access food, education and essential health services is in an institution, so parents will feel there is no other option but to place them there. In other instances, due to the major influx of international funding to support institutions, often in unregulated environments, children risk being 'recruited' into institutions; trafficked for the considerable financial benefit of the institution owners.

In a crisis institutions are often seen as a 'temporary' solution and, while well-intended, they become a long-term, established part of the care system, **locking up resources in buildings, rather than being directed towards keeping families and children together.**

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131 DEPSOS and Save the Children.' A Rapid Assessment of Children's Homes in post-Tsunami Aceh' 2006. https://bettercarenetwork.org/sites/default/files/2022-02/A%20Rapid%20Assessment%20of%20Children%27s%20Homes%20in%20Post-Tsunami%20Aceh%20final.pdf

132 Martin Punaks, Samjyor Lamya. 'Orphanage Trafficking and Child Protection in Emergencies in Nepal: A Comparative Analysis of the 2015 Earthquake and the 2020 Covid-19 Pandemic' Institutionalised Children Explorations And Beyond, 8(1), 2020. https://journals.sagepub.com/doi/10.1177/2349300320975547

133 Lumos, 'Orphanage Entrepreneurs: The Trafficking of Haiti's Invisible Children.' 2016. https://lumos.contentfiles.net/media/documents/document/2017/12/Haiti_Trafficking_Report_ENG_WEB_NOV16.pdf

134 Talisma Begum, Save the Children quoted in the Report of the 4th BICON on Alternative Care in Asia accessed at https://www.hopeandhomes.org/blog/bicon/

The role of humanitarian and emergency preparation and response in the care reform process

While some crises are truly unpredictable, the majority are conceivable when we analyse the future impact of aspects such as climate change and conflict. Where relevant, **the care reform process needs to focus on two key areas: emergency preparedness and response**. The aim of which is to help to build the capabilities and resilience of families and communities, so they are better able to adapt to, and survive, crises.

Emergency preparedness: the care reform process must identify and establish the range of services needed to keep families together in a time of crisis. This can include a very broad range of aspects, ranging from providing vaccinations, to support kits, to access to emergency funds.

Emergency response: the process should analyse the suite of services that may be needed in a time of crisis to ensure that family unity is preserved. This could include family tracing, registration systems, the provision of adequate emergency family unit housing, and regulatory changes – such as prohibiting the establishment of independent institutions that are not registered with the government.

KEY RECOMMENDATIONS:
HUMANITARIAN CRISES AND EMERGENCIES

💛 Ensure that emergency preparedness strategies and activities are child-centred, identifying what is needed to strengthen the capabilities and resilience of families and prevent separation.

💛 Where possible, ensure that reactive, emergency responses are actioned in a way that builds on the existing system, avoiding the establishment of parallel systems of care, and minimising resources to 'temporary' forms of care and support, unless absolutely essential.

💛 Work to set up the necessary and possible family-based care structures in refugee settings[135].

💛 In situations where temporary residential or institutional care is required, ensure that processes are put in place to ensure there is a short-term plan to get children back into families. This must be monitored and enforced.

💛 Ensure that emergency response strategies and activities are child-centred, identifying what services are needed to ensure that family unity is preserved or regained, such as family tracing or emergency family unit housing.

💛 Ensure that capacity is in place to monitor international funding in a time of crisis to avoid the establishment of institutions. This needs to be backed up by a robust registration and tracking system of children to reduce their vulnerability to child protection risks, such as trafficking.

135 Lumos. 'Protecting Unaccompanied children in a changing world: Strengthening family based care in refugee contexts' 2021. https://lumos.contentfiles.net/media/documents/document/2021/12/LUMOS_Protecting_children_in_challenging_contexts_WEB.pdf

E) MITIGATING THE IMPACT OF CLIMATE CHANGE

How climate change can drive
the institutionalisation of children

e) Mitigating the impact of climate change

How climate change can drive the institutionalisation of children

The accelerating climate crisis is already **hitting the world's most vulnerable hardest**. It puts livelihoods at risk and increases economic precariousness. It leads to greater insecurity, food insecurity, scarcity of water and greater internal and external migration. These factors **increase pressure on families and the vulnerability of children to becoming institutionalised**.

As the climate crisis hits, **communities are weakened**. Weakened communities are less resilient and able to support families in difficulty. Domestic violence and violence against children thrive as the social fabric is put under pressure and systems break down.

SUSTAINABLE DEVELOPMENT GOAL

13 CLIMATE ACTION

By building the capabilities and resilience of families and communities, and addressing the root causes of family separation, the care reform process will contribute to the delivery of SDG13: Take urgent action to combat climate change and its impacts.

13.1 Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries

13.2 Integrate climate change measures into national policies, strategies and planning

13.3 Improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning

13.b Promote mechanisms for raising capacity for effective climate change-related planning and management in least developed countries and small island developing States, including focusing on women, youth and local and marginalized communities

The role of climate change in the care reform process

Governments are under increasing pressure to respond to the immediate impact of the crisis. In this context, long-term planning and structural processes such as care reform may be deprioritised, which only leads to further weakening of the capacity to adapt to climate change. It is vital that **funding is not redirected from issues of child protection or social protection, as strengthening family and community resilience is critical to climate change adaptation strategies.**

A key role of the care reform process is to build sustainable, resilient communities that are better able to withstand the climate pressure to come. In this case, by strengthening child protection systems and building social protection systems we can create healthy, stable environments for children, even when the external environment is under threat.

Care reform won't address the root causes of climate change, but it contributes to measures to protect communities against the impact of climate change through specific elements of crisis/disaster preparedness and response.

Global initiatives to tackle climate change must keep sight of the need for a **people-centred and human rights-based approach**. Investing in a process that puts children and families at the heart of resilient communities should form an integral part of any effort to fight climate change.

KEY RECOMMENDATIONS: CLIMATE CHANGE

💛 Ensure that modelling and predictions around the impact of climate change include an assessment of the effect on communities, families and children. Use this analysis to prioritise the development of ways to build the capabilities and resilience of families, strengthen the adaptability of communities, and prevent institutionalisation – ensure this is linked into emergency preparedness and response activities (See section 2.3d)

💛 Ensure the care reform process assesses the potential impact of climate change on social, economic and environmental forces, and how they may be compounded by existing stigma and discrimination in the system. This is likely to impact on the child protection risks that children face. Use this insight to develop services that can address these challenges and keep children under the protective support of a family.

F) INCLUSIVE AND SUPPORTIVE SOCIAL AND COMMUNITY NORMS

How social and community norms can drive the institutionalisation of children
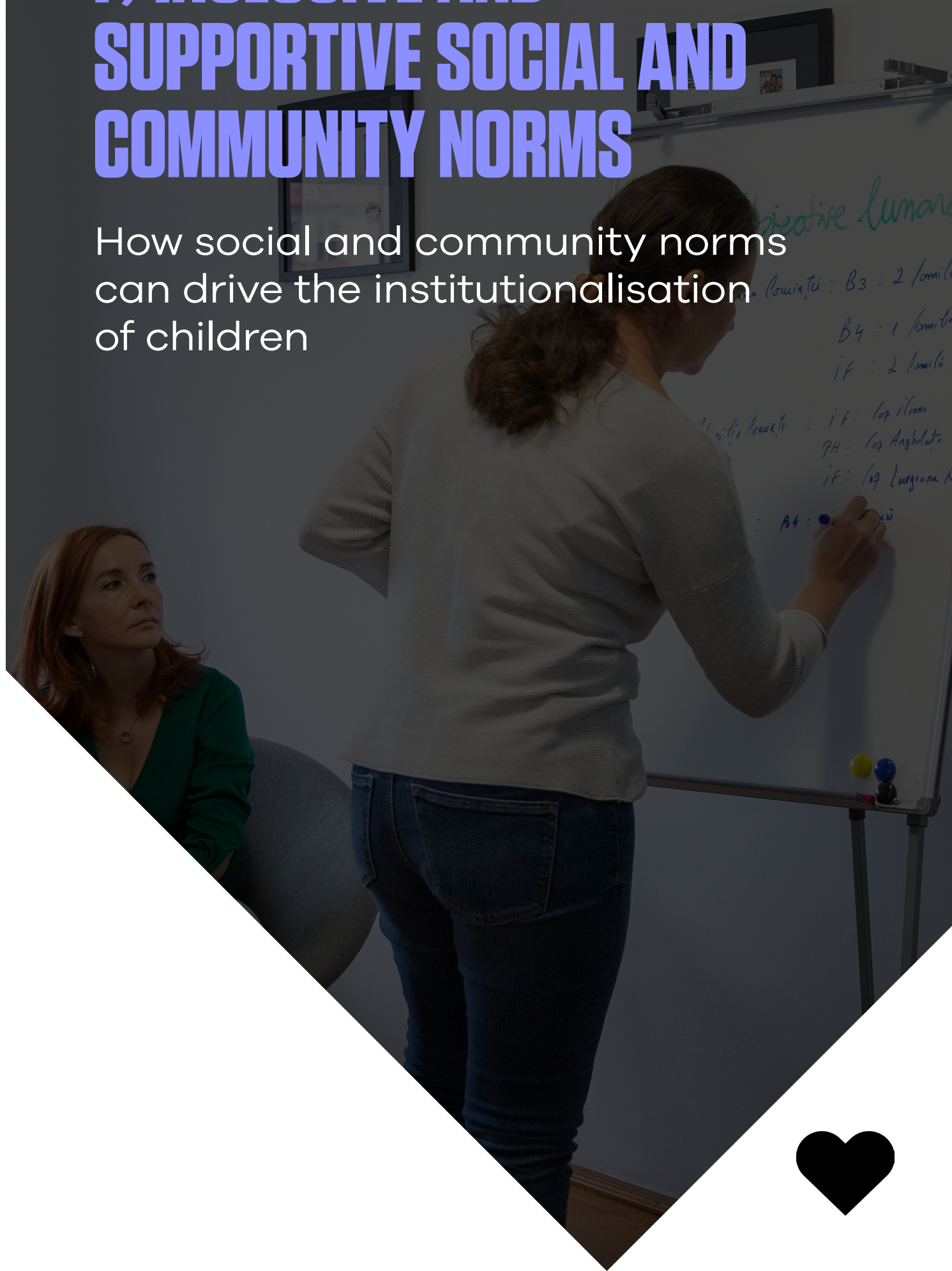
f) Inclusive and supportive social and community norms

How social and community norms can drive the institutionalisation of children

Social norms are the unwritten rules that drive behaviours considered to be acceptable in communities and society. This normative fabric influences discrimination, equality, equity, social integration and community cohesiveness.

Social norms can be formed by families, communities and society – and are influenced by a broad range of factors including awareness, and implementation, of the national level human rights framework, as well as religion and traditions. **Norms affect many aspects that can strain a family's ability to support their child and their inclusion in the community**.

Often in the care reform process, consideration is given to the *services* that children and families need, rather than aspects such as stigma, which can be a major barrier to accessing them.

The role of social and community norms in the care reform process

It is essential that the care reform process **identifies and understands the social norms in communities, and how they can be influenced**. Without understanding the role that societies, communities and professional groups play in the care system, the presence of strengthened services alone may not be sufficient in preventing family separation. For example, if paediatricians are biased against a single mother's ability to look after their newborn child, they are in a significant position of authority and influence, which can circumvent services that are there to support them.

SUSTAINABLE DEVELOPMENT GOALS

10 REDUCED INEQUALITIES

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

By building the capabilities and resilience of families and communities, and addressing the root causes of family separation, the care reform process will contribute to the delivery of SDG10: reduced inequality and SDG16: peace, justice and strong institutions.

10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status

10.3 Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard

10.4 Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality

16.b Promote and enforce non-discriminatory laws and policies for sustainable development

Faith actors can play a critical role in driving child institutionalisation but also, increasingly, pioneering the reform process. In many countries, faith actors are uniquely positioned to advance collaboration across different sectors, and can play a key role in influencing public attitudes and behaviours. Faith actors often work with communities that have been marginalised, and can be at the forefront of developing, delivering and advocating for key support services for families and communities.

Developing mother and baby units in an Islamic context: Sudan

In Sudan, social stigma suffered by mothers who give birth outside marriage, and by their children, is significant. In this context, a study carried out in 2003[136] estimated that 1,600 babies, mostly new-born, were being abandoned in Khartoum every year. Approximately half of these children would die before they could be rescued. Of the 800 or so who lived long enough to be admitted to the Mygoma institution, as many as 600 would die before they were four. Many of the babies who did survive suffered severe developmental delays as a result of the physical and emotional neglect they suffered in the crucial early years of their lives. Others developed chronic illnesses due to poor nutrition and the lack of appropriate care.

Working with Shamaa, Hope and Homes for Children's local partner organisation in Sudan, and in close dialogue with religious and community leaders, community-based services were developed to support vulnerable women and their babies and prevent abandonment and institutionalisation.

The Sudanese Government has developed policy, service standards and national action plans to underpin family-based care and consolidate the reform of the child protection system in line with Sharia law. Stigma attached to children born out of wedlock has been reduced and the cooperation and dialogue between different actors, including the Government, religious authorities and civil society, has resulted in the principle of Kafala being applied in a progressive way.

This experience is detailed in the *Hope and Homes for Children Policy Paper: Mother and Baby Unit in the Islamic Context*[137].

136 Hope and Homes for Children 'Mother and Baby Unit in the Islamic Context' Hope and Homes for Children Sudan, 2021,
https://www.hopeandhomes.org/wp-content/uploads/2022/05/Policy-Paper-Mother-and-Baby-Unit-in-the-Islamic-Context.pdf
137 Ibid

KEY RECOMMENDATIONS:
SOCIAL AND COMMUNITY NORMS

💛 It is essential that the care reform process identifies, recognises and tackles stigma and discrimination in the system and how this leads to family separation. Without a dedicated, consistent focus on this area, the care reform process will leave the most vulnerable children and families behind.

💛 Map the different stakeholder groups – including faith actors – which can be key influencers of social norms. Identify the barriers they create, their power and influence, and identify opportunities through which they can be influenced through aspects such as, regulatory change, inspection, and social marketing / behavioural change communication campaigns.

💛 Identify key influencers within relevant communities and put in place a plan to build them into 'champions' of reform. Peer-to-peer influencing can be particularly effective, especially with faith-based partners – where it can be considered more authentic, credible and relatable.

2.4 Tackling stigma and discrimination

Discrimination creates unequal societies and compounds and reinforces structural inequalities based on social, economic and environmental forces. In the care system, children are often discriminated against based on the following characteristics:

a) Children and parents/carers with disabilities

b) Gender

c) Ethnicity, race and indigenous communities

d) Migratory status

a) Children and parents/carers with disabilities

How discrimination and the lack of accessible services and specialised support can drive the institutionalisation of children with disabilities

Around the world, children with disabilities are disproportionally placed in institutions.[138] Even in countries that have reduced the number of children in institutions, **children with disabilities often remain institutionalised, left behind in the care reform process.**

Children with disabilities are separated from their families due to a range of factors, such as **discrimination, social exclusion and a lack of available support.**

Articles 19, 23 and 25 of the UN Convention on the Rights of Persons with Disabilities state the right of all people (including children) with disabilities to independent-living, family life and to have the highest standard of health care, without discrimination. However, in many countries, **children with disabilities cannot access universal or specialised health and therapy services within their communities**. This is a serious barrier to the realisation of their rights and can lead to families and/or authorities concluding that the only way to access essential services is in an institution.

In some societies, medical professionals actively encourage parents to institutionalise their children with disabilities - often straight after birth. This is due to a **still prevalent 'medical model' that looks at disability as a medical 'issue' that should be treated**. The alternative and prevailing **social and human rights model of disability focuses instead on removing barriers in society** to help children with disabilities thrive.

Poor access to inclusive education is a key driver of institutionalisation. In countries where schools refuse to accept or provide any additional support for children with disabilities, parents often feel they have no other choice but to place their child in a 'special boarding school' or other type of institution that promises to provide education for children with disabilities.
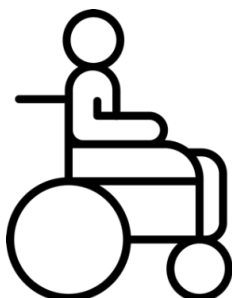
How lack of access to education for children with disabilities drives institutionalisation: Rwanda

The National Survey of Residential Centres for Children with Disabilities[139] in Rwanda highlighted that the majority of children in the 34 residential centres for children with disabilities were placed there to have access to education services (1,144 children or 56.1 percent). This highlights how a lack of adequate inclusive education services for children with disabilities in the community drives their institutionalisation.

Families with adults and/or children with disabilities are at enhanced risk of falling below the poverty line as they can experience additional assistance needs but also the costs of accessing specialised services for their children. This can lead to the intergenerational transmission of poverty, generating a vicious circle of social exclusion and marginalisation, which can result in an increased risk of institutionalisation.

Underpinning and driving inadequate access to inclusive, quality services in the community, is that **many societies discriminate against children and/or parents/carers with disabilities**. In some societies, children with disabilities are marginalised, and not supported to play an active role in their communities. This can manifest in family separation, where parents with disabilities have their parental rights taken away on account of their disability.

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138 Pinheiro, 2006, https://resourcecentre.savethechildren.net/pdf/2999.pdf/
139 Hope and Homes for Children, the National Child Development Agency, and the National Council for Persons with Disabilities (2021). National Survey of Residential Centres for Children with Disabilities

In addition, children with disabilities are also more likely to experience violence, abuse, neglect and exploitation[140] – with girls with disabilities being particularly exposed to physical and sexual violence. Child protection incidents can happen within families and communities, particularly when the child is isolated, kept at home or concealed. The risks are greater in countries where there are persistent stigmas associated with having a child with a disability, less support available for families and weaker child protection systems.

A disproportionate number of children with disabilities end up in alternative care. In Europe and Central Asia, **children with disabilities are overrepresented in a growing number of small residential facilities** (often called 'small group homes') which have replaced larger institutions.[141] The decision to place a child in care, and the assessment of what is the most appropriate form of care, must be taken on a case-by-case basis, following a thorough individual assessment and subject to periodic reviews. In the vast majority of cases, 'specialised care' can be provided in a community setting. In a very limited number of cases, highly specialised or therapeutical care provided in a small-scale residential setting, as close to possible as a family, may be the most suitable option to meet the individual support needs of a child at that moment in time. It is essential that any residential care is temporary, specialised and organised around the rights and needs of the child, with the ultimate goal of finding longer term care in a family and community.

It is recognised that many governments still use various forms of residential care as a blanket care option, while insufficiently investing in prevention and family-based alternatives, particularly based on the persistent, dangerous assumption that children with disabilities are 'unable' to live in families.

The harm of institutionalisation on children with disabilities

Children with disabilities growing up in institutions suffer **the consequences of extreme neglect, inappropriate treatment practices and lack of oversight**. This can result in physical under-development and motor skills delays (such as muscle atrophy from a lack of movement and exercise), psychological harm, and in some cases, premature death[142]. In addition, evidence demonstrates that many institutions fail to provide children with disabilities with even the most basic levels of education.[143]

Institutions can **expose children with disabilities to extreme levels of violence**. There is considerable evidence of reported physical, emotional and sexual abuse, discrimination, and violence, including food deprivation, forced sterilisation and electroshock therapy without anaesthesia.[144]

Women and girls with disabilities face a greater risk of being victims of forced sterilisation when living in institutions. International human rights standards and jurisprudence stress that forced sterilisation is a violation of many human rights, and that the principle of informed consent is a fundamental requirement to exercise one's individual human rights, including sexual and reproductive rights.[145]

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140 Pinheiro, 2006, https://resourcecentre.savethechildren.net/pdf/2999.pdf/

141 UNICEF Europe and Central Asia 'White Paper - The role of small-scale residential care for children in the transition from institutional to community-based care and in the continuum of care in the Europe and Central Asia Region.' (UNICEF ECA, 2020) https://www.unicef.org/eca/media/13261/file

142 Ibid.

143 Disability Rights International, 'Crimes Against Humanity: Decades of Violence and Abuse in Mexican Institutions for Children and Adults with Disabilities,' 2020. https://bettercarenetwork.org/sites/default/files/2020-10/Mexico-2020-EN-web.pdf

144 Pinheiro, 2006 https://resourcecentre.savethechildren.net/pdf/2999.pdf/. Nowak, 2019, https://omnibook.com/global-study-2019/liberty/cdf5e7.xcml#panel-z-36abf3a12fa9f918. European Disability Forum '2nd Manifesto on the Rights of Women and Girls with Disabilities in the European Union: A toolkit for activists and policymakers' 2011, https://www.uildm.org/wp-content/uploads/2011/11/2ndmanifestoEN.pdf

145 European Disability Forum, 2011. http://www.uildm.org/wp-content/uploads/2011/11/2ndmanifestoEN.pdf

SUSTAINABLE DEVELOPMENT GOAL

10 REDUCED INEQUALITIES

By building the capabilities and resilience of families and communities, and addressing the root causes of family separation, the care reform process will contribute to the delivery of SDGs targeted to support children and adults with disabilities.

