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

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].

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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.
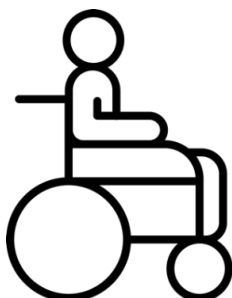
How lack of access to education for children with disabilities drives institutionalisation: Rwanda

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.
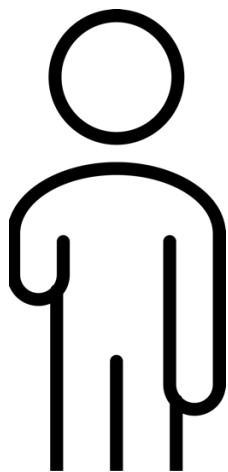
Preventing institutionalisation of children with disabilities: Rwanda and Uganda

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

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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]
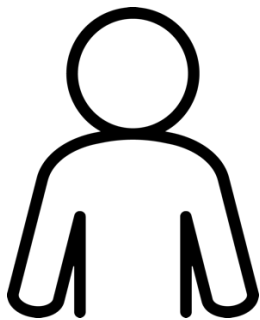
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164 Cultural genocide': the shameful history of Canada's residential schools –mapped"Antonio Voce, Leyland Ceccoand Chris Michael, The Guardian, September 2021, https://www.theguardian.com/world/ng-interactive/2021/sep/06/canada-residential-schools-indigenous-children-cultural-genocide-map
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

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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.