4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations

4.a Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all

10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status

16.7 Ensure responsive, inclusive, participatory and representative decision-making at all levels

Care reform at the heart of implementing the UN Convention on the Rights of Persons with Disabilities

Authorities should strive to keep families together and support the reintegration of children with disabilities by providing targeted support and access to universal and specialised services and developing quality family-based alternative care for those who cannot live with their own family or extended family.

Older children and young adults with disabilities should **be supported as they transition out of care to live independently** and be part of the community, in line with their right to independent living, as stated in the UNCRPD.

Experience in different contexts demonstrates that care reform inclusive of children with disabilities is possible and in doing so **opens the door for creating more inclusive services for all in the community**. It is essential that a care system is built that assesses and caters for what support a child needs, rather than trying to place them in existing services. This often requires the development and establishment of new services in a country which challenge established thinking and practice, particularly for children with disabilities. **No care system in the world is ever 'complete' – it must evolve as societies' needs change, and new thinking develops**. The Committee on the Rights for Persons with Disabilities continues to advocate for a deeper understanding of how best to ensure the human rights of all children in alternative care, and the ongoing learning from these debates should be factored into any care reform process.
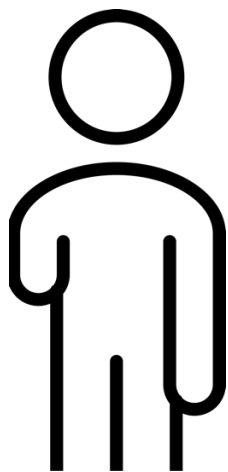
Preventing institutionalisation of children with disabilities: Rwanda and Uganda

Implemented by Hope and Homes for Children in Rwanda and <u>Child's i Foundation</u> in Uganda, the '<u>No Child Left Behind</u>' programme was funded through the <u>UK Aid Match</u> programme.

Reaching 127,940 children over three years, in two distinct national contexts, the project demonstrated that it is possible for children with disabilities to live in loving family environments and in safe communities. The success of the programme shows that alternatives to institutionalisation can be inclusive and that this model is achievable in an African context, ensuring that no child is ever left behind.

In Rwanda, the programme included a demonstration project which involved the closure of two institutions for children with disabilities. 83% of children were reintegrated with their families. For the 17% of children for whom it was either not possible or not appropriate to return home, the programme developed family-based alternative care for them to live. Over the course of the programme, 465 foster carers were identified, selected and trained – including 271 who were ready to open their hearts and homes to children with disabilities.[146]

The Rwandan government has established different schemes that support vulnerable persons in the communities. These schemes are decentralised, and districts have allocated budgets to support vulnerable groups. The social protection strategy is well structured and it commits to tackling different forms of discrimination including against disability and old age, among other areas.

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146 Hope and Homes for Children 'No child left behind: Pioneering programme proves all children can thrive in families' 2021, https://www.hopeandhomes.org/blog/family-care-for-every-child/

KEY RECOMMENDATIONS: DISABILITY

💛 Promote a social model approach to disability. Focus on eliminating the barriers that a child or parent/carer with a disability faces in accessing services that they need.

💛 Ensure that children and persons with disabilities, and civil society organisations representing them, are actively involved in the design, implementation and ongoing monitoring of the care reform process.

💛 A holistic approach is essential to identify the drivers of family separation, the barriers to independent living, and needs. Relevant sectors – such as health, education and social services – must be included in the process. In addition, it is critical to recognise and tackle stigma and discrimination in the system which compounds the structural economic, social and environmental drivers.

💛 Not only are children with disabilities over-represented in institutions, they are over-represented in residential care. The reform process must prioritise and invest in strengthening the capacities of families and developing family-based alternative care for children with disabilities. If residential care is temporarily required at any stage in a child's life, the rationale must be transparent, the case monitored, and a vision and plan for family-based care should be constantly worked towards. This should be developed with children and persons with disabilities, and civil society.

💛 Build in the latest thinking and innovations from the UN Convention of the Rights for Persons with Disabilities Committee, other human rights bodies and civil society to the monitoring and development of the care system.

b) Gender

How gender discrimination can drive the institutionalisation of children

Gender discrimination and institutionalisation are closely interlinked.[147]

Over 2.5 billion women and girls around the world are affected by discriminatory laws and the lack of legal protections.[148], [149] **Discriminatory societal attitudes and norms also drive family separation**. In some contexts, single or unmarried mothers are actively encouraged by health and social welfare professionals to give up their newborn children with a view to escaping stigma and social scandal. In addition, in some societies, **social norms prevent the equal distribution of care responsibilities between men and women**.[150] This can lead to men being cast as 'breadwinners' and women as 'caregivers', deeply affecting gender equality and power imbalances.

How harmful social norms, and lack of support, discourage men from bringing up their children: Rwanda

Claire was only 11 months old when she lost her mother. Her father did not think he had the skills to raise his daughter, something traditionally seen as the role of a mother in his community.

After a few months he placed her in an institution "I was alone and she was my firstborn, with no skills to take care of a child, she would spend hours crying, and I was short of options. To place her in the orphanage was the only solution I had by then." Claire spent almost 16 years in an orphanage, without a family.[151]

Single mothers typically **experience higher rates of poverty** compared to dual-parent households.[152] The lack of access to universal day care is a critical barrier for women to be able to work. There are also cases where single mothers are forced to migrate to find a job, and consequently children are left in institutions.[153]

Ingrained structural discrimination drives and compounds gender inequalities, placing particular strain on women and girls and their capacity to support families. Inequalities can manifest across a broad range of areas, including income and housing. In some countries, marriage and divorce laws either do not provide, or do not enforce, financial responsibility on the birth father following divorce. This is compounded by harmful cultural norms, such as the rejection of children from a previous marriage.

147 Csáky, 2009, https://resourcecentre.savethechildren.net/node/1398/pdf/1398.pdf
148 Ibid.
149 SOS Children's Villages International, Centre for Excellence for Looked After Children in Scotland (CELCIS) at the University of Strathclyde, University of Malawi, 'Drumming together for change: A child's right to quality care in Sub-Saharan Africa'. The Centre for Excellence for looked after children in Scotland (CELCIS), 2014, https://www.celcis.org/application/files/6814/3878/5253/Drumming_Together_for_Change_Report.pdf
150 OECD 'Entrenched social norms prevent the equal distribution of caring responsibilities between men and women" 2018, https://www.oecd.org/gender/data/entrenched-social-norms-prevent-the-equal-distribution-of-caring-responsibilities-between-men-and-women.htm
151 Hope and Homes for Children
152 Rense Nieuwenhuis and Laurie C. Maldonado, Eds. *The triple bind of single parent families. Resources, employment and policies to improve well-being*. Policy Press 2018, https://policy.bristoluniversitypress.co.uk/the-triple-bind-of-single-parent-families
153 Julie Turkewitz 'Nearly a Million Children Left Behind in Venezuela as Parents Migrate", The New York Times, 2020, https://www.nytimes.com/2020/03/24/world/americas/venezuela-migration-children.html

The **lack of access to sexual and reproductive health services** in the community, including family planning, also increases the risk of child institutionalisation. Historically, women and girls in some countries have been forced into institutions and subjected to work in slavery-like conditions to conceal unwanted pregnancies or as a punishment for defying conservative norms. Unmarried girls who gave birth before entering, or while incarcerated in, institutions had their babies forcibly removed from them. These violations may amount to torture and other cruel or degrading treatment or punishment.[154]

Gender identity and sexual orientation

Gender identity and sexual orientation are also factors that can drive institutionalisation, as LGBTQ children may face rejection and abandonment by their community.[155] As such, LGBTQ youth may be significantly overrepresented in the care system.[156]

The challenges that women with an ethnic minority background and/or disabilities face are compounded by the **multiple and intersecting forms of discrimination they face**.

In **Bulgaria**, of particular concern are the inequalities in education for Romani women and girls, where an estimated 45% of Romani women have no formal education compared with 2% of non-Romani women and 33% of Romani men. Only 14% of Romani girls were enrolled in secondary education compared with 78% of non-Romani girls.[157]

In **Romania**, the maternal mortality rate (number of women who die during pregnancy or shortly after giving birth), is fifteen times higher for Roma women than for non-Roma women.[158]

In the late 1960s, Ceausescu-led **Romania** decided to battle a demographic crisis by banning abortion and removing contraception from sale. The resulting increase in unwanted pregnancy, and families financially struggling to raise their children, led to a booming of institutions across the country.

154 Magdalene laundries of Ireland. See UN Committee on the Rights of the Child 'Concluding observations on the second periodic report of the Holy See', para 37. 2014, tbinternet.ohchr.org/Treaties/CRC/Shared%20Documents/VAT/CRC_C_VAT_CO_2_16302_E.pdf
155 UNICEF, 2018, 'Eliminating discrimination against children and parents based on sexual orientation and/or gender identity' - https://www.unicef.org/media/91126/file
156 L Baams, B Winson, S Russell, 2019, 'LGBTQ Youth in Unstable Housing and Foster Care',
https://www.childrensrights.org/wp-content/uploads/2019/04/2019.02.12-LGBTQ-Youth-in-Unstable-Housing-and-Foster-Care.pdf
157 Bernard Rourke, 'Blighted Lives : Romani Children in State Care' European Roma Rights Centre, 2021, http://www.errc.org/uploads/upload_en/file/5284_file1_blighted-lives-romani-children-in-state-care.pdf
158 Ibid.

The harm of institutionalisation on women and girls

Girls in institutions are at **risk of forced marriage or trafficking for sexual exploitation.**[159] In addition, girls with disabilities are more likely to be exposed to physical and sexual violence. The experience of violence often continues within institutions, where abuse happens at the hands of carers and other administrative staff, volunteers, as well as peers.[160]

In Guatemala, a fire in an institution in 2017 killed more than 40 girls.[161] The girls were locked in as a punishment for protesting against abuse and sexual violence within the institution.

Women with disabilities, especially with intellectual disabilities, have experienced forced sterilisation in institutions.[162] In certain countries, such as South Africa, girls with disabilities have been sterilised and forced to have an abortion, without their consent, under the guise of protection, so that that they can remain in congregate care.[163]

The role of building inclusive, gender-responsive services in the care reform process

Gender should be considered at all stages of developing a national pathway for care system reform. This needs to take a holistic approach, which can include:

Exploring how **gender impacts on social, economic and environmental forces**, and how these challenges can be overcome. For example, this could include strengthening the social protection system, such as: extra support for lone parents, paid maternity and parental leave, social transfers for all families with children, and adequate pensions.

Ensuring that these changes are recognised through amending **discriminatory laws and policies** and carrying out education and awareness-raising campaigns to **challenge discriminatory attitudes and societal norms**.

Preventing gender-based child protection risks, such as violence in families, communities and institutions. For example, putting in place appropriate safeguarding responses to girl victims of gender-based violence in the home that avoid their revictimisation.

Ensuring 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.

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159 Lumos, 2021, p. 71: 'Gender has a major impact not just on a child's level of vulnerability to trafficking, but also on the types of exploitation they are most likely to experience. Globally, women and girls are more vulnerable to trafficking than men and boys, meaning that girls and female care leavers are likely to be particularly at risk of institution related trafficking', https://www.cyclesofexploitation.wearelumos.org/

160 Pinheiro, 2006 https://resourcecentre.savethechildren.net/pdf/2999.pdf/. Human Rights Watch, 'Treated Worse than Animals: Abuses against Women and Girls with Psychosocial or Intellectual Disabilities in Institutions in India', 2014.: https://www.hrw.org/report/2014/12/03/treated-worse-animals/abuses-against-women-and-girls-psychosocial-or-intellectual

161 Azam Ahmed, 'A Locked Door, a Fire and 41 Girls Killed as Police Stood By.' New York Times, 14th February 2019.. https://www.nytimes.com/2019/02/14/world/americas/guatemala-shelter-fire-trial.html

162 Sam Rowlands and Jean-Jacques Amy 'Sterilization of those with intellectual disability: Evolution from non-consensual interventions to strict safeguards' Journal of Intellectual Disabilities, 23(2)2017. https://journals.sagepub.com/doi/abs/10.1177/1744629517747162

163 UN Committee on the Rights of Persons with Disabilities, 'Concluding observations 2018 South Africa', CRPD/C/ZAF/CO/1 https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD%2fC%2fZAF%2fCO%2f1&Lang=en

SUSTAINABLE DEVELOPMENT GOAL

5 GENDER EQUALITY

By building the capabilities and resilience of families and communities, and addressing the root causes of family separation, the care reform process will contribute to the delivery of SDG5: gender equality

5.1 End all forms of discrimination against all women and girls everywhere

5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

5.c Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels

KEY RECOMMENDATIONS:
GENDER

💛 It is essential to identify, understand and tackle how discriminatory gender norms impact on children and communities – throughout their lives.

💛 An enabling environment must be built to provide the intention, framework and resources to achieve greater gender equality. It must be recognised that many of the current laws, policies and programmes in place to support families may be outdated, and will need adapting to work for the families of today. For example, the social protection system may not currently include support for single parents or joint parental leave.

💛 While families can be a place of love and support for women and girls, they can also be a place which reflect and compound discrimination and child protection risks, often unseen. The child protection system must recognise the enhanced risks that women and girls face in families and alternative care, including institutions, and ensure efforts to prevent, support and protect are in place. This should include trauma-informed support, safe spaces, and creating ways to report abuse for women and girls.

💛 Ensure that women and girls, and civil society organisations representing them are actively involved in the design, implementation and ongoing monitoring of the care reform process.

💛 Recognise and research the particular needs of LGBT children and youth and their vulnerability within the child protection system.

💛 Work with, and support, boys and men to promote gender equality, and positive masculinities. Recognise that a one size fits all solution does not work. Different needs and diversity have to be factored into the design of services.

💛 Recognise the how an individual's gender identity can increase discrimination and the challenges they face. Ensure the care reform process is cognisant of gender identity so that services developed reflect the needs and rights of all children. Make sure that gender identity is included in monitoring mechanisms so that it can feed into the design of services, and their evaluation.

c) Ethnicity, race and indigenous communities

How ethnic discrimination, racism and discrimination against indigenous populations can drive the institutionalisation of children

Around the world, children from certain ethnic groups, races and indigenous populations are more likely to be placed in institutions. This reflects both structural racism and discrimination within society, and inherent inequalities within child protection systems.

Structural racism leads to the **over-representation of children from ethnic minority backgrounds in institutions**. The families of children from ethnic minorities experience persecution and discrimination based simply on who they are. They are denied opportunities and easy access to services, and they often know that this treatment is ingrained and unlikely to change.

The **systematic institutionalisation and segregation of children from indigenous communities has been recently documented in Australia and Canada**[164] **with fatal, generational implications**. For example, the system of compulsory residential schools in Canada aimed to assimilate indigenous children into the dominant 'Canadian' culture. Such were the conditions, and disregard for life, significant numbers of unmarked grave sites have been identified on the grounds of the institutions.[165]

The poverty that is so often a driver of institutionalisation can in itself be a manifestation of intergenerational poverty[166] or trauma. In certain communities it is often a **consequence of longstanding inequity, lack of diversity and exclusion, and that is rooted in forms of discrimination**. This is exemplified by examples of children of particular ethnic backgrounds being over-represented in institutions over many generations.

Institutions are a legacy of colonialism and perpetuate racist and colonial attitudes. Colonialism and post-colonial attitudes cast a strong shadow over care systems around the world. In many countries, institutions were unknown before colonial times. They were built and funded by white people from 'outside' and live on as a legacy of the colonial past. They replaced traditional community approaches with a charitable model imported and imposed from abroad that robbed children of their cultural identity, while driving further inequality and removing power from communities and authorities. In some countries, institutions were used as a tool of colonialism with the specific aim of breaking links with indigenous cultural traditions or language and affirming the language and customs of the colonial or dominant ethnic power.[167]

164 Cultural genocide': the shameful history of Canada's residential schools –mapped"Antonio Voce, Leyland Ceccoand Chris Michael, The Guardian, September 2021,
https://www.theguardian.com/world/ng-interactive/2021/sep/06/canada-residential-schools-indigenous-children-cultural-genocide-map
165 Ibid
166 Wall-Wieler *et al*,2018. https://www.sciencedirect.com/science/article/abs/pii/S014521341830276X?via%3Dihub
167 Voce, 2021, https://www.theguardian.com/world/ng-interactive/2021/sep/06/canada-residential-schools-indigenous-children-cultural-genocide-map
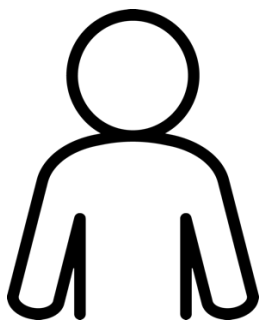
Romani children in institutions

A 2011 report by the European Roma Rights Centre[168] revealed that Romani children were overrepresented in institutions compared to their proportion of the population as a whole in Bulgaria, the Czech Republic, Hungary, Italy, Romania, and Slovakia. The research found that Romani children experienced physical abuse, ill-treatment, and ethnic discrimination in and out of the homes. Many factors contribute to the overrepresentation of Romani children in institutions, including discrimination, poverty and material conditions (such as unemployment, indebtedness, and inadequate housing), school absenteeism, single parenthood and unwanted pregnancies, and migration. Child abuse was considered a very small factor in the placement of Romani children in state care.

A five-country review conducted by ERRC in 2020[169] concluded that ten years on, the provision of social support and preventative measures for Romani families at risk of separation remained scarce, and often non-existent. The ERRC maintains that the disproportionate overrepresentation of Romani children in state care amounts to a form of racist violence.[170]

The role of tackling ethnic discrimination, racism and discrimination against indigenous populations in the care reform process

The care reform process needs to identify and understand the reasons why children from certain ethnic backgrounds, races and indigenous populations are disproportionately placed in institutions. Evidence is needed to identify the barriers and challenges faced, and the changes needed in the system to prevent separation.

This can include efforts to tackle social norms driving discrimination, and identifying where policies and legislation need to be updated. Through **deep understanding of different communities, culturally specific services must be designed to tackle barriers faced and prevent separation, cognisant and responsive to the historical, and ongoing, trauma communities have faced**. The care system needs to be relevant and grounded in the communities it seeks to serve, so it is essential that alternative family-based care is appropriate to different cultural needs, and the workforce reflects the communities it serves. **This will not only keep children out of institutions, but will open up communities.**

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168 European Roma Rights Centre (ERRC), Life Sentence: Romani Children in State Care. June 2011, http://www.errc.org/reports-and-submissions/life-sentence-romani-children-in-state-care-in-romania
169 European Roma Rights Centre, Blighted Lives: Romani Children in State Care, January 2021, http://www.errc.org/uploads/upload_en/file/5284_file1_blighted-lives-romani-children-in-state-care.pdf
170 Ibid.

SUSTAINABLE DEVELOPMENT GOAL

10 REDUCED INEQUALITIES

By building the capabilities and resilience of families and communities, and addressing the root causes of family separation, the care reform process will contribute to the delivery of SDGs targeted at ending discrimination based on Ethnicity and racism, including indigenous populations

4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations

10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status

16.7 Ensure responsive, inclusive, participatory and representative decision-making at all levels

KEY RECOMMENDATIONS:
ETHNIC DISCRIMINATION, RACISM AND DISCRIMINATION AGAINST INDIGENOUS POPULATIONS

💛 It is essential to identify, understand and tackle how discriminatory social norms affect children from different ethnic groups, races and indigenous communities – throughout their lives.

💛 Recognise that this may include direct and indirect forms of discrimination. This will require tackling the root causes of discrimination, such as challenging stereotypes and attitudes.

💛 An enabling environment must be built to provide the intention, framework and resources to achieve greater equality for children from minority and / or historically marginalised ethnic groups, races and indigenous communities. This includes laws, policies and programmes.

💛 The child protection system must recognise the enhanced risks that children from minority and / or historically marginalised ethnic groups, races and indigenous communities face in alternative care and institutions. It must ensure efforts to prevent, support and protect are in place. This should include trauma-informed support, creating safe spaces, and ways to report abuse.

💛 Ensure that children from different ethnic groups, races and indigenous communities, and civil society organisations representing them are actively involved in the design,

d) Migratory status

How discrimination of migrants and refugees can drive the institutionalisation of children

Current migration flows across the world have resulted in some countries receiving unprecedented numbers of unaccompanied and separated children. This also includes migrant and refugee children who are being separated from their families as a result of immigration policies. These children have **been exposed to a variety of protection risks during their journey**, ranging from family separation, abuse from smugglers and traffickers and sexual and gender-based violence, while many continue to be exposed to violence, abuse and exploitation even upon their arrival to their destination countries.

SUSTAINABLE DEVELOPMENT GOAL

10 REDUCED INEQUALITIES

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10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status

16.7 Ensure responsive, inclusive, participatory and representative decision-making at all levels

As enshrined in human rights law, all children have a right to care and protection irrespective of their asylum or migration status or nationality.

Institutionalisation is often **used as a response for unaccompanied migrant and refugee children** across the world, even by countries that have moved away from institutions for their own citizens. On arrival to their destination county, many children end up in camps, detention centres, institutions, or are left to fend for themselves on the streets. In addition, services for migrant and refugee children are often developed in parallel to national systems of care – this can lead to **poorly resourced, sub-standard care and missed opportunities to strengthen the overall system of care**.

Evidence demonstrates that unaccompanied migrant and refugee children are likely to have suffered abuse and trauma on their journey and that their needs are not adequately met upon arrival in their destination countries[171].

The role of tackling discrimination of migrants and refugees in the care reform process

Placing children in institutions, particularly in detention, **does not meet their needs and puts them at serious risk of being trafficked and/or becoming victims of violence**. Family- and community-based care has the potential to better meet migrant and refugee children's needs, and help them integrate into the community.

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171 Claire Connellan, 'Rethinking Care; Improving Support For Unaccompanied Migrant, Asylum-Seeking And Refugee Children In The European Union", Lumos Foundation, 2020
https://lumos.contentfiles.net/media/documents/document/2020/08/UMRC_Report_2020_v3_NEW_BRAND_WEB.pdf

The care reform process must ensure that migrant and refugee children receive the same level of care as national children. This will require a significant focus on stigma and discrimination in the system, and how this affects the services offered, how they are delivered, and tackling the barriers to integrating migrant and refugee communities into society.

In addition, the care reform process **must recognise the child protection risks that migrant and refugee children have faced** – the level of trauma they may have experienced – and ensure that services are in place to support them.

In some countries migrant and refugee children are classified as 'unaccompanied or separated' but very little attention is paid to reuniting them with their families. As with national children, **when it is in the best interests of the child, the care reform process should prevent the separation of migrant and refugee children from their families, and prioritise family reunification.**

Especially in countries where supporting the needs of migrant and refugee children is a relatively new process, it is important to **understand whether the family-based alternative care options in place meet their needs**. Identifying promising practice – nationally and internationally – will help to understand how the system can develop to meet the needs of new populations with different cultural backgrounds, and who may have been exposed to significant child protection risks.

KEY RECOMMENDATIONS:
MIGRATORY STATUS

💛 Ensure that a long-term vision for migrant and refugee children is included and incorporated in the care reform process, and avoid establishing parallel systems of care.

💛 Ensure that family-based alternative care, and community-based services are culturally appropriate and recognise and respond to the additional vulnerabilities that migrant and refugee children have faced.

💛 Ensure that durable solutions are available. This may include cross-border identification and documentation, family reunification, international protection for those in need – especially for those who are transiting through a country.

💛 Identify and tackle stigma and discrimination at all levels in the system.

💛 Strengthen data and monitoring processes to predict and manage influx, and monitor child outcomes and changes in the composition and needs of migrant and refugee children.

2.5   Child protection system strengthening

Children and families exposed to child protection risks, such as violence in their communities or households, face significant risks and challenges – which can **negatively impact their whole lives, and across generations**.

Harms such as violence, abuse, exploitation and neglect are influenced, and compounded, by social, economic and environmental forces, and stigma and discrimination. As such, **responses to tackling child protection risks have to be seen in a broader societal context.**

Child protection systems are wide and complex frameworks to protect children who are suffering, or are likely to suffer, significant harm as a result of violence, abuse, neglect and/or exploitation. National and community-based child protection systems provide the basic 'infrastructure' to address child protection issues. As such, child protection system strengthening needs to be a core component of the care reform process.

How violence, abuse, neglect and/or exploitation can drive institutionalisation

Violence, abuse, neglect and/or exploitation against children is a pervasive and widespread problem, **affecting all countries and societies around the world**.

It is estimated that globally **up to 1 billion children aged between 2-17 years experienced physical, sexual or emotional violence or neglect in the past year**.[172] One in two children experience violence every year and every seven minutes a child dies as a result of violence.[173]

In many countries, a child who has experienced violence, abuse, neglect and/or exploitation is placed in the care system. This is particularly the case when the violence, abuse, neglect and/or exploitation they experienced was in the family, or community. Child protection systems can often be remedial, tending to disproportionately target certain groups of children and families, often penalising rather than providing support. This can often result in a child being placed in an institution. The purpose of which is to take the child out of a harmful situation and protect them. **However, once placed in an institution, the risk of the child experiencing further harm can increase.**

Institutions typically provide a 'one-size-fits-all' approach to supporting children, and are not able to provide the trauma-informed child-centred support, in a community setting, that a survivor of violence, abuse, neglect and/or exploitation needs.

In some regions, such as Latin American and the Caribbean, violence within families and communities is one of the main factors pushing children into institutions.[174]

How institutionalisation can lead to violence, abuse, neglect and/or exploitation against children

Evidence from across the world demonstrates that **institutions put children at increased risk of violence, abuse, and neglect**[175] – often by the staff, officials, peers, volunteers, and visitors responsible

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172 Susan Hillis and others, 'Global prevalence of past-year violence against children: a systematic review and minimum estimates'. *Pediatrics,* 137(3) 2016, https://pubmed.ncbi.nlm.nih.gov/26810785/

173 Global Partnership to End Violence Against Children, "End Violence Against Children' 2022.) https://www.end-violence.org/

174 In Latin America and the Caribbean, institutions are often considered a form of protection for children from domestic violence . See 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', p.16, 2020, https://www.hopeandhomes.org/publications/beyond-institutional-care-a-roadmap-for-child-protection-and-care-system-reform-for-governments-in-latin-america-and-the-caribbean/

175 Nowak 2019, Violence'. Chapter 12, 4.2. https://omnibook.com/global-study-2019/liberty/cdf5e7.xcml. Pinheiro, 2006 https://resourcecentre.savethechildren.net/pdf/2999.pdf/. Lorraine Sherr, and others 'Child violence experiences in institutionalized/ orphanage care'. *Psychology, Health & Medicine.* pp.1-24, 2017, https://doi.org/10.1080/13548506.2016.1271951

for their wellbeing. Documented abuse includes torture, beatings, isolation, restraints, sexual assault, harassment, and humiliation.[176]

Children with disabilities in institutions are at even greater risk of abuse[177], with girls with disabilities being exposed to greater physical and sexual violence.

The defining features of institutions both increase the risk of harm and facilitate its occurrence. If children are socially and geographically isolated, disempowered and neglected by under-trained, over-stretched and underpaid staff, then children are made even more vulnerable. **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.

SUSTAINABLE DEVELOPMENT GOAL

By building resilient families and communities and addressing the root causes of family separation, the care reform process will contribute to the delivery of SDGs targeted at ending violence, including Goal 16: Promote peaceful and inclusive societies

4.a Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all

5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

16.1 Significantly reduce all forms of violence and related death rates everywhere

16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children

The role of tackling violence, abuse, neglect and/or exploitation against children in the care reform process

Care reform and child protection system strengthening are closely interlinked. The care reform process can offer a strategic entry point to tackle a wide range of child protection risks and vulnerabilities. The heart of any child protection system lies in the way in which every child is cared for, particularly those furthest behind.

Creating robust models of care for a country's most vulnerable children prevents those at risk from enduring family separation and falling through the cracks.

To ensure the effectiveness and sustainability of a systemic care reform approach**, it is crucial to embed it within a deliberate and broader strategy for child protection system strengthening**. This includes having a legislative and policy framework to protect all children, a skilled and qualified workforce to respond to child protection issues, and effective approaches at the community level to ensure that girls and boys are protected.

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176 Pinheiro, 2006, https://violenceagainstchildren.un.org/sites/violenceagainstchildren.un.org/files/document_files/world_report_on_violence_against_children.pdf
177 Dragana Ćirić Milovanović,, 'The Hidden and Forgotten: Segregation and Neglect of Children and Adults With Disabilities in Serbia'. Mental Disability Rights Initiative, Belgrade, 2013, http://www.mdri-s.org/wp-content/uploads/2013/10/the-hidden-and-forgotten-2013-12-17.pdf
See also: Laurie Ahern, L. & Eric Rosenthal, 'Hidden Suffering: Romania's Segregation and Abuse of Infants and Children With Disabilities.' Mental Disability Rights International, Washington D.C., http://www.driadvocacy.org/wp-content/uploads/romania-May-9-final_with-photos.pdf

By strengthening child protection systems, we ensure that care reform strategies are sustainable and will have a long-term impact, enabling **all children to be protected no matter what issues they face**.

KEY RECOMMENDATIONS:
VIOLENCE, ABUSE, NEGLECT AND/OR EXPLOITATION AGAINST CHILDREN

💛 Undertake a thorough needs assessment of the current child protection system, identifying strengths and gaps. Ensure that this process is done in parallel with the care reform process, and the recommendations from the needs assessment are factored into it, ensuring the systems are aligned.

💛 Ensure that child protection practitioners, and those in relevant sectors – such as health, education and justice (formal and informal), are trained to recognise the signs of violence, abuse, neglect and/or exploitation and are aware of services that can provide trauma-informed support to survivors.

💛 Recognise the factors that increase vulnerability to violence, abuse, neglect and/or exploitation – in the child, family and community. Support services for victims cannot be 'one size fits all' and must respond to different needs.

💛 Ensure that the care and child protection systems work closely together to identify and provide early support for families showing possible signs of violence, abuse, neglect and/or exploitation. This could include parenting support, or developing the knowledge and skills of practitioners who can provide early help.

PART 3: INTRODUCING THE ROADMAP FOR CARE REFORM

Parts I and II highlighted the harm of institutionalisation and the case for placing care reform at the heart of the human rights and global development agenda. This section introduces a roadmap designed to steer the care reform process. The roadmap is based on nearly 30 years of Home and Homes for Children's experience in different countries and contexts.

Based on Hope and Homes for Children's experience, it is clear that understanding the case for change is rarely sufficient in driving long-term, meaningful progress. While the 'why' is clear, the 'how' is often difficult to grasp. It is essential for those with a stake in the care system to understand what care reform can look like, what needs to be considered and who needs to be involved.

To support those considering or embarking on the reform process, **Module II: A roadmap for care reform** provides detailed practical guidance on the care reform process, including links to further resources and information from partners.

It is important to note that, although care reform will look different depending on context and culture, based on experience, the process will need to:

> **Create the conditions for change**: identify and acknowledge the problem, make the case for change, mobilise relevant sectors, create a unifying vision and strategy and build the evidence, capacity and resourcing needed to fuel the reform process.

> **Effectively implement change**: implement the safe, planned process of transforming care systems from institutional models of care to strengthening families and communities.

> **Establish cross-cutting elements to underpin and sustain change**: ensure that processes are in place to build and reinforce the new system, maintaining high-quality, resourced programmes that can adapt to meet the needs of children and their families.

Experience shows that, in order to maintain political focus and long-term commitment, care reform should be broken down into identifiable milestones, while recognising that major social reform rarely follows a linear process. Different countries will be at different points in the journey.

Commitment and investment to support children in families and communities does not end with the completion of care reform. Even in a 'transformed' system, significant effort needs to be devoted to continuously improving quality and standards, sustaining progress and maintaining key services and support for children and families. **Progress can be reversed, and lessons learned can be lost**. The impact of the COVID-19 pandemic, and austerity-based budget cuts, are leading to reductions in vital services for children, placing child protection systems under significant pressure, with children at greater risk of harm. It is essential to keep in mind that **no care system is ever 'complete'** – it must evolve as the needs of society change, and new thinking develops. Ongoing data monitoring processes must identify what is working and what needs improving, and must responsibly test new practice.

Context is essential. There is no *one-size-fits-all* blueprint for change, as the barriers and challenges faced in the system, and drivers of family separation, and their solutions, will be different. However, despite this variance, it is of utmost importance to follow a well-planned and resourced process for care reform – whether looking at a national system of care, or planning to close one institution. As such **the principles and processes outlined in the Roadmap are designed to be translated and adapted for national contexts**.

ROADMAP FOR CHANGE

♡

ROADMAP FOR CHANGE
Care system reform

PHASE 1 — CREATING THE CONDITIONS FOR CHANGE

PHASE 2 — IMPLEMENTING CHANGE

1A. PREPARING THE GROUND

> COMMON VISION

Develop common understanding of the harm of institutionalisation and create a unifying care reform vision, adopted by relevant sectors

> GOVERNMENT LEADERSHIP AND CO-ORDINATION

Holistic assessment of relevant national policies, practices and resources. Secure cross-government, inter-ministerial collaboration

> ACCOUNTABILITY, AGENCY AND PARTICIPATION

Build agency of children, young people, families, and civil society. Ensure care system is accountable to communities it serves

> COMMIT TO INVEST IN CHILDREN

Topline analysis of costs of system and long-term benefits of reform. Secure high-level commitment to invest

1B. STRUCTURAL CONDITIONS FOR CHANGE

> POLITICAL WILL

Formalise commitment through national vision, strategy, plans and budget. Integrate care reform into relevant sectors

> EVIDENCE AND UNDERSTANDING

Understand current situation of children in institutions. Identify forces that place children at risk of separation

> DEMONSTRATION

Demonstrate institution closures and develop innovative practice

> CAPABILITY AND CAPACITY

Build and continuously develop workforce capacity. Strengthen case management

> SECURE LONG-TERM, SUSTAINABLE FUNDING

Care system funding analysis and modelling. Secure funding for transition costs. Estimate ongoing costs

> TACKLING STIGMA AND DISCRIMINATION

Identify and tackle stigma and discrimination

STAKEHOLDER ENGAGEMENT

Engage local stakeholders in reforming system and closing institutions

NEEDS ASSESSMENT

Assess children in institutions and at risk. Map availability and quality of current services. Identify gaps and develop services

SERVICE DESIGN

Develop holistic, multi-agency response to strengthen services to support families. Develop prevention, gatekeeping and alternative care

SAFE, PHASED TRANSITION

Prepare children and families, and support transition. Shift resources from institutions to family and community-based services

SUPPORT, MONITORING AND EVALUATION

Post placement support and monitoring of children and families. Track progress and meaningful outcomes

> Preventing family-separation: Develop the range of services that can help prevent family-separation and institutionalisation.

> Strengthening family-based alternative care: Develop a suite of alternative family and community-based services for children.

> Dismantling the institutional system: Close all institutions in a safe, phased manner in parallel with the development of alternative family-based placements.

♥ CROSS-CUTTING ELEMENTS

PERSONALISED APPROACH

Children placed at the centre; their perspective and outcomes inform process

SAFEGUARDING

Shared understanding and commitment from all stakeholders

LEAVE NO CHILD BEHIND

Reform process includes all children – prioritising those most vulnerable and marginalised

ACCOUNTABLE TO CHILDREN, YOUNG PEOPLE & FAMILIES

Involved in ongoing oversight, monitoring and delivery

MONITOR, EVALUATE AND LEARN

Monitoring, evaluation and learning informs ongoing improvement, scale up, and builds in innovation

SUSTAINABLE RESOURCING

Secure sustainable funding. Ensure resources from institutions are transferred to new system

ENABLING ENVIRONMENT

Enshrine changes in legislation, underpinned by effective regulation and inspection

MODULE II

A roadmap for care reform
for children

MODULE II

CONTENTS

ABOUT THIS PUBLICATION

This Module II (Beyond Institutionalisation: a roadmap for care reform for children) provides a practical roadmap to guide those planning to implement, fund or otherwise support a process of care reform. It includes an overview of the key steps and processes needed to embark on transforming care systems for children. This module is written for government officials, donors, civil society and any other stakeholder that seeks to better understand the care reform process.

Child institutionalisation is symptomatic of a child protection and care system that is not working. Using the care reform process as a way of understanding the root causes of the problem will identify and unlock what changes are needed to build stronger, more inclusive systems of support.

Context is essential. There is no *one-size-fits-all* blueprint for change, as the barriers and challenges faced in the system, the drivers of family separation, and their solutions, will be different. Regardless of these differences, it is essential to follow a well-planned and appropriately resourced process for care reform. As such, the **principles and processes presented in this Roadmap are intended to be adapted and translated to national contexts.**

Although care reform will look different depending on context and culture, based on experience, any process will need to:

> **Create the conditions for change:** identify and acknowledge the problem, make the case for change, mobilise and connect relevant sectors, create a unifying vision and strategy and build the evidence, capacity and resourcing needed to fuel the reform process.

> **Effectively implement change:** implement the safe, planned process of transforming care systems away from institutional models of care to strengthening families and communities.

> **Put in place cross-cutting elements to underpin and sustain change:** ensure that processes are in place to build and reinforce the new system, maintaining high quality, resourced programmes that can adapt to meet the needs of children and their families.

In every region of the world, evidence exists to demonstrate that national care reform is achievable, and that it delivers better outcomes for children and families.

ROADMAP FOR CHANGE
Care system reform

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PHASE 2 — IMPLEMENTING CHANGE

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Holistic assessment of relevant national policies, practices and resources. Secure cross-government, inter-ministerial collaboration

> ACCOUNTABILITY, AGENCY AND PARTICIPATION

Build agency of children, young people, families, and civil society. Ensure care system is accountable to communities it serves

> COMMIT TO INVEST IN CHILDREN

Topline analysis of costs of system and long-term benefits of reform. Secure high-level commitment to invest

1B. STRUCTURAL CONDITIONS FOR CHANGE

> POLITICAL WILL

Formalise commitment through national vision, strategy, plans and budget. Integrate care reform into relevant sectors

> EVIDENCE AND UNDERSTANDING

Understand current situation of children in institutions. Identify forces that place children at risk of separation

> DEMONSTRATION

Demonstrate institution closures and develop innovative practice

> CAPABILITY AND CAPACITY

Build and continuously develop workforce capacity. Strengthen case management

> SECURE LONG-TERM, SUSTAINABLE FUNDING

Care system funding analysis and modelling. Secure funding for transition costs. Estimate ongoing costs

> TACKLING STIGMA AND DISCRIMINATION

Identify and tackle stigma and discrimination

STAKEHOLDER ENGAGEMENT

Engage local stakeholders in reforming system and closing institutions

NEEDS ASSESSMENT

Assess children in institutions and at risk. Map availability and quality of current services. Identify gaps and develop services

SERVICE DESIGN

Develop holistic, multi-agency response to strengthen services to support families. Develop prevention, gatekeeping and alternative care

SAFE, PHASED TRANSITION

Prepare children and families, and support transition. Shift resources from institutions to family and community-based services

SUPPORT, MONITORING AND EVALUATION

Post placement support and monitoring of children and families. Track progress and meaningful outcomes

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PERSONALISED APPROACH

Children placed at the centre; their perspective and outcomes inform process

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Shared understanding and commitment from all stakeholders

LEAVE NO CHILD BEHIND

Reform process includes all children – prioritising those most vulnerable and marginalised

ACCOUNTABLE TO CHILDREN, YOUNG PEOPLE & FAMILIES

Involved in ongoing oversight, monitoring and delivery

MONITOR, EVALUATE AND LEARN

Monitoring, evaluation and learning informs ongoing improvement, scale up, and builds in innovation

SUSTAINABLE RESOURCING

Secure sustainable funding. Ensure resources from institutions are transferred to new system
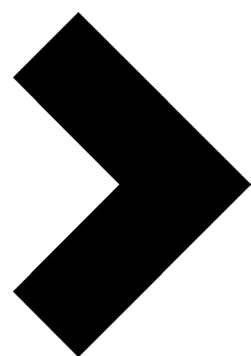
ENABLING ENVIRONMENT

Enshrine changes in legislation, underpinned by effective regulation and inspection

PHASE I: CREATING THE CONDITIONS FOR CHANGE

1.1 Preparing the ground

This section outlines **key strategies to help create the foundations, and prepare key stakeholders, for the reform process**. Key stakeholders include those responsible for running the system, who can influence the system, and who use/or have used the system. This phase is critical in helping stakeholders reach a shared recognition and understanding of the problem, creating a common vision and language, and securing commitment to embark on a long-term reform process.

a) Common vision for care reform

b) Government leadership and coordination of relevant sectors

c) Strengthen accountability, agency and participation

d) The financial case for investing in children

To convince key stakeholders that reform is **possible and sustainable**, political commitment must be anchored in national context, framed in national priorities, underpinned by sound financial planning, informed by evidence from relevant countries, and follow the principles outlined in the UN Guidelines on Alternative Care[1], and other relevant global and regional human rights frameworks.

At this stage it is **critical to engage with sectors relevant to care reform** – such as health, education, social protection and early childhood development. These sectors will play a <u>major role</u> in tackling the drivers of family separation and institutionalisation.

a) Common vision for care reform

The care reform process should begin with **detailed analysis of the situation and challenges facing children separated from their families and at risk of separation**[2], based on the best available evidence. This will provide the foundations for shared understanding about the problem, and who needs to be involved in developing its solution.[3]

Understanding the **economic, social and environmental drivers of family separation, and how stigma and discrimination compound these challenges, provides an opportunity to engage with sectors that may not traditionally have had a role in care reform.** For example, there is a strong relationship between access to education and the institutionalisation of children with disabilities.[4] In some contexts, there is no inclusive education provision and discrimination in society against disability.

1 UN General Assembly, Guidelines for the Alternative Care of Children: resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142, https://undocs.org/en/A/RES/64/142

2 For Example, Kenya National Care System Assessment: A participatory self-assessment of the formal care system of children living outside of family care and for the prevention of unnecessary separation of children from families. https://bettercarenetwork.org/library/social-welfare-systems/child-care-and-protection-policies/kenya-national-care-system-assessment-a-participatory-self-assessment-of-the-formal-care-system-of

3 For example Situational Analysis Report for Children's Institutions in Five Counties: Kiambu, Kilif i, Kisumu, Murang'a and Nyamira Summary Report https://bettercarenetwork.org/library/the-continuum-of-care/residential-care/situational-analysis-report-for-childrens-institutions-in-five-counties-kiambu-kilif-i-kisumu-murang

4 Georgette Mulheir, Deinstitutionalisation–A human rights priority for children with disabilities. The Equal Rights Review 9 (2012): 117-137. https://www.equalrightstrust.org/ertdocumentbank/err9_mulheir.pdf Philip Goldman, Marian Bakermans-Kranenburg, and others, 'Institutionalisation and deinstitutionalisation of children 2: policy and practice recommendations for global, national, and local actors'. The Lancet Child & Adolescent Health, 4(8), 606-633 (2020) https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30060-2/fulltext Evie Browne, Children in care institutions, 2017. https://assets.publishing.service.gov.uk/media/5b9a43caed915d666f681e10/029_Children_in_Care_Institutions_v2.pdf Marinus van IJzendoorn, Marian Bakermans-Kranenburg, and others, 'Institutionalisation and Deinstitutionalisation of Children 1: A Systematic and Integrative Review of Evidence Regarding Effects on Development', Lancet Psychiatry, 7 (2020), 703–720 https://doi.org/10.1016/S2215-0366(19)30399-2

This can result in children with disabilities being segregated from society and placed in institutions to access education. Providing evidence to understand and tackle this issue allows care reform to bind to education policies and guidance, creating a holistic network of support for children and families. **This analysis can provide the basis for developing a shared vision for care reform.**

Do not underestimate the importance of key stakeholders agreeing on the concepts and terminology that underpin reform. For example, many countries use a plethora of different terms for an 'institution', or the concept of 'foster care' may not seem relevant in the context. This can create confusion and allow the 'care reform' agenda to be easily manipulated, which **risks certain groups of children being left behind**. Terminology, key concepts and approaches can be framed through the introduction of learning from global rights frameworks, standards and principles, and evidence from reform in relevant and influential countries.

Engaging with influential stakeholders from different sectors will help to identify some of the key barriers to the reform process, and how they can be addressed. Common barriers include:

> **Fear of change**: changing practice requires people to behave differently, which can threaten established ways of working. For example, institution staff may be concerned that they won't be able to develop the skills needed to work in the new system, or local authority officials may be nervous that the new system will deliver worse outcomes for children.

> **Stigma:** many stakeholders hold discriminatory views of children from certain communities, which places them at greater risk of institutionalisation. For example, children from certain ethnic backgrounds, such as Roma communities in Europe[5], are overrepresented in institutions. This can be due to racist attitudes and inadequate services that lead to the separation of children from their families.

> **Fear of loss**: of employment, of status, of purpose or loss of leverage and power among decision-makers, care providers and institutional managers and staff. For example, institutions can be one of the biggest employers in a community, so 'deinstitutionalisation' makes staff nervous for their jobs, and politicians may be fearful they will lose votes if they make an unpopular decision.

> **Lack of data:** it is difficult to establish the total number of institutions at a national level, let alone their capacity and funding streams. This challenge is compounded where institutions are privately run. For example, in many countries the majority of children in 'care' are in private institutions, which are not registered with the government, with limited government regulation, oversight or inspection. These are often in poorly-resourced care systems, where there is little capacity to monitor the situation of children.

> **Sector engagement:** in some countries it can be difficult to secure the buy-in and coordination of key sectors that need to be involved in the reform process. For example, in some countries, the responsibility for institutions is split across different ministries. In these situations, institutions for children with disabilities may sit under the health ministry, the ministry of social affairs may oversee institutions for children where there have been child protection concerns, and the ministry of immigration has oversight of institutions for refugee and migrant children. This can make it challenging to reach consensus on a national approach and secure cross-sector endorsement of the strategy.

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5 European Roma Rights Centre, Blighted Lives: Romani Children in State Care, 2021,
http://www.errc.org/uploads/upload_en/file/5284_file1_blighted-lives-romani-children-in-state-care.pdf

Politics and power preventing change: Nepal

In Nepal, there is often a close relationship between local politics and the placement of children in institutions, which can create challenges when embarking on the care reform process. For example, in 2022 two municipalities paused their plans to transition institutions as they feared it would be unpopular in advance of upcoming local elections.

Loss of livelihood from institution closure: **Nepal**

A significant number of institutions in Nepal are run as family businesses. These institutions are mainly run for profit; some make money by trafficking children from poor, families in remote areas. Such operators are resistant to change due to the fear of damaging their livelihoods, shame, losing prestige in their local community, and a lack of understanding and skills of how to repurpose their work.

OUR LEARNING:
LONG TERM VISION

Care reform is marathon not a sprint, therefore a long-term vision and crystal-clear clarity of all its components define the chances for success. It is key to ensure all actors share the same understanding and commitment to the vision, which includes developing and adopting a common language.

CHECKLIST

✓ Evidence-based understanding of the current care system

✓ Common understanding that the transition from institutions to family-based care will be a key driver of the care system reform process

✓ Clearly articulated vision for the care reform process

✓ Shared understanding of key concepts and principles that should underpin reform

✓ Secured engagement with sectors that influence the economic, social and environmental drivers of family separation

b) Government leadership and coordination of relevant sectors

Care reform requires **strong government leadership to champion and maintain the long-term, complex reform process**.

A multisectoral approach is essential. Mapping all government ministries and national agencies working with children and families and forming an **inter-ministerial working group** – or placement in an existing, relevant working group – can drive the vision, planning and delivery of reform. Key domains to include in this cross-government leadership group are set out in the box below and should be adapted to the national context.

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 for care reform:

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

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

Social Protection –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 often 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. Care reform 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.

Each ministry should explore their own policies and practices, identifying the role they can play in strengthening the capacity of children, families and communities. **A sense of collective responsibility across different thematic areas requires time to come together.** This is a worthwhile investment, as laying the groundwork in this way strengthens collective vision and builds the shared responsibility needed to embark on the care reform process.

It should be noted that in some contexts, civil society and/or faith actors are the main providers of social services, operating in parallel to, or instead of, the government. In addition, international donors may have a very strong influence on the care system. In these situations, **even when strong government commitment is in place, its impact may be limited if private partners are not included**. Care needs to be taken to ensure that key actors involved in the care system are involved in the process, and recognise the essential role the government must play in the long-term, in taking responsibility for supporting children and families.
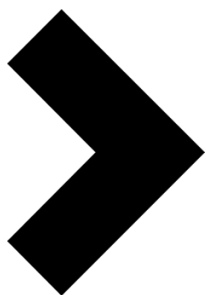
Inter-ministerial working group: Bulgaria

In 2010, Bulgaria launched its child protection and care system reform strategy, *Vision for De-institutionalisation of Children in the Republic of Bulgaria*.

The strategy's first Action Plan laid down the management and coordination structure needed to drive reform and overcome initial resistance. An interdepartmental management and coordination working group was established at the highest political level to manage, monitor and co-ordinate the implementation of the specific activities and projects under the Action Plan. Working Group members included the Minister for the management of the EU Funds, two Ministry of Labour and Social Policy Deputy Ministers, the Deputy Minister of Regional Development and Public Works, the Deputy Minister of Health, the Deputy Minister of Finance, the Deputy Minister of Education, Youth and Science, the Chair of the State Agency of Child Protection, the Executive Director of the Ministry of Foreign Affairs, two advisors from the Political Office of the Prime Minister and the Head of Office of the Deputy Prime Minister. This Working Group met four times a year in order to monitor and evaluate the progress of the strategy.

OUR LEARNING:
FOCUS ON THE 'WHY'

Technical issues, professional jargon, complexities of care reform sometimes become a real barrier for actors outside the immediate circle of child care and professional specialists. It is critical to develop a shared understanding of why care reform is needed and urgent. Countries that engage in national discussions and explore why children need families, why institutionalisation is not acceptable, and what the solutions are, are most successful in broadly enrolling stakeholders and changing their paradigm for the care of children.

CHECKLIST

✓ Inclusive process and mechanisms established to build the agency and participation of children, young people and families

✓ Mechanisms developed to ensure the care reform process is accountable to children, young people and families

✓ Civil society involvement actively encouraged, supported and, where needed, capacity developed

c) Strengthen accountability, agency and participation

It is essential that children, young people, families and civil society play a central role in the reform process. The care system must be **accountable to the communities it seeks to serve**. This means that the care reform process must strengthen and support their agency, build capacity and create opportunities to influence decisions.

Ensuring a meaningful role for users of the system and civil society means challenging the status quo. It involves identifying power dynamics, and putting in place a sensitive plan to shift the balance of power so that users of the system and civil society have a role in defining success, and what is needed to get there. This can be uncomfortable for decision makers and existing hierarchies and so a respectful strategy needs to be put in place to support this process.

Users of the system and civil society contribute **valuable perspectives, evidence, ideas and resources to engage, inform and influence the change process – how it is designed, implemented and monitored**.

National and regional coalitions or alliances can be invaluable. They **keep pressure on governments to maintain and strengthen the reform process, particularly when political will, political parties and leadership change**. In addition, civil society can often play a 'watchdog' role over the process - ensuring that strategies are adequately implemented, and continue promoting the highest human rights standards, which is **key to identifying and tackling stigma and discrimination in the system**.

The importance of accountability, agency and child and youth participation:

A system must be accountable to the communities it serves: the care reform process must ensure it meets the needs of children and young people, families and the workforce, among others. It must be designed so that it is responsible to these communities and what matters most to them.

Children and young people must have agency in the care reform process: the process must build children and young people's sense of agency so they have faith that they can influence decisions that affect them, and provide opportunities to exercise this agency, in the knowledge that it will be acted on.

Agency strengthens accountability: understanding your rights, learning participation skills, acquiring confidence in using and gathering information, engaging in dialogues with others and understanding where power lies and who is responsible for what, strengthens capacity to hold others to account.

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 efficient decisions on the legislation, policies and programmes that affect them. Children have a unique body of knowledge, about their lives, needs and concerns, together with ideas and views based on their direct experience. Decisions informed by children's own perspectives will be more relevant, effective and sustainable.

Agency better protects children: The right to express views and have them taken seriously is a **powerful tool to challenge situations of violence, abuse, threat, injustice or discrimination.**

Participation contributes to personal development: It develops 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.

Including children, families and care leavers is critical. This must be an inclusive process so that <u>all</u> groups affected are involved in the process, including persons with disabilities and ethnic minorities. **This can help to capture an accurate picture of the lived experiences of children and families.** Governments should develop a simple and transparent process to consult and communicate with key constituencies at all stages of the reform process.

Children can form and express views from an early age, and the nature of their participation, and the range of decisions in which they are involved, will increase in accordance with their age and evolving capacities. **It is important that children of all ages are given an opportunity to express their feelings, needs and preferences.** Even with very young children, communication techniques can be used that can help to understand their emotions, likes and dislikes. This can be essential information in helping to develop the right future plans for children.

As children grow older and their capacities develop, their horizons broaden, and they can be involved in a wider range of issues that affect them, ranging from their immediate family to the international level.
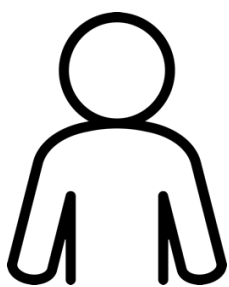
Youth-led advocacy: Argentina, Bolivia, Brazil, Colombia, Mexico, and Peru

A 2020 study, 'More Independence, More Rights'[6], captured the experiences of 100 young people who have already left or are preparing to leave care in Argentina, Bolivia, Brazil, Colombia, Mexico, and Peru. The research highlighted that young people are often discharged from care because of their age, not to restore their rights, or because they are ready to live independently in the community. The report recommended that public policies should be developed to support the transition to independent living; highlighting what is needed to reform care and child protection systems to better realise young people's rights. This evidence is informing policy makers nationally and contributing to growing momentum across the continent.

d) Financial case for investing in children

Having a **solid financial case to underpin the care reform process increases the likelihood of it being adopted and implemented**.[7]

While many stakeholders may agree on the harm of institutions, and the importance of family, they may be **sceptical of the affordability and financial benefits of care reform**.

It is important that the reform process makes the case that supporting children in families and not institutions is part of a broader social investment agenda, that can result in economic improvements and **unlocks wide-ranging benefits in areas such as education, health and child protection, among others.**

Unnecessary separation of children from their families, lengthy stays in institutions and the long-term harm caused by institutionalisation **lead to very high costs and long-term social and economic**

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6 Doncel, Research on methods of supporting the transition of adolescents and young people from the alternative care system to independent living in six Latin American countries Argentina, Bolivia, Brazil, Colombia, Mexico and Peru, 2019, https://doncel.org.ar/wp-content/uploads/2020/10/Resumen-English-Version.pdf
7 Adrian Gheorghe , Joanna Rogers and others, Childonomics–Methodology for appraising the return on investment of social services for children and families, 2017, https://www.eurochild.org/initiative/childonomics/

loss. Early investment in children's health, education, and development have **benefits that compound throughout the child's lifetime, for their future children, and society as a whole**.[8]

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 five 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

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8 Helen Clark, Awa Marie Coll-Seck, and others, 2020. A Future for the World's Children? A WHO-UNICEF-Lancet Commission, Lancet, 395.10224: 605–58 https://doi.org/10.1016/S0140-6736(19)32540-1

Selected evidence on the financial impact of institutions:

> Data suggests that institutions are less cost-effective than foster care[9]

> Statutory residential care in South Africa is eight times more expensive than providing support to families to meet their basic needs[10]

> In Bulgaria, the annual cost of keeping a child in an institution for infants was estimated at €14,837, compared with €1,907 for foster care[11]

> In Haiti, a study estimated that over US$100m of private funding supported institutions in the country in 2017. This is approximately 130 times greater than the budget for the country's child protection agency and 50% of the planned US foreign aid budget that year[12]

Hope and Homes for Children's ACTIVE Family Support programme, delivered in partnership with local authorities, cost €441,560 over 7 years, or an average of €921 per child (including staff salaries, overheads, and direct support), to keep 479 children safe at home with their families. Had an estimated 32% of those children been placed in an institution, the cost would have been an estimated €4,123,250 – **9.33 times more expensive than the cost of the programme**.[13]

An initial analysis of the financing of the current system can act as **a persuasive tool to make the case for reform and illustrate where there are gaps in knowledge**, even if it is based on basic and incomplete data. Later down the line in the reform process, more detailed financial modelling will take place, which will provide the foundations for planning and resourcing the process.

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9 Marinus Van IJzendoorn, Marian Bakermans-Kranenburg and others, 'Institutionalisation and Deinstitutionalisation of Children 1: A Systematic and Integrative Review of Evidence Regarding Effects on Development', *Lancet Psychiatry*, 7 (2020), 703–720 https://doi.org/10.1016/S2215-0366(19)30399-2
10 Chris Desmond and Jeff Gow. *The Cost-effectiveness of six models of care for orphans and vulnerable children in South Africa*. United Nations Children's Fund (UNICEF), 2001, https://asksource.info/resources/cost-effectiveness-six-models-care-orphans-and-vulnerable-children-south-africa
11 Lumos. Ending institutionalisation: an analysis of the financing of the deinstitutionalisation process in Bulgaria. 2015. Lumos, https://bettercarenetwork.org/sites/default/files/Finance_BG_online_final_2.pdf
12 Lumos. Funding Haitian orphanages at the cost of children's rights. 2017, https://www.wearelumos.org/resources/funding-haitian-orphanages-cost-childrens-rights/
13 Hope and Homes for Children, Preventing the Separation of Children from their Families in Bosnia and Herzegovina, 2012, https://www.hopeandhomes.org/publications/active-family-support-prevents-institutionalisation-bosnia/

CHECKLIST

✓ Conducted top-line analysis of the current financing of the care system – including public and private funding sources

✓ Understood the long-term social and economic value of investing in care reform, in line with the national agenda and priorities

✓ High-level commitment from different sectors to invest in the reform process and longer-term system funding

1.2 Structural conditions for change

In this phase, the care reform process begins to take shape, **where high-level commitments translate into tangible signs of political will and leadership,** such as the development of a strategy, action plan and budget.

Evidence needs to be generated to ensure that **national plans are developed on the basis of local and national need**. This evidence will start to uncover where the capacity of the system needs to be developed and the likely resources needed to achieve it. In addition, it is essential that this stage identifies the role of economic, social and environmental forces, and stigma and discrimination in the system, so they can be factored into the plans of all relevant agencies.

Demonstration projects can be established, designed to generate expertise and evidence, inform policy and funding, and create an understanding of the time, resources and capacity requirements needed to implement reform at scale.

a) Political will

b) Evidence and understanding of the system

c) Demonstration projects

d) Capability and capacity to deliver

e) Financial modelling and securing long-term, sustainable resourcing

a) Political will

Strong national leadership and a long-term vision shared across political parties is essential. Political commitment will help tackle vested interests and resistance, and sustain the process beyond the life span of political and electoral cycles.

The **care reform vision developed in *phase 1b preparing the ground* should outline the future aspiration and goals of the care system**. This must be simple and clear, enabling a broad range of stakeholders to understand and identify with the ambition of the process. As familiarity and acceptance of the vision grows, it needs to be supported by more detail.

A **care reform mission should outline the purpose of the care reform process, and how it will be achieved.** This provides topline detail which underpins the vision, giving confidence and clarity to the care reform process.

High-level **commitments need to be formalised and translated into tangible examples of political will**, which can include: establishing an inter-ministerial working group; enshrining the long-term vision into a national strategy; developing a costed budget and initial action plan, and outlining key milestones.

A **national strategy for children and families** can cement the role of deinstitutionalisation as a key driver in reforming the care system. Attention should also be paid to **setting an explicit objective relating to the progressive transition from institutions to family and community-based care**. Governments should set or reaffirm their vision, establish a tangible mission (ideally within a set timeframe, for example a 5- or 10-year goal) and commit to a set of values to underpin the implementation of the strategy. A **national action plan** for care reform must include financial plans and how resources will be allocated.

Building political will: Rwanda

The Government of Rwanda is pursuing a comprehensive vision for all children to grow up in families. It formally committed to this through its *Strategy for National Child Care Reform,* approved by the Cabinet in 2012[14], under the leadership of the Ministry of Gender and Family Promotion (MIGEPROF).

The long-term aims of Rwanda's Strategy for National Child Care Reform strategy are to:

  i.   Transform Rwanda's current child care and protection system into a family-based, family strengthening system whose resources (both human and financial) are primarily targeted at supporting vulnerable families to remain together.

  ii.   Promote positive Rwandan social values that encourage all Rwandans to take responsibility for vulnerable children.

The strategy has an explicit focus on transforming the child care system away from institutions, towards family and community based care.

Rwanda's national strategy is supported by national coordination mechanisms, budget allocation and detailed action plans. The Tubarerere Mu Muryangyo! (Let's Raise Our Children in Families!) programme was designed as the guiding framework for the implementation of the first phase of care reform.

Phase 1 ran from May 2013 until September 2017. It focused on developing the capacity of the National Commission for Children, building the social workforce, closing or transforming institutions, and establishing a programme of family reintegration and support.[15]

Key successes from the first phase included[16]: a dramatic reduction in the number of children in institutions; stronger government agencies; a more professionalised social workforce; capacity building of a cadre of 29,674 child protection community volunteers; support to children's biological families and foster carers to enable safer reintegration into families and communities; and successfully preventing entry into institutions through improved gatekeeping and case management, awareness raising, and the development of emergency foster care. Many institutions have closed and others have been transformed into schools or centres for family support.

These initial reform efforts included those children with disabilities living in residential institutions for children without parental care but did not cover children living in specialised institutions for children with disabilities. New evidence and evaluations have since informed the second phase of reform which includes an explicit focus on inclusion of children with disabilities.

14 Government of Rwanda, 2012. Strategy for National Child Care Reform. Cabinet Brief, http://197.243.22.137/ncc/fileadmin/templates/document/STRATEGY_FOR_NATIONAL_CHILD_CARE_REFORM.pdf
15 Government of Rwanda, NCC, UNICEF, USAID: Care Reform in Rwanda, Process and Lessons Learned 2012-2018, https://bettercarenetwork.org/sites/default/files/2019-08/Process%20and%20Lessons%20Learnt%20on%20Care%20Reform%202012-2018.pdf
16 UNICEF/ Primson Management Services, 2018). Summative Evaluation of the Tubarerere Mu Muryango / Lets Raise Children in Families (TMM) Phase 1 Programme in Rwanda. Rwanda: UNICEF, https://bettercarenetwork.org/sites/default/files/2019-08/TMM%20Summary%20Evaluation%20Phase%20I.pdf

Building political will: Kenya

In 2015, Kenya was estimated to have **3.6 million orphans and vulnerable children; about 10% of its total child population**.[17] There are over 40,000 children living in approximately 830 institutions[18], and 15,752 children in street-connected situations.[19] The majority of institutions in Kenya are privately run; only 26 are administered by public authorities. The number of unregistered institutions remains unknown, while there are no clear figures on children in other alternative care arrangements. Most orphans and vulnerable children are supported informally through kinship care, often with minimal or no support from the government.[20]

Kenya has increasingly **demonstrated political commitment towards care reform, with a strong focus on deinstitutionalisation**. This includes enacting legislative and policy changes that encourage family-based care (such as the 2014 Guidelines for the Alternative Family Care of Children in Kenya) and suspending the registration of new Charitable Children's Institutions (CCIs) in 2017. Furthermore, in 2019 it committed to scaling up deinstitutionalisation and promoting family-based care.[21] This included implementing a number of initiatives aimed at strengthening families and preventing children from entering institutions (such as cash transfers, presidential bursaries and hunger safety net programmes[22]). Kenya launched its new National Care Reform Strategy in 2022.[23]

To ensure that political will is **sustainable and transcends changes in government, plans should explicitly go beyond the next election with cross-party support**. External support from development partners such as UN agencies, donors and representatives of the international community should be engaged to support, advise and maintain continuity of the process. **Children and young people should be actively engaged in developing the vision, strategy and action plans for care reform.**

It is essential to outline clear roles and responsibilities for different ministries, agencies, civil society and users of the system. **It has to be clear who is accountable, and to whom.** This is particularly important in situations where different ministries – of different sizes and levels of influence – are participating. The power dynamics need to be recognised and tackled in a formal structure to ensure that all parties are working in unison to support children, rather than their own internal stakeholders.

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17 39.782M children (2018) https://data.worldbank.org/indicator/SP.POP.0014.TO.ZS?locations=KE
18 Government of Kenya, UNICEF and Global Affairs Canada (2015) https://bettercarenetwork.org/sites/default/files/2020-08/Kenya_CP_system_case_study.pdf
19 2018 National Census of Street Families Report https://www.socialprotection.go.ke/wp-content/uploads/2020/11/National-Census-of-Street-Families-Report-.pdf
20 Advancing the rights of children deprived of parental care: Domestic adoption of children in Kenya (2012) https://resourcecentre.savethechildren.net/pdf/dstuckenbruck_domestic_adoption_of_children_in_kenya_jun20131.pdf/
21 May 2019 Cabinet Secretary Statement State reforms on child welfare, adoption and child protection
22 Inua Jamii is Kenya's flagship National Safety Net Program for the beneficiaries of: i. cash transfer for orphans and vulnerable children, ii. older persons cash transfer, iii. persons with severe disabilities cash transfer, iv. hunger safety net programme. The objective of Inua Jamii is to uplift the lives of poor and vulnerable citizens of Kenya through regular and reliable bi-monthly cash transfers. https://www.socialprotection.go.ke/wp-content/uploads/2019/10/SOCIAL-ASSISTANCE-UNIT-SAU-FREQUENTLY-ASKED-QUESTIONS-converted.pdf
23 The National Care Reform Strategy for Children in Kenya 2022 – 2023, https://www.socialprotection.go.ke/wp-content/uploads/2022/06/The-National-Care-Reform-Strategy-for-Children-in-Kenya-2022-2032.pdf

OUR LEARNING:
EVIDENCE-BASED POLICY

The evidence base must be used accurately and wisely to inform policy and enable contextualisation. 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.

CHECKLIST

- ✓ Agreed long-term care reform vision and mission

- ✓ Signed-off strategy for care reform and national action plan

- ✓ Roles, responsibilities and accountability of key stakeholders formalised

- ✓ Engagement with influential stakeholder groups, including cross-party support, development partners and involvement of children, young people and families, to ensure long-term sustainability of process

OUR LEARNING:
GUIDING FRAMEWORKS

Policy for child protection and care reform should be underpinned by the UNCRC, UNCRPD and UN Guidelines on Alternative Care for Children. 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 any review or reform of policy and procedures.

b) Evidence and understanding of the system

It is **essential that the care reform process is underpinned by the best available data and evidence** on the situation of children in institutions, separated from their families, and at risk.

Data is needed to identify the characteristics of these children, **who they are and how they ended up in this situation, and their needs.** By collecting and analysing this information, the care reform process captures insight into the most vulnerable and marginalised populations in society. The very process of collecting this data will **strengthen the case for reform, provide a baseline assessment that can be tracked, and strengthen government oversight and regulation of the system – and therefore accountability. It will also provide the foundations for planning the reform process**.

In parallel, **a mapping exercise should be undertaken to identify the current services and assets available in the system**. This process should be a holistic assessment of the policies that aim to support, and the services available to, families and children at risk.

Tracking progress: Costa Rica

As part of its care system reform process, the Government of Costa Rica aimed to assess its progress towards the UN Guidelines for the Alternative Care of Children.[24] Influenced by recommendations from the Committee on the Rights of the Child, the Patronato Nacional de la Infancia (PANI) sought evidence on the extent to which alternative care for children and young people is available, and to identify needs and priorities for change. Using an interagency Tracking Progress Tool, the comprehensive data and analysis generated by this assessment enabled PANI to develop activities to strengthen the child care and protection system. This included identifying: the need to develop an intersectoral strategy for care reform; the political and legal frameworks required for deinstitutionalisation; what prevention, family strengthening and alternative care services are needed; and to transition financial resources in line with national strategy.

It is important to note that this exercise isn't just about identifying where services *aren't* working, but also uncovering good practice that can be built on. The overwhelming proportion of 'orphans' around the world, do not end up in institutions. According to UNICEF, there are approximately 140 million 'orphans' in the world who have lost 1 parent and at least 15.1 million of them have lost both parents.[25] Yet we know that approximately 5.4 million children are living in institutions.[26] This highlights that most 'orphans' in the world are in some form of non-institutional placement. This can range from formal family-based care placements, to kinship care, to more informal community-based foster care. **Examples of contextualised 'success stories' are a strong way to demonstrate that reform is achievable.**

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24 Patronato Nacional de la Infancia, PANI y UNICEF Costa Rica (2019) Diagnóstico sobre el progreso de Costa Rica en la implementación de las Directrices sobre las modalidades alternativas de cuidado de los niños. (Diagnosis of progress in Costa Rica towards the implementation of the UN Guidelines on the Alternative Care of Children) https://bettercarenetwork.org/sites/default/files/2020-08/11.%20Diagno%CC%81stico%20Pai%CC%81s%20DSMAC.pdf
25 UNICEF, 'For Every Child, End AIDS –Seventh Stocktaking Report,' UNICEF, New York, December 2016. https://www.unicef.org/reports/every-child-end-aids-seventh-stocktaking-report-2016. Analysis and citation in: Christian Alliance for Orphans, 'Understanding of Orphan Statistics' https://cafo.org/wp-content/uploads/2017/10/Orphan-Statistics-Web-06.2018.pdf
26 Chris Desmond, and others, 'Prevalence and Number of Children Living in Institutional Care: Global, Regional, and Country Estimates', The Lancet, Child & Adolescent Health, 4.5 (2020), 370–377 https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30022-5/fulltext?rss=yes

Capturing data and evidence is critically important in contexts where **many institutions are privately financed, and/or unregistered, or where many services are informal.** It can strengthen the government's understanding and ownership over the system, and ensures that the most vulnerable and invisible children are not left behind.

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 and 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. It is key to also map residential care delivered at the local level and all forms of residential care organised nationally. 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

> All resources currently placed in the system including, human, material and financial

Evidence gathered in this process will help identify the interplay between:

> The **social, economic and environmental forces** that drive institutionalisation and family separation, and the role of these sectors in the reform process.

> How stigma and discrimination lead to the marginalisation of some communities and increase the risk of separation.

> The **child protection risks** that can place children at risk and lead to family separation.

This evidence helps identify the gaps and areas requiring development, and should **inform the development of the national strategy and action plan** for care reform.

The very process of mapping services and gathering evidence can help secure buy-in and commitment from key stakeholders. Involving them directly in the research can help them go through a process of personal and professional transformation and, in some cases, will identify champions that can lead transformation.

Assessment of institutions influencing government commitment: Rwanda

Hope and Homes for Children, in partnership with the Ministry of Gender and Family Promotion (MIGEPROF), conducted a national survey of residential institutions for children in Rwanda in 2012.[27] Due to the lack of data on children's institutions and the children residing within them, evidence had to be generated to inform national care reform strategy and planning.

The survey gathered comprehensive data about children living in institutions for children without parental care. Using questionnaires, interviews and focus group discussions, the assessment found that 3,323 children and young adults lived in 33 institutions. Residents' age ranged from 0 to 43 years old, with 37% aged 0-3 at the time of placement, and 30% had already spent more than 10 years there. Approximately one third of children were reported as having regular contact with their parents and relatives.

The assessment revealed the perceived attractiveness of services offered by institutions, noting: "*the very existence of an institution increased the likelihood of a child from that neighbourhood to be placed in an institution.*" It highlighted that, when there are no residential care facilities nearby, families find other care options such as kinship or informal foster care.

The findings and recommendations significantly informed and influenced the current care reform process in Rwanda[28], forming the basis for planning the Government of Rwanda's Strategy for National Child Care Reform[29] and its implementation.

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27 Hope and Homes for Children, Ministry of Gender and Family Promotion (MIGEPROF), National Survey of Institutions for Children in Rwanda, 2012, https://bettercarenetwork.org/library/the-continuum-of-care/residential-care/national-survey-of-institutions-for-children-in-rwanda

28 Better Care Network, UNICEF, and others, Country Care Profile, Rwanda. https://bettercarenetwork.org/sites/default/files/Country%20Care%20Profile%20-%20Rwanda_0.pdf

29 Government of Rwanda, 2012. Strategy for National Child Care Reform. Cabinet Brief. http://197.243.22.137/ncc/fileadmin/templates/document/STRATEGY_FOR_NATIONAL_CHILD_CARE_REFORM.pdf

How a Hope and Homes for Children study informed the child protection system: Ukraine

Over 2015-16, Hope and Homes for Children conducted a study of the care system in Ukraine. To ensure comprehensiveness, the study included components focused on different levels of the child protection system (national, regional and local), and combined both quantitative and qualitative approaches and methods.

The study focused on children in institutions. The findings revealed that, in many cases, reform has simply meant renaming an institution without changing how it operates. In addition, there was evidence of institutions being artificially 'filled' with children to preserve their funding.

The study identified that there were no clear roles and responsibilities for the different state agencies responsible for child protection and care. This made it challenging to assess the validity of decisions relating to a child.

The institutionalisation of a significant number of children could have been avoided if a local infrastructure of support services for children and families was in place. The analysis confirmed that the number of child protection specialists, and their professional capacity, was very low and insufficient to prevent institutionalisation and to provide support to children and their families.[30]

30 Hope and Homes for Children, The Illusion of Protection: An Analytical Report Based on the Findings of a Comprehensive Study of the Child Protection System in Ukraine, 2016, https://bettercarenetwork.org/sites/default/files/2022-03/The-illusion-of-protection_eng.pdf

OUR LEARNING:
MAXIMISING AND IMPLEMENTING EXISTING POLICY AND LAW

Existing policies and programmes should be maximised, 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 to life 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.

CHECKLIST

✓ National mapping of situation and characteristics of children in institutions, separated from their families and at risk

✓ National mapping of current family-strengthening and alternative care services

✓ Inventory and analysis of current laws, policies and standards

✓ Good practice examples of sustainable processes identified

c) Demonstration projects

Investment in care reform demonstration projects can help **develop the evidence base and expertise to underpin a broader national care reform implementation plan.** Experience highlights that the **transition away from institutions often needs to be witnessed first-hand in the context where reform is being targeted**.

When deciding on a demonstration project site, it is **important to consider the following factors**: how influential and relevant the site is to other locations and/or stakeholders nationally; how realistic and achievable the reform process will be in this site as an 'early' example of reform; and the capacity and openness to change of key stakeholders and staff in the system.

Lessons learned, evidence and skills developed through demonstration projects will provide critical insight and understanding on **what resources, capacity, planning and oversight are needed to deliver care reform at scale**.

Demonstrating that change is possible: Rwanda

The first comprehensive and successful closure of an institution in Rwanda was the Mpore Pefa institution, which closed in 2012. In order to pilot care reform and deinstitutionalisation at a local level, Hope and Homes for Children, with the support and oversight of Rwandan national and district government authorities, ensured the transition of every child residing in the institution into family- and community-based care.

This enabled the complete closure of the institution, with all 51 children transitioned into family and community-based care, and services in place to prevent new children from being institutionalised, by supporting families at risk and developing alternative care services.

The successful closure of Mpore Pefa institution served as a defining demonstration project, providing both *"proof that a transition to family care is possible, and a model for others to follow"*[31]. The model, lessons learned and team involved in the project, directly informed Rwanda's Strategy for National Child Care Reform and its implementation.[32]

Crucially, practice and skills developed in demonstration projects will **build a cadre of practitioners and policy makers who can champion the reform process, and influence and support their peers at scale**.

The presence of demonstration projects also helps to bring care reform to life. Resistant stakeholders can be taken to see examples of change *in action,* providing a compelling way to tackle bias and overcome barriers. In addition, through learning exchanges within or between countries, key stakeholders can question and learn from their peers who are at a different stage of reform – **providing a unique opportunity to visualise change, and what is needed to get there**.

31 Government of Rwanda, NCC, UNICEF, USAID: Care Reform in Rwanda, Process and Lessons Learned 2012-2018, https://bettercarenetwork.org/sites/default/files/2019-08/Process%20and%20Lessons%20Learnt%20on%20Care%20Reform%202012-2018.pdf
32 Better Care Network, UNICEF, and others, Country Care Profile, Rwanda, https://bettercarenetwork.org/sites/default/files/Country%20Care%20Profile%20-%20Rwanda_0.pdf
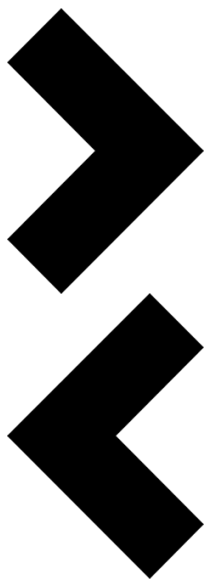
The impact of a learning exchange with key decision makers: India to Romania

To inform and strengthen care reform in India, a delegation of key members of the Indian Judiciary and UNICEF travelled to Romania for a learning exchange. The exchange provided an opportunity for very senior decision makers (including a Judge from the Supreme Court of India) from the two countries to share learning, with a particular focus on the challenges, lessons learned and success stories of child care reform in Romania. A critical element throughout the exchange was to ensure that examples of reform in Romania were framed to ensure their relevancy to an Indian context.

Engaging with their peers from Government, as well as witnessing first-hand how the reformed system functions, was highly influential for the delegation from India, their views on institutions and understanding of the care reform process;

"Institutions should be a thing of the past" - Mr. Justice Deepak Gupta – former Senior Supreme Court Judge

OUR LEARNING:
INNOVATION

Innovation is fundamental to change the status quo. It is key to 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.

CHECKLIST

- ✓ Demonstration project identified, designed and implemented

- ✓ Learning and evidence from demonstration projects is captured and disseminated

- ✓ Care reform 'champions' from demonstration projects are identified and supported to influence their peers in other locations and sectors

d) Capability and capacity to deliver

A care system designed to meet the needs of children, families and communities requires a **skilled and trained workforce, with adequate supervision and support in place,** including the full mix of formal and informal practitioners that support children.

Countries that have relied heavily on an institutional system of care often operate on a 'one-size-fits-all' model of support. This can mean that whatever the challenge a child or family is facing – ranging from a parent struggling to provide enough food for their child, a child being at risk of being recruited into a gang, or evidence of child abuse – an institutional placement is deemed the appropriate place to support a child. **The time and investment needed to develop the skills and mindsets of practitioners away from institutional models of care, to focusing on quality family- and community-based support and family-based alternative care, should not be underestimated.** This is particularly acute when tackling entrenched stigma and discrimination in the system.

It is crucial to **take stock of existing capacity and identify examples of good practice that can be built on**. This can be inspiring and build confidence that reform is possible. This assessment should include an overview of the skills and status of the national social workforce – both formal and informal (for example, community volunteers, leaders, para-social, community workers, etc.); and an assessment of the workforce in relevant social, economic and environmental sectors, which can play a key role in preventing separation.

This assessment should also map **service provision by civil society organisations in order to produce an inventory of skills and capabilities available** at national and local levels. This assessment will also help to uncover not only *what* is needed, but *where* capacity strengthening should be targeted, to ensure that the right people are in the right places.

This assessment will help to **uncover current capabilities, capacity and identify stigma and discrimination in the system that needs to be addressed**. This should be built into a workforce development plan, supported by formal education and additional professional training.

In parallel with the assessment of the capacity of the workforce, **the current case management process must be analysed and, where required, strengthened**.

'Case management' is the process followed by case workers to understand, organise and implement changes needed to **support the needs of an individual child or their family** – in a consistent, timely and systematic way.[33]

The case management process typically identifies vulnerable children/families, assesses their needs, creates goals, sets individual case plans to meet the goals, and then implements and monitors their progress until the case is ready to be closed. This involves identifying and coordinating different services to refer children and families to, a skilled and supervised workforce, and an information management system to track the process. Following an established, monitored and transparent case management process **also builds in accountability of the implementing case management agencies**.

It is essential that this process, and the team implementing it, recognises the individual needs of children and families, so that any support provided is inclusive and prioritises the best interests of the child. **Children's meaningful participation, and family empowerment,** should be built in throughout the process so that their perspective, and their rights, remain paramount.

Building the capacity of the workforce and strengthening the case management system in parallel reinforces the essential relationship between a skilled workforce *and* a clear and effective system.

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33 HHC Standard Operating Procedures – Case Management (internal)

Capacity building the social welfare workforce: Rwanda

In order to implement the *Strategy for National Child Care Reform*, UNICEF and the Rwanda National Commission for Children (NCC) initiated the *Tubarerere Mu Muryango!* (TMM) programme. A major component of the TMM programme is to build and strengthen the capacity of the social welfare workforce to deliver and coordinate decentralised childcare services. In order to meet the demands of care reform, 28 social workers and psychologists were recruited in the first year of the programme, and deployed to institutions across three districts. [34]

Tulane University and Hope and Homes for Children developed an innovative capacity development programme combining practical knowledge and experience in deinstitutionalisation and child and family welfare practice. The project achieved three broad outcomes:

1. Strengthened the capacity of Rwanda's social workforce to deliver childcare and protection services at sub-national levels and implement national childcare system reform.

2. Strengthened the capacity of local institutions and the NCC to monitor social workforce performance at sub-national levels relative to desired training outputs and outcomes.

3. Strengthened the capacity of local institutions and the NCC to deliver training to the social workforce on childcare and protection services at national and sub-national levels**.**

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34 UNICEF and Rwanda National Commission for Children (nd). *Tubarerere Mu Muryango!* (Let's Raise Children in Families!): Child Care Reform Programme, Rwanda.
https://bettercarenetwork.org/sites/default/files/2019-08/TMM%20Summary%20Evaluation%20Phase%20I.pdf

CHECKLIST

- ✓ Analysis of capacity and development needs of workforce and relevant (formal and informal) services

- ✓ Capacity building plan in place, with resourcing commitments ensured

- ✓ Assessment of current case management system

- ✓ Recommendations to improve case management system

e) *Financial modelling, and securing long-term, sustainable resourcing*

The institutionalisation of children is more expensive than supporting children, family and community-based systems of care, and delivers worse outcomes for children. However, while the care reform process can deliver a more efficient, cost-effective system – reaching more children and delivering better outcomes, in the short- and long-term – it should not be seen as a cost-cutting exercise.

As the reliance on institutions starts to reduce, there is a risk that the resources locked up in institutions are seen as 'financial savings', rather than essential funds that need to be reinvested in developing and sustaining the new system. **If that money is lost and not reinvested, then the reform process will <u>not</u> be able to adequately tackle the drivers of family separation, resulting in major risks for children and families.**

The transition from a care system dominated by institutions, to a family and community-based system, must be underpinned by the development of services, skills and infrastructure. This requires additional funding on top of the costs of running institutions because, for a time, the old and new services must run in parallel to enable a safe and phased transition between systems. As the reliance on the old system reduces, resources unlocked from institutions should be ringfenced and reallocated to the new system – where possible, through legislation. This process of transferring resources can be complicated and requires cross-ministerial agreement. For example, institutions run by the Ministry of Health may be replaced by community-based support run by the Ministry of Social Affairs.

To ensure an accurate estimate of the level of funding that will be needed, **governments need to undertake detailed costing and modelling – of the current system, transition costs, and the level of finance required for the new system**.

Mapping exercises should gather **financial information available across all service types and include public and private funding sources**. In contexts where many institutions are privately financed and a significant proportion are unregistered, mapping the costs and funding sources is more challenging. Actors can consider alternative methodologies, such as working with estimates based on the institutions for which reliable financial data is available.

An accurate estimate of the financial costs is needed to secure buy-in from key ministries and stakeholders, in addition to potential international donors – who may be able to provide financial support for the transition. It can be challenging to secure upfront, full funding for a long-term reform process as it will span different election cycles and require the buy-in from many different stakeholders. However, **this should not be used as an argument not to commit to reform**. Once a clear understanding of the estimated cost of reform has been reached, the reform process can be built into phases which can be reviewed and re-phased based on the financial situation. Phasing the process in this manner will enable confidence in the process to be built, in addition to ensuring that key processes are only started when there is confidence that they can be completed.

In addition, it is **important to understand the capacity-building requirements for financing the new system**. In general, it is much easier to plan for, and provide resources to, an institutional system. Resources are often allocated on a 'per-head' or 'per-bed' basis, with simple ratios used to calculate resource needs, which often focus on 'inputs' and do not reflect any additional requirements for some children. Resourcing a system of care that focuses on strengthening families and preventing separation can be complicated and difficult to predict – especially in the short term. It is **essential that budgeting and financing of the care system is linked to the needs of children and families, the best approaches to meeting them, and the outcomes that they produce.**[35] This helps to create an efficient care system that directs its resources to approaches that work best, **prioritising outcomes rather than inputs**. Consequently, a capacity building plan should be developed to help the workforce

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35 See also. Changing the Way We Care "Public Expenditure and Children's Care – A Guidance Note" https://bettercarenetwork.org/library/social-welfare-systems/cost-of-care-and-redirection-of-resources/public-expenditure-and-children%E2%80%99s-care-guidance-note

to accurately plan for, and allocate resources to, the new system – this can be informed by the reform process in other countries with similar care systems.

OUR LEARNING:
FINANCING COMMUNITY-BASED SERVICES

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. It is critical to ensure that children with disabilities, when reaching adulthood, are not returning to institutions because funding is not following them in adulthood.

CHECKLIST

✓ Mapped current funding to the care system (both public and private), ensuring a focus on different funding streams

✓ Detailed costing and modelling – of the current system, transition costs, and the level of finance required for the new system

✓ Estimated budget for different phases of the reform process

✓ Secured funds for initial phases of reform, and commitment to longer term funding

✓ Estimates for cost of sustaining the system

f) Tackling discrimination and stigma

Through the range of activities undertaken to prepare the ground and the structural conditions for change, it will be evident what role stigma and discrimination play in driving family separation, institutionalisation and placing children at risk. If **stigma and discrimination in the system are not recognised and addressed in the reform process, it will seriously hamper its effectiveness, running the risk that certain groups of children and families continue to be left behind**.

Convening a diverse working group, with **high-level political leadership and buy-in with the mandate to tackle stigma and discrimination in the system,** can help to address this issue. It is important that people with lived experience of the system are included so they can provide their expertise and perspective throughout the process. Crucially, this group must build in the perspective of children who have been stigmatised and discriminated against so that they can play a key role in **ensuring that the reform process overcomes the dehumanising shadow of an institutional system, and empathises, respects and prioritises the views of those often marginalised and less heard.**

In some countries, **the role of faith actors in tackling stigma and discrimination is critical**. Faith actors often play a key role in shaping the beliefs, attitudes and behaviours in a community – and therefore, their engagement in understanding the problem, and commitment to tackling it, can be influential.

Through analysis of the data and evidence gathered through the process, **barriers and opportunities to tackling stigma and discrimination can be identified** – both at structural and community levels. Depending on the challenges, key actions may include the development of behavioural change communications, training with frontline staff, establishing reporting/helpline mechanisms for groups commonly discriminated against, in addition to strengthening policies and guidance.

CHECKLIST

✓ Established working group to tackle stigma and discrimination – both at structural and community levels

✓ Uncovered examples of stigma and discrimination in the system; where they are happening, how they are being enabled and who is accountable

✓ Developed and implemented multi-sectoral plan to respond to stigma and discrimination in the system

PHASE II: IMPLEMENTING CHANGE

The first phase of the roadmap focuses on creating the conditions for change, which will enable and facilitate implementation. Although there is no *one-size-fits-all* care reform process, Phase II outlines key elements that can be considered, adapted and included.

In summary, any reform process should include the following elements. **Their significance and phasing in the process will vary based on need, context and capacity**. However, the development of 'demonstration projects' outlined in section 1b will provide valuable examples of locally relevant approaches and learning, which can be expanded on to plan and implement reform at scale.

> **Preventing family separation:** Develop the range of services that can help prevent family separation and institutionalisation. Based on the contextual drivers of separation, this is likely to include engaging with social, economic and environmental sectors to ensure, for example, that quality and inclusive health care and education is available in the community. In addition, the care system needs to ensure preventative gatekeeping mechanisms are in place and limit the use of residential care. This may also require changes in legislation, regulation and inspection to cut out informal and/or illegal routes into institutions. This is a long-term process which serves a critical role in reducing the number of children entering the care system.

> **Strengthening family-based alternative care:** To be able to safely move away from institutions, and ensure that children at risk are supported, a suite of alternative, family and community-based services need to be developed. It is important that a diverse range of locally-developed services are built, reflecting cultural norms, which can be adapted to the different needs of children and families. These services must connect with policy and legal changes and should inform further adaptation and creation of norms and regulation, such as quality standards.

> **Dismantling the institutional system:** Plans must be put in place and implemented to close all institutions in a safe, phased manner. This has to be done in parallel with the development of alternative family-based placements for children and be strictly monitored. It is essential that this process leaves no child behind and ensures that those children most in need, and most affected by institutionalisation, are prioritised and protected.

The following components are important to consider in the implementation phase:

i. Stakeholder engagement and strategic communications
ii. Assessing the needs of children, families and communities
iii. Service design and capacity development
iv. Safe, phased transition of systems
v. Support, monitoring and evaluation

2.1 Stakeholder engagement and strategic communications

Engagement with key stakeholders is a critical and constant feature throughout the process of transitioning away from institutions due to the complex change involved for children, families, staff and communities.

Care reform requires major upheaval in systems and **can be daunting or worrying for those involved**. Rumours and mistruths can spread easily in the absence of clearly articulated and communicated plans.

Throughout implementation, the purpose, key strategies and expected outcomes of care reform must be communicated. 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 true when involving children and young people as key actors in the process, rather than simply passive beneficiaries.** Children and young people must be put first, and their voices must be actively sought out, encouraged and heard.

Engagement with children in institutions, staff, parents, relevant professionals, local and national authorities and the wider public can ensure **collaboration, coordination and clear expectations, and help secure formal working and collaboration agreements**. Through careful engagement, resistance to change can be identified and tackled.

Influential **champions and leaders can become figureheads and supportive actors** on this journey, influencing the behaviour of those who actively support institutions – for example, current managers of institutions, their staff, and private donors.

Sensitive engagement is especially important around the time of setting up a demonstration project and actively entering a phase of closing institutions. **A solid engagement strategy will help to minimise anxiety and further trauma for the children.**

OUR LEARNING:
ATTITUDE CHANGE

The mindset of all stakeholders is critical to driving and enabling 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.

FOUR CORNERSTONE STORIES THAT ENABLE CHANGE

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 that change their mindset.** 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.

CHECKLIST

- ✓ Developed stakeholder engagement plan, outlining key audiences and power dynamics

- ✓ Put children and young people first and ensured their voices are heard

- ✓ Invested in targeted communication and outreach to minimise and respond to concerns and resistance, and build support for the process-based services

OUR LEARNING:
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.

Work with communications specialists to ensure that formats are easily accessible and visually engaging, particularly when communicating to non-technical audiences.

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 and practical solutions exist.

2.2 Assessing the needs of children, families and communities

During the implementation phase, **in-depth assessment at a granular, local level is needed to complete an accurate understanding of the situation and needs of children in institutions, separated from their families or at risk, and the prevention and alternative care service gaps at a local level**.

This **local specificity is critical in identifying needs, gaps and services provision requirements**. This will provide the evidence base to engage with those responsible for relevant social, economic and environmental sectors which will be key in creating holistic services to support children and families.

Institution and community mapping should take into account the situation of all children (in institutions and in the community) to understand areas of potential risk and vulnerability, as well as provide a picture of the resources available to deliver the transition and the services required in the new system. Such assessment should include:

> The reasons why children are placed in care or at risk

> Specific entry points to institutions

> Care provisions available (formal and informal)

> When children leave care and how

> Assets in the system

Individual assessments of every child in an institution need to be conducted by a team of relevant professionals which might include trained social workers, psychologists and education or health professionals. 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.** Child and family assessment tools should be standardised, and include interviews and consultation with the child and family themselves. This should follow established national assessment and case management protocols and allow an appropriate placement decision and transition plan to be made for every child living in the institution. **The purpose of assessment is to ensure that future care provision for the child meets their needs and rights.**

Understanding the needs of families and building them into care provision: Children in Need Institute, India

Archana was just five years old when she lost both parents. She was extremely vulnerable to being placed into an institution. Her grandmother took immediate care of Archana and her two elder sisters. However, she soon felt overburdened by the responsibility of caring for her three grandchildren.

It was decided that the home of the children's aunt, with whom Archana had a close and loving relationship, would be the best place for the children to be supported. In order to ensure that the aunt was able to support her nieces, they accessed a government programme to receive additional support.

Archana is now 12 years old and studying in school. She likes playing and dancing with her friends and regularly meets up with her grandmother. Her aunt and uncle love her like their own daughter. (CINI, India)[37]

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37 https://www.hopeandhomes.org/what-we-do/how-we-work/project-partners/child-in-need-institute-cini-india/

CHECKLIST

✓ Understood the situation of children and the status of their rights at local level

✓ Assessed availability, quality of care services and the human resources across existing prevention and alternative care services in the community

✓ Conducted individual assessments of children in institutions, and of their families, to enable placement decisions in the best interest of each child

2.3 Service design and capacity development

Regardless of the scale or complexity of the transition process being planned, the following questions must be answered, based on the best available data; factoring in the perspectives of key stakeholders and prioritising the views of children and families:

> Where do we start?

> What types of services do we most need?

> Where are these services most needed?

> What are the likely numbers we need to plan for?

The answers to these questions will form detailed local plans for prevention, gatekeeping and alternative family-based care development. These are likely to cover:

> **Strengthening or establishing family-strengthening and prevention services.** This often includes family support in the domains of health, education, psychosocial support, housing and livelihoods / household economy, social protection, family planning and maternal health.

> **Strengthening or establishing gatekeeping mechanisms**. Starting at the local administrative level and ensuring strong coordination and funding available at district level to implement gatekeeping and ensure placement decisions are made in the best interest of the child. The following pages provide more detail about gatekeeping.

> **Strengthening or establishing alternative family-based care:** where children are not able to live with their birth parents, build family-based alternatives so <u>all</u> children have the chance to grow up in a family. Across the world, the overwhelming majority of children who don't live with their birth parents, live in families, not institutions. Countries and communities have experience and expertise in ensuring that children live in families, but the presence of institutions distorts this. This requires a targeted focus on those most often discriminated against and left behind, and an understanding of what services are needed to ensure they don't fall through the net and end up in institutions. During this process, it is **important to assess the role of residential care within the continuum of care provision, and gradually reduce reliance on this form of care**. In many countries there is an over-reliance on residential care – particularly for children with disabilities. If deemed necessary, residential care should be temporary, specialised and organised around the rights and needs of the child, in a small group setting as close as possible to a family, and for the shortest possible period of time, with the ultimate goal of finding longer term care in a family and community. Any care reform process should review the placement of every child in care, to ensure it is appropriate, time-bound and meets their needs and rights.

OUR LEARNING:

Often the closure of institutions is not followed by the reallocation of resources – financial and human – to newly developed services that are located in the community and are accessible to children and families. These resources are essential in the new system so that they can fuel the development of capacity at the local level to provide effective gatekeeping, including family strengthening, and alternative care.

CHECKLIST

- ✓ Designed and developed prevention services to support children and families

- ✓ Designed and developed gatekeeping mechanisms

- ✓ Designed and developed alternative family-based care services to meet the needs of children

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.p23)

Q1
IS THE CARE GENUINELY NEEDED?

Reduce the perceived need for formal alternative care	Discourage recourse to alternative care
• 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 proactive manner • Stop unwarranted decisions to remove a child from parental care	• Ensure a robust gatekeeping 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
• 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 an independent inspection mechanism carrying out regular and unannounced visits	• 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 families and by its capacity to provide suitable alternative family-based 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.[38] It is a very helpful shorthand for the vitally important set of mechanisms that ensure governments can create child protection and care systems that apply the two principles of necessity and suitability.[39] Good gatekeeping[40] 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.

"Gatekeeping[41] requires an orientation that helps those involved focus on promoting family support and addressing underpinning issues of social exclusion and poverty."[42] 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
> 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.

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

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 responsible for identification, referrals and decisions about children's care at the local level.
> A moratorium on placements in institutions. In other words, an agreement that no child can be placed in an institution and alternative care must be used.
> Community-driven resource centres focused on children, parents and communities.
> Appropriate family strengthening, prevention and alternative care services. Including emergency alternative care to ensure that no children are placed in institutions in situations where they have experienced separation or a child protection threat requiring immediate intervention. Emergency foster care is commonly most appropriate.
> 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.

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38 Changing the Way We Care, Gatekeeping Factsheet, 2021, https://bettercarenetwork.org/sites/default/files/2021-11/92.11_EN_%20What%20is%20Gatekeeping%20Factsheet.pdf
39 Neil Quinn, Jennifer Davidson and others, 'Moving Forward: Towards a rights-based paradigm for young people transitioning out of care' International Social Work, 60(1) 2012. https://doi.org/10.1177/0020872814547439
40 Andy Bilson and Cath Larkins. 2013. „Providing Alternatives to Infant Institutionalisation in Bulgaria: How Gatekeeping Can Benefit from a Social Development Orientation", Children and Youth Services Review, 35.9: 1566–75 https://doi.org/10.1016/j.childyouth.2013.06.008
41 Better Care Network, UNICEF, USAID 'PEPFAR Making Decisions for the Better Care of Children, the Role of Gatekeeping' https://bettercarenetwork.org/sites/default/files/Making%20Decisions%20for%20the%20Better%20Care%20of%20Children.pdf
42 Bilson and Larkins, 2013
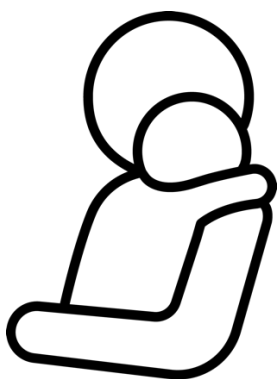
Case Study South Africa – Active Family Support Model

Parents and carers facing complex challenges do not always have the knowledge or confidence to seek support. Many fear they will be judged and that asking for help may increase their risk of being separated from their children.

Active Family Support is a model to identify children and families at risk and provide them with support to prevent family separation. Families are helped to assess their strengths and needs across six wellbeing domains: living conditions, family and social relationships, behaviour, physical and mental health, education, employment and household economy. Based on the outcomes of the assessment, families are engaged in developing a support plan and are assigned a support team consisting of social workers, pedagogues and psychologists who work intensively with the parents and the children for a set period of time.

From 2003 to 2010, the programme supported 845 people (479 children and 366 adults) from 245 families. The project team successfully prevented the separation of children from their families in 98% of cases.
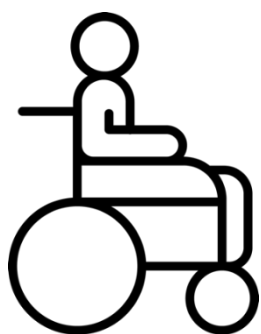
Developing alternative family-based care: Rwanda

Rugwiro wanted to find a way to support children from vulnerable families. This led him to become a *friend of families* (Kinyarwanda Inshuti z' Umuryango – IZU). IZUs are community-based volunteers which aim to uphold child rights within their communities.

In his role as an IZU, Rugwiro undertook a range of activities to help keep families together, encourage children to stay at school, and improve child rights. However, he wanted to do more to protect children. It was then he decided to become a foster parent: *"I could not stand to see children suffering, they are our future as a country. When I was a child I was supported by someone from the community, he forged me into the person that I am today. It is my turn to give back the goodness I have received in my past"*.

After a thorough assessment, Rugwiro's family was eligible to become a foster care family, and received training. The family was chosen and prepared to receive a young adult with disabilities. After an in-depth preparation process, Ndoli came into the family. He was 24 years old, and suffered from epilepsy and mental impairment.

When he arrived in the family, Ndoli was not very communicative and responsive. Gradually he learned new activities, such as helping to feed the family cow and working with his father in fields. This activity has awoken his cognitive abilities, his seizures have also significantly reduced. Rugwiro is a proud foster parent: *"We have to set examples, Ndoli is one of my greatest achievements. Neighbours always ask me how I do that. They are amazed by what we have achieved by receiving him into our family. We encourage others to support/receive vulnerable children, especially children with special needs."*

2.4 Safe, phased transition of systems

Care reform is a complex, multifactored process, which involves change across many levels. **It is essential to try to understand and manage what change looks like through the eyes of a child, or other service user, or the workforce**.

This is critically important at the point of transitioning children from institutions to family- and community-based care. Change can be difficult for anyone, but is particularly acute for children who have already experienced a lot of change in their lives, and have likely experienced trauma.

In preparing for a successful transition, **it is important to have the right people in place**. Trained social workers, psychologists, family support workers, community volunteers, community structures 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 their case manager.

A realistic **schedule to balance trust-building with momentum** should be created. 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. 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. From the beginning of assessment to the end of transition there should be a clear framework for action in place, scheduled to be implemented over a period of time.

Children must be prepared[43] so that trauma and upset are minimised. 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 even to initially resist the change is crucial. 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 institution they have lived in for so long. 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. Specialist support should be provided to children and young people as part of the transition process. Young people who are ageing out of care and transitioning to independent living should be connected to all necessary forms of support appropriate to their needs and life goals.

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43 For example https://www.wearelumos.org/resources/moving-my-new-home-0-14/

The principles that underpin a safe, successful transition

All agencies should agree to the following principles for transition:

> 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.

> 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.

> 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.

> 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 with the appropriate level of support to enjoy their right to community and family living.

> Siblings should be reunited where possible and appropriate.

> Those buildings currently housing specialized institutions and targeted for closure during the programme should not be used for residential care for children.

> All interventions should do no harm and result in long-term benefits to families and communities.

> All interventions should make communities more resilient to hardship and disasters.

> Government authorities (f the Executive branch, the Legislative branch and the Judicial branch) and policy-makers are responsible for the improvement of child protection and care systems.

Promoting Resilience Informed Care is a useful **practical tool for anyone working with children at risk of entering, already living in, preparing to leave, or having already left, alternative care**. It explains some of the triggers of trauma and how it manifests itself before, during and after the move. It details how to support children who are at risk of, or who have already experienced adverse experiences, that might lead to distress or trauma.[44]

Staff employed by the institution must be actively involved in the transition process. Staff resistance is a common challenge, yet some staff go on to fulfil other important roles such as retraining as foster carers or taking roles in new community-based prevention services. Encouraging staff to participate in children's transition 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.

The preparation for transition may take longer in the case of some children and young people with disabilities and should be supported by trained specialist professionals.

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44 CTWWC, Promoting Resilience-Informed Care: A practical guidance resource for frontline workers in family based care, 2021.
https://bettercarenetwork.org/library/childrens-care-in-emergencies/preventing-separation/promoting-resilience-informed-care-a-practical-guidance-resource-for-frontline-workers-in-family

OUR LEARNING:
TIMELINES

Care and protection system reform is a long term commitment, but children need clear timelines to manage the transition and clear communication. Time is of the essence for children without parental care to ensure they can experience the warmth and care of a family environment during their childhood.

CHECKLIST

✔ Comprehensive transition plans in place for children

✔ Ensured that children, families and services are adequately prepared and supported for the forthcoming changes in their lives

✔ Implemented the safe transition of children from institutions to family and community-based care, ensuring that resources are redirected from institutions to the new family and community based services

OUR LEARNING:
ENDING INSTITUTIONALISATION

Reducing the number of children in institutions must involve specifically planning for the repurposing or closure of these facilities. If this is not done, incentives will remain in place to replace the children who have left. Even if a reduction in the net number of children residing in institutions could be achieved in the short term, the financial mechanisms set up, usually on a cost/child allocation, will not allow for a significant change.

CHECKLIST

✓ Ongoing post-placement support and monitoring cases of all children and families

✓ Monitoring and evaluating cases to understand placement effectiveness and outcomes for each child

✓ Systems to gather and use learning to evaluate, scale and sustain change in place

2.5 Support, monitoring and evaluation

Post-placement support and monitoring is crucial to **ensure quality of care no matter the setting**. Once a child has made the transition out of an institution and into their prepared placement, or returned to their birth parents or extended families, **the focus of attention needs to shift towards post-placement support for the child, the family and/or the caregivers** in alternative family-based care settings.

Placement in family or alternative care is not enough by itself to overcome the challenges faced by the child and family, or to address all harm caused by institutionalisation. **The quality of the subsequent family environment – and enabling social, economic and environmental forces – are important factors in outcomes for children.** While placements in a supportive family can result in the formation of close attachments within that family unit, many children who grew up in institutions will still face challenges in interacting with peers and adults outside the family unit.

Processes should be established to enable **regular and sustained child and family visits; generating information and discussions which lead to supportive interventions for families and children**. This monitoring and support can be delivered by an appropriate mix of skilled professional social workers and trained community volunteers.

Monitoring a set of agreed indicators is a vital part of the post-placement programme. **A meaningful system of monitoring and evaluation will generate an understanding of the level of programme and placement effectiveness** for each child and overall, and data on the outcomes that are being achieved for children and families once they are back in their communities. This enables teams to learn from mistakes, from positive and negative experiences, and to put in place mechanisms for improvement in the future. In addition, an understanding of 'what works' should link into how resources are allocated – ensuring that promising and effective practices are prioritised, rather than just focussing on 'inputs'. 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.

Case management systems should include a set of **agreed tools to collect data on a range of indicators about children's development, quality of life and the quality of family or alternative care provided to them**. These measures should then be monitored through the post-placement 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.

Monitoring and evaluation should not be a tick-box exercise, or viewed too narrowly, as all learning is vital. This is particularly true when pioneering change, as the learnings will be valuable to others who wish to replicate, scale up and sustain change nationally. It supports the promotion of a child-centred focus across services and increases the likelihood of future reform programmes being initiated and maintained nationally and across regions 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.

All data collected on individual cases should be **anonymised, collated and aggregated so that it can inform the oversight and development of the care system** at local and national levels. Management information systems provide those responsible for the care system with the ability to identify what is working, what needs improving, and where additional support is best directed. They are also key tools in **ensuring accountability of the care system to the people it serves**.

An evaluation of Rwanda's landmark TMM Programme[45]

The *Tubarerere Mu Muryango* / Let's Raise Children in Families (TMM) programme is described on page 19. Phase 1 of the programme was evaluated in 2017. The evaluation summarised the key achievements and lessons learned from the first phase of implementing national reform. It highlighted how the programme had led to dramatic decreases in the number of children in institutions and how government agencies had strengthened, among other areas. Crucially, the evaluation outlined remaining challenges and priority next steps that had to be factored into the next phase of reform. These included further support for children with disabilities and greater government ownership of care reform and child protection structures at a district level.

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45 UNICEF/ Primson Management Services, 2018). Summative Evaluation of the Tubarerere Mu Muryango / Lets Raise Children in Families (TMM) Phase 1 Programme in Rwanda. Rwanda: UNICEF, https://bettercarenetwork.org/sites/default/files/2019-08/TMM%20Summary%20Evaluation%20Phase%20I.pdf

CROSS-CUTTING ELEMENTS OF CARE REFORM

Phases I and II outline the steps needed to prepare for reform, the key structural conditions that must be in place, and present key stages and essential ingredients that must be incorporated in the reform process. This section highlights cross-cutting elements which will underpin any stage of the care reform process and, crucially, **sustain a transformed system**.

The key cross-cutting elements of the care reform process, which help underpin and sustain change are:

3a. Personalised approach to care

3b. Commitment to safeguarding children

3c. Leave no child behind

3d. Accountability to children, young people, families and civil society

3e. Monitoring, evaluating and learning

3f. Sustainable resourcing

3g. Supportive policy, legislative environment and leadership

3.1 Personalised approach to care

To ensure a quality care system that meets the evolving needs of children, families and communities, **children must be placed at the centre of the system**. This means that children's feedback and outcomes must drive 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. It also ensures that the care system is agile and can adapt as the needs of society, and the challenges they face, change.

3.2 Commitment to safeguarding children

Throughout the care reform process, **it is critical that all stages and stakeholders share a commitment to safeguarding children – this should be a common thread running through all activities associated with the care system, and its reform.**

A shared commitment to safeguarding means that stakeholders agree to: *prevent* children from experiencing harm and abuse; *protect* them from experiencing harm and abuse; ensure they grow up in *safe and effective care*; and *promote* their wellbeing and *take action* to ensure they have the best possible outcomes.

This is a comprehensive and complex commitment. It requires everyone to understand their role and responsibilities in safeguarding children: providing guidance and support; and establishing policies and procedures. In some contexts, there may already be strong safeguarding policies and procedures in place. In this situation, the reform process should raise visibility and accountability to existing frameworks. However, in other contexts, there may be a need to develop a new, shared approach to safeguarding.

Regardless of the level of existing safeguarding frameworks, it is **important that the care reform process builds a *culture* of safeguarding throughout all activities**. This means creating an environment where safeguarding is actively considered and prioritised and where all stakeholders involved – including children and staff – feel confident in raising concerns. As the care reform process develops, it is likely that power dynamics will evolve. Children and young people may feel more comfortable in challenging decision makers and holding them to account.

> **Safeguarding toolbox: Changing the Way We Care**
>
> The *Safeguarding Toolbox*[46] contains risk assessment tools, support and guidance for those who work with and for vulnerable children and adults, particularly those at risk of entering, or already living in, alternative care. This toolbox is intended to help:
>
> › understand what protection and safeguarding means in a variety of contexts
>
> › supplement and strengthen policies and procedures and align to global best practice standards
>
> › implement and 'live' the policies
>
> › build capacity and raise awareness around safeguarding and integrate an understanding of underlying causes of exclusion, discrimination, violence, abuse and exploitation in programme strategies

3.3 Leave no child behind

A strong care system must be inclusive of all children. This is in line with the Sustainable Development Goals agenda's aim to 'leave no one behind'. As highlighted previously, stigma and discrimination in the system often results in certain groups of children disproportionately being separated from their families, entering the care system, and being placed in institutions. Once in an institution, many groups of children, such as children with disabilities, and girls, are more likely to suffer harm. Even in countries that have started to transition away from care systems that rely on institutions, where stigma and discrimination have not been tackled, these groups of children remain on the margins, and are more likely to remain in institutions, or placed in alternative care that does not meet their needs.

It is essential to monitor the system to ensure that groups of children are not being left behind in reform efforts, and to **keep the pressure on relevant ministries or service providers to maintain momentum**.

3.4 Accountability to children, young people, families and civil society

Meaningful **participation of children is critical in ensuring that the best interests of the child are met** – this can range from individual placement decisions, right through to shaping national reform efforts.

Participation is one of the core principles of the UN Convention on the Rights of the Child. Children – especially those living in care or at risk of separation from their families – must be given opportunities to influence decisions that affect their lives. **Mechanisms must be built that develop and support their agency, so that they can safely challenge decision makers and hold them to account.**

This will enable children and young people to play a **significant role as agents of transformation throughout all phases of reform**, from the initial preparatory stage through to implementation and monitoring, in accordance with their evolving capacities and gradually increasing autonomy. All

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46 Changing the Way We Care, Safeguarding Toolbox: For organizations to develop & implement effective, relevant safeguarding policies and practices, 2022. https://bettercarenetwork.org/safeguarding-toolbox-for-organizations-to-develop-implement-effective-relevant-safeguarding-policies

children have the right to participation, and attention must be paid to ensure that children with disabilities and other children who may have been marginalised are encouraged and enabled to participate and have their voices heard.

In order to ensure a dynamic care system is in place that recognises and responds to the needs of children, families and communities, **it is important to ensure that the participative approach followed throughout the care reform process, is embedded in the 'new system'.** This means establishing mechanisms through which users of the system – such as children and families, and civil society groups – are able to play a watchdog role over the system, and have opportunities to continue to monitor, support and develop the strategy, plans and services.
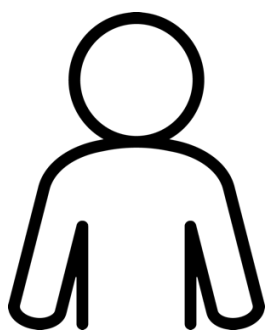
Engaging and supporting young people leaving care: Kenya

The Kenya Society of Care-Leavers (KESCA)[47] was established by and for young people who have grown up, or spent part of their lives, in institutions in Kenya. It aims to promote the well-being of care-leavers and advocate for the rights of children in institutions. The organisation strives to enhance the social, psychological and economic coping mechanisms of youth by providing life skills and linking them to economic opportunities.

Activities to strengthen economic opportunities include: life skills and motivational training; supporting young women leaving care on relationships, sexual and reproductive health, and marriage issues; helping young women overcome trauma and violence in their lives; providing care leavers with life skills and building confidence; and supporting self-advocacy to shape policy and guidance.

3.5 Monitoring, evaluating and learning

Improved outcomes for children are the ultimate goal of care system reform. Properly planned and supported transition from institutions to family and community-based care, and successful interventions that prevent the need to separate children from their families, deliver positive outcomes for children. It is essential to gather evidence of the outcomes for children and families during all phases of reform to ensure it is delivering as intended, and to continue to inform practice and policy.

Systematic collection of data is critical at both national and local levels. This requires national data systems to explicitly target children separated from their families and at risk, and for relevant mechanisms, indicators, tools and data systems to be developed. There may be opportunities to integrate key indicators relating to the care system into existing national routine data collection systems – this can include data collection processes and periodic assessments, such as household surveys. **This will ensure that children are included in statistics that inform government policy, programmes and budgets.**

It is important to note that **the presence of evidence, however compelling, is not always enough to make a difference**. Attention must be paid to strengthening people's capacity to understand data, and how they can build it into their decision-making processes. This often requires targeted advocacy and support with decision makers so that they prioritise evidence-informed decision-making.

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47 https://www.kesca.org/

DataCare: Better data for better child protection systems

Comprehensive mapping of child protection data systems across the 27 Member States of the EU by the DataCare project found 302,979 (40%) children in residential care out of a total of 758,018 children in alternative care across the EU.[48],[49]

The proportion of children placed in residential care compared to those placed in formal family-based care provides an instrumental indicator of the effectiveness of deinstitutionalisation and progress towards the goal of ensuring that children in alternative care receive high quality, inclusive, family and community-based care - in combination with other indicators including the reasons for placement and the later outcomes for children.

The DataCare project proposes a core set of four interlinked indicators at the national level to enable a transparent and common approach to data collection and monitoring of deinstitutionalisation and child care reform:

> The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)

> The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)

> The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)

> The percentage of children aged 0-17 in residential care (of the total number of children aged 0-17 in alternative care at a specific point in time).

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48 UNICEF and Eurochild, 'Children in alternative care: Comparable statistics to monitor progress on deinstitutionalisation across the European Union,' Policy brief on findings and recommendations from the DataCare project. 2021 https://www.unicef.org/eca/media/19756/file/UNICEF-DataCare%20Policy%20Brief.pdf
49 UNICEF and Eurochild, 'Better data for better child protection systems in Europe: Mapping how data on children in alternative care are collected, analysed and published across 28 European countries,' Technical Report of the DataCare project. 2021 https://www.unicef.org/eca/media/19761/file/UNICEF-DataCare%20Technical%20Report.pdf

OUR LEARNING:
WHAT GETS MEASURED, GETS VALUED

It is important to ensure countries build a strong baseline and measure quantitative 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 a national level in addition to setting up 'learning from practice' mechanisms which document failures as well as successes. 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.

3.6 Sustainable resourcing

As previously highlighted, **additional resources are always needed when transitioning a care system**. Typically, greater resources are needed when the old and the reformed systems are still running in parallel, and until resources locked into running institutions 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.

The role of donors in supporting the transitional costs of reform: European Union

The transitional costs of the care reform process can be considerable and present a major barrier to countries embarking on the process at scale. In order to catalyse reform at a national level, and support this process, the European Union has played a major role in supporting care reform in Romania and Bulgaria.

The European Union's Structural Funds were provided to both countries at different stages of their reform processes and, crucially, they played a key role in supporting transitional costs. This enabled governments to plan and budget for the new 'transitioned' system of care, and reallocate funds invested in the old institutional system to the new system, without having to identify greater resources to manage and implement the change process. This enabled the European Union to help catalyse the transition, but also ensure that the process was led at a national level as Funds were directed to support transformation, rather than the ongoing running of the system.

An Example of Policy Commitment from a donor country, UK

At the 2018 UN Global Disability Summit, the UK government publicly committed to a new policy on children and young people in institutions, which noted the harm of institutionalisation and stated the government's commitment to ensuring that all children "realise their right to family care and that no child is left behind". It committed the UK government to tackling the underlying drivers of institutionalisation and working towards the long-term process of deinstitutionalisation globally.[50]

This declaration is an example of a donor country becoming a champion of global care reform. Its principles were later incorporated into the DfID (Department for International Development) strategy on disability inclusion and UK Aid Direct enacted a regulation against funding orphanages. At the 2022 Global Disability Summit the UK restated this commitment as part of its new FCDO (Foreign Commonwealth and Development Office) Disability Inclusion and Rights Strategy.[51] UK Aid has also set a promising example through its own direct work, by funding programmes to combat institutionalisation, strengthen families and social services and reform child protection systems in several countries. In addition, in October 2019, the UK joined other countries in changing its

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50 https://www.internationaldisabilityalliance.org/commitments/stakeholder/united-kingdom-department-international-development
51 https://www.gov.uk/government/publications/fcdo-disability-inclusion-and-rights-strategy-2022-to-2030

travel advice for citizens to recognise the harm that can be caused by orphanage volunteering.[52]
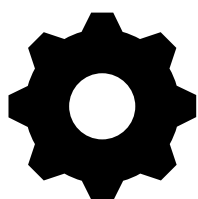
An Example of Strategic Support for Care Reform from a Global Partner: the European Union

The European Union (EU) plays a leading role in catalyzing care reform within its borders, by striving to ensure that no EU investment goes to institutions and by supporting its member states in the transition towards family- and community-based care.[53]

More recently, the issue of child institutionalisation was firmly placed on the EU's global agenda. The new **Neighbourhood, Development and International Cooperation Instrument**[54], which entered into force in June 2021, has included the promotion of 'the transition from institutional to community-based care for children' as an area of cooperation and intervention, for both its geographic and thematic programmes.

This priority also features in the global dimension of the **EU Strategy on the Rights of the Child**[55], where the European Commission committed to "invest in the development of quality alternative care and the transition from institution-based to quality family- and community-based care for children without parental care and children with disabilities".

In turn, these commitments are reflected in the **EU Action Plan on Human Rights and Democracy 2020-2024**[56], which includes a strong call to action to support care reform 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."

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 continuous, adequate investment to maintain these services in the communities and sustain the workforce and services.**

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

52 https://www.gov.uk/guidance/safer-adventure-travel-and-volunteering-overseas

53 The EU has mainly been promoting the transition from institutional to family- and community-based care through the European Structural and Investment Funds. For more information see: Community Living for Europe: Structural Funds Watch (2018). *Inclusion for all: achievements and challenges in using EU funds to support community living.*
https://eustructuralfundswatchdotcom.files.wordpress.com/2019/09/strucutral-funds-watch_inclusion-for-all.pdf [accessed 27 September 2021].

54 Regulation (EU) 2021/947 Of the European Parliament and of the Council of 9 June 2021 Establishing the Neighbourhood, Development and International Cooperation Instrument – Global Europe. https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32021R0947&from=EN

55 Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions - EU Strategy on the Rights of the Child. March.2021. https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:52021DC0142&from=en

56 EU Action Plan on Human Rights and Democracy 2020 – 2024.
https://www.eeas.europa.eu/sites/default/files/eu_action_plan_on_human_rights_and_democracy_2020-2024.pdf

transition and the sustained funding of the care system, authorities can reinforce their authority and oversight over the care system and improve regulation.

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

This can be challenging in contexts which rely heavily on private funding, such as from NGOs or faith-based organisations - **redirecting these resources from institutional to family and community-based care is complicated and resource intensive, but essential in sustaining the reformed system.** For example, donations previously targeting institutions could be invested in setting up alternative care services (seed capital), educational support services, help to access medical and health services, and community hubs with services like day care, after school programmes and early intervention.

Our learning: It is important that the care reform process is future-proofed with sustainable funding at its heart. There should be checks and balances in place to ensure that services identified as essential in the process of transition are maintained in perpetuity. In some cases, austerity measures or cuts in other budgets after the process of transition have seen essential services cut.

3.7 Supportive policy, legislative environment and leadership

Legislation and regulation that underpin and enshrine reform are essential. Yet, while a conducive policy and legislative framework is important, it has to be translated into action. Aspects such as **national service standards and guidance – with an effective inspection process,** help to formalise reform and create a system that strives for continuous improvement.

OUR LEARNING:

It is important that the care reform process is future-proofed with sustainable funding at its heart. There should be checks and balances in place to ensure that services identified as essential in the process of transition are maintained in perpetuity. In some cases, austerity measures or cuts in other budgets after the process of transition have seen essential services cut.

OUR LEARNING:

It is also important to note the invaluable role that leadership plays in sustaining and championing reform. Government and civil service leadership is particularly 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. Globally there are examples of inter-agency coordination formats with mixed results. Sometimes a central authority overseas 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 and ensure sustainable change at all levels.

EXAMPLES OF CARE REFORM FROM AROUND THE WORLD

In every region of the world, evidence exists that care reform is possible, and that it delivers better outcomes for children. This section provides topline summaries of care reform progress in some countries where Hope and Homes for Children works.

The examples provided are intended to illustrate how different countries organised their care reform processes, the notable achievements, and the timescale followed.

Care Reform in Romania – Timeline of System Achievements

1997-2001
A new SW force is developed with the new generation of Social workers and Psychologists graduating for the first time after 1970s and the creation of the regional authorities for child care and protection (the country Child Directorates).

2005
First comprehensive legislation for promoting and protecting children's rights is implemented in Romania, with a specific focus on children in care (Law 242/20014).

2014
State ban introduced on the institutionalisation of children under 3 (excluding children with severe special needs). By cutting the entry point for institutionalisation, the system started to collapse.

2019
All children under 3 are no longer placed in residential care. A ban is introduced on placing children under 7 in residential care (with the exception of severe special needs).

1989	1991	1996	2001	2005	2007	2014	2019	2021

1989
Journalists discover more than 100,000 children starving, naked, with shaved heads in "orphanages".

1991-1996
Government attempts refurbishing institutions, hoping for a quick solution. Unfortunately, refurbishing delivers no change.

2001-2004
First attempts to pilot reform and systemic change. Romania is under pressure from the EU to implement significant changes for children.

2007-2014
Reform is spear-headed by CSOs in partnership with state authorities continuing with demonstrations of systemic change at county/regional level and pushing for a clear political agenda for transformation.

2019
Government legislation sets January 2021 as the date for eliminating all large scale institutions. Concerns are raised regarding the safe transition of children.

Care Reform in Bulgaria – Timeline of System Achievements

2005
First 10 Complexes of Social Services open under a national World Bank project: family counselling and support, services for street children, emergency placement units, mother and baby centres.

First Action Plan 2020-2015
Closure of all 25 institutions for children with disabilities. Closure of the first 8 institutions for children under 3 managed by the Ministry of Health. Development of national scale foster care. Building infrastructure for alternative services and care. Capacity building of the social workforce. Legislative changes.

Starting point 2010 (137 institutions; 7716 children)
Government national strategy 'Vision for Deinstitutionalising the Children in Republic of Bulgaria' for the closure of all institutions for children by 2015.

2016 Updated Action Plan
By end of 2020 closed all institutions for children without parental care. By 2020 closed further 13 institutions for under 3. Only 4 remaining with 200 children.

Institutional care system for children part of the socialist past.

Bulgaria ratifies the UNCRC.

Child Protection Act adopted Child Protection Departments (gatekeeping).

1944-1990	1991	2000	2005	2007	2010	2015	2018	2021

In the turbulent 90s an estimated 30,000 children in institutions. Institutions were divided among MoH, MLSP and MoE.

First alternative care services are piloted by NGOs, mostly day care for children with disabilities.

2003
Institutions for children with disabilities transferred to municipalities but finance from national level.

2004
First regulation of foster care introduced voluntary FC.

2007
Second regulation allowed both voluntary and remunerated FC. Foster care seriously underdeveloped.

2009
133 foster families, 112 children placed.

2007
Institutions for school age children transferred to municipalities but finance from national level.

By 2010, NGOs led the pilot closures of 4 institutions of different type.

2017
Executive Order prevents typical children of any age being placed in institutions.

2020
New Law of Social Services came into force promising quality improvement

2021
Increased allowances for babies and children with disabilities in foster care.

Care Reform in Moldova – Timeline of System Achievements

17,000 children in residential institutions (1995)

11,554 children in residential institutions 6,562 children in family based care (2007)

1,365 children in residential institutions 11,115 children in family based care (end 2016)

1995
Dependency on residential care system

1996-2006
First social assistants and foster carers trained and employed

Active/ Intensive advocacy and awareness raising

2007-2010
Regulations for gatekeeping, foster care, community social assistance (CSA) services, supervision, referral, and services quality standards.

CSA network.

Child Safety Service set up within the Ministry of Interior

2011-2012
Regulation for the reallocation of financial resources in the deinstitutionalisation process to social and education services

National Programme on Inclusive Education 2011-2020

National Council for the Reform of Child Care residential system and development of inclusive education

Intersectoral cooperation mechanism for the prevention and reduction of infant mortality and mortality of children under 5 at home

2013-2016
Regulations on family support service, early intervention (health sector), and psycho-pedagogical assistance services.

Piloting of an inclusive education model for children with severe disabilities..

Child protection included in the curriculum of the police academy.

Inclusive education included in the university curriculum.

Automatic Information System Social Assistance.

2017
Piloting of new interagency cooperation models focused on primary prevention, early intervention, and timely intervention to ensure child wellbeing (National Model of Practice, home visiting).

Efforts for ensuring better coverage of high-quality alternative services.

Minimum package of social services guaranteed by the state (in development).

| 1995 | 2004 | 2010 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |

1995
Community based services are non existent.

Poverty and social norms are the main reasons for child institution-alisation.

1996-2006
Education for All strategy adopted..

Established the first directorates for the protection of children's rights.

First foster care placements.

Residential system assessment.

Piloting of a model for the reorganisation of the residential system.

2007-2010
National Strategy & Action Plan for the Reform of the Residential Childcare System 2007-2012

National Programme on Integrated System of Social Services

Strategy for Social Inclusion of Persons with Disabilities 2010-13

2011-2012
Introduction of support teacher position in schools.

Piloting of an inclusive education model and inclusion of special schools in the reorganisation process.

Promotion of child participation in policy development and service delivery; piloting of child participation programs.
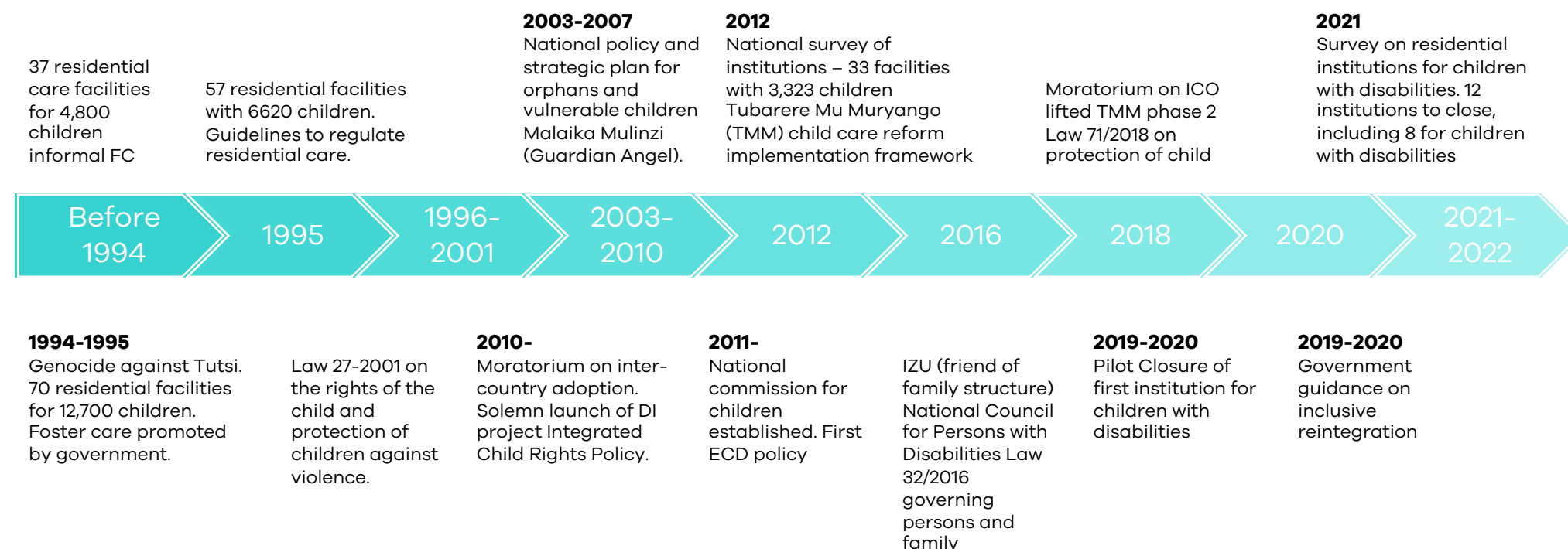
2013-2016
Child Protection Strategy and Action Plan 2014-2020.

Law on special protection of children and subsequent adjustment of the regulatory framework in line with the new law and United Nations alternative care guidelines.

Inter-sectoral cooperation mechanism for the identification, evaluation, referral, assistance, and monitoring of children who are victims or potential victims of violence, neglect, exploitation, and trafficking.

Education code; Education 2020.

Strategy for development parental skills and competences 2016-2022.

Fund for inclusive education.

2017
Testing of a modernized version of the Automatic Information System Social Assistance (full operation in the fall of 2017).

Moratorium for the prevention of institutionalisation of children under 3 (under discussion).

Initial continuous training system for workforce in social assistance (first phase) to provide more child-centred and family-focused services.

Care Reform in Rwanda – Timeline of System Achievements

37 residential care facilities for 4,800 children informal FC

57 residential facilities with 6620 children. Guidelines to regulate residential care.

2003-2007
National policy and strategic plan for orphans and vulnerable children Malaika Mulinzi (Guardian Angel).

2012
National survey of institutions – 33 facilities with 3,323 children Tubarere Mu Muryango (TMM) child care reform implementation framework

Moratorium on ICO lifted TMM phase 2 Law 71/2018 on protection of child

2021
Survey on residential institutions for children with disabilities. 12 institutions to close, including 8 for children with disabilities

| Before 1994 | 1995 | 1996-2001 | 2003-2010 | 2012 | 2016 | 2018 | 2020 | 2021-2022 |

1994-1995
Genocide against Tutsi. 70 residential facilities for 12,700 children. Foster care promoted by government.

Law 27-2001 on the rights of the child and protection of children against violence.

2010-
Moratorium on inter-country adoption. Solemn launch of DI project Integrated Child Rights Policy.

2011-
National commission for children established. First ECD policy

IZU (friend of family structure) National Council for Persons with Disabilities Law 32/2016 governing persons and family

2019-2020
Pilot Closure of first institution for children with disabilities

2019-2020
Government guidance on inclusive reintegration

WHAT NEXT?

Hope and Homes for Children fights for a world where children no longer suffer in institutions. By 2031, we aim for institutions to be seen as an unacceptable way of caring for children, and consigned to the past.

This involves Hope and Homes for Children leading and supporting national reform in the countries we work in to demonstrate that reform is possible, achievable and, critically, delivers better outcomes for children, families and communities.

We will continue to work alongside our partners to shape the global, regional and national prioritisation of care reform. This means ensuring that policies, practice and funding are pivoted away from institutions, towards the kind of family- and community-based support which will enable children to thrive.

For every child to feel the love of a safe, supported family, we need a global coalition of partners aligned to the same vision; reflecting the countries, cultures, knowledge and expertise needed to transform diverse care systems around the world.

This roadmap shares what we have learned, and is intended to support local leadership of reform efforts at a national level. We encourage stakeholders interested in care reform to come together and discuss this publication, its ideas, suggestions and advice – interrogating how it can be adapted to the needs of their national contexts. There are many excellent partner organisations and resources devoted to care reform, and we have included a selection of links at the end of this document.

As the world evolves, and priorities change, the need for a child to grow up within a family will never change. The care system is like a living organism; it evolves based on the changing complexion and needs of society. As such, new approaches and learning must, and always will, emerge. Please share any feedback about this publication, how you are using it, and what else can support your efforts.

We want to inspire, partner with, and learn from organisations with the same aspirations. Together, united, we can create a better future for children. **Always Families. Never Institutions.**

USEFUL RESOURCES

Berens A., Nelson, C. ' The science of early adversity: is there a role for large institutions in the care of vulnerable children?' The Lancet, 386 (2015)
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61131-4/fulltext

Better Care Network and UNICEF. 'It's time for care: Prioritizing quality care for children during the COVID-19 pandemic' 2020. https://bettercarenetwork.org/sites/default/files/2020-12/UNICEF_Better_care_network_1222_DIGITAL.pdf

Csáky, C., 'Keeping Children out of Harmful Institutions: Why We Should be Investing in Family-based Care' London: Save the Children, 2009.
https://resourcecentre.savethechildren.net/node/1398/pdf/1398.pdf

Desmond, C., Watt, K., Saha, A., Huang, J., Lu, C 'Prevalence and Number of Children Living in Institutional Care: Global, Regional, and Country Estimates', The Lancet, Child & Adolescent Health, 4.5 (2020), 370–377 https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30022-5/fulltext?rss=yes

European Expert Group on the Transition from Institutional to Community-based Care , 'Common European Guidelines on the Transition from Institutional to Community-based care', 2012.
https://deinstitutionalisationdotcom.files.wordpress.com/2017/07/guidelines-final-english.pdf

Goldman, P. S., Bakermans-Kranenburg, M. J., Bradford, B., Christopoulos, A., Ken, P. L. A., Cuthbert, C., Duschinsky, R., Fox, N. A., Grigoras, S., Gunnar, M. R., Ibrahim, R. W., Johnson, D. E., Kusumaningrum. S., Agastya, N. L. P. M., Mwangangi, F. M., Nelson, C. A., Ott, E. M., Reijman, S., van IJzendoorn, M. H., Zeanah, C. H., Zhang, Y., Sonuga-Barke, E. J. S. 'Institutionalisation and deinstitutionalisation of children 2: policy and practice recommendations for global, national, and local actors'. The Lancet Child & Adolescent Health, 4(8), 606-633 (2020)
https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30060-2/fulltext

van IJzendoorn, M. H., Bakermans-Kranenburg. M. J., Duschinsky, R., Fox, N. A., Goldman, P. S., Gunnar, M. R., Johnson, D. E., Nelson, C. A., Reijman, S., Skinner, G. C. M., Zeanah, C. H., Sonuga-Barke, E. J. S 'Institutionalisation and Deinstitutionalisation of Children 1: A Systematic and Integrative Review of Evidence Regarding Effects on Development', Lancet Psyschiatry, 7 (2020), 703–720
https://doi.org/10.1016/S2215-0366(19)30399-2

Nowak, M. 'United Nations Global Study on Children Deprived of Liberty', United Nations, 2019.
https://omnibook.com/global-study-2019/liberty/cdf5e7.xcml

Pinheiro, P. S., 'World Report on Violence against Children', United Nations Secretary General's Study on Violence against Children, 9/27, 16/53/57/58/59 (2006)
https://resourcecentre.savethechildren.net/pdf/2999.pdf/

Schoenmaker, C., Juffer, F., van IJzendoorn, M. H., Bakermans-Kranenburg. M. J., 'Does Family Matter? The Well-Being of Children Growing Up in Institutions, Foster Care and Adoption' In Handbook of Child Well-Being ed. by Ben-Arieh A., Casas F., Frønes I., Korbin J. (Springer, Dordrech, 2014)
https://doi.org/10.1007/978-90-481-9063-8_179

United Nations (UN) General Assembly, 'Guidelines for the Alternative Care of Children', Resolution A/RES/64/142. 2009. https://documents-dds-ny.un.org/doc/UNDOC/GEN/N09/470/35/PDF/N0947035.pdf?OpenElement

United Nations (UN) General Assembly, 'Resolution on the Promotion and Protection of the Rights of Children', Resolution A/RES/74/133. 2019

https://undocs.org/Home/Mobile?FinalSymbol=A%2FRES%2F74%2F133&Language=E&DeviceType=Desktop&LangRequested=False

A useful selection of publications and resources can be found on the following websites of Hope and Homes for Children and the partner organisations who kindly reviewed this publication.

Hope and Homes for Children: www.hopeandhomes.org/what-we-do/publications

Better Care Network: https://bettercarenetwork.org/library/library-of-documents

Changing the Way We Care: https://www.changingthewaywecare.org/results-and-impact/

Lumos: https://www.wearelumos.org/resources/

Save the Children: https://resourcecentre.savethechildren.net/