



LEAVE NO CHILD BEHIND ON THE WAY TO THE SUSTAINABLE DEVELOPMENT GOALS

A renewed call for support for global child protection and care reform to unlock progress against 2030 goals

The Sustainable Development Goals recognise the rights of children

The 2015 'Sustainable Development Goals (SDGs) 2030 Agenda for Sustainable Development' 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. The 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, 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."

Care reform and the SDGs

Children in institutions are among the most marginalised groups in society, often separated from their families due to poverty, social exclusion, discrimination based on disability, structural racism and lack of access to services in their own communities.

Institutions systematically deprive children of their rights, exposing them to an environment where they are disproportionately likely to face neglect and abuse. While children remain confined to institutions, the promise to "leave no one behind" cannot be achieved.

As well as directly removing children from a harmful environment, care reform plays a critical role in guaranteeing a range of human rights and securing key elements of global development for all children.

The very process of reforming care systems identifies 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 can catalyse and strengthen positive change across a broader system of support for children, families and their communities. This can secure the foundations to deliver the Sustainable Development Goals.

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Our recommendations to achieve global care reform

The following recommendations for international decision makers, and apply to care reform in any culture or context.

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. Identify and tackle the drivers of why children are separated from their families and placed in institutions. Doing this 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. It can secure the foundations through which the Sustainable Development Goals can be achieved.
3. Use the care reform process as a way of understanding the root causes of this problem to identify and unlock which 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. 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.
- **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.

See our SDG-specific recommendations in module 1 of our pioneering publication [Families. Not Institutions.](#)





Our call: Transform care systems to leave no child behind

A strong care system must be inclusive of all children. Without this, we cannot claim to have achieved the Sustainable Development Goals agenda's aim to 'leave no one behind'. 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.

It is the reform of child care and protection systems that will enable us to create the conditions for progress, and maintain existing gains, on the Sustainable Development Goals.



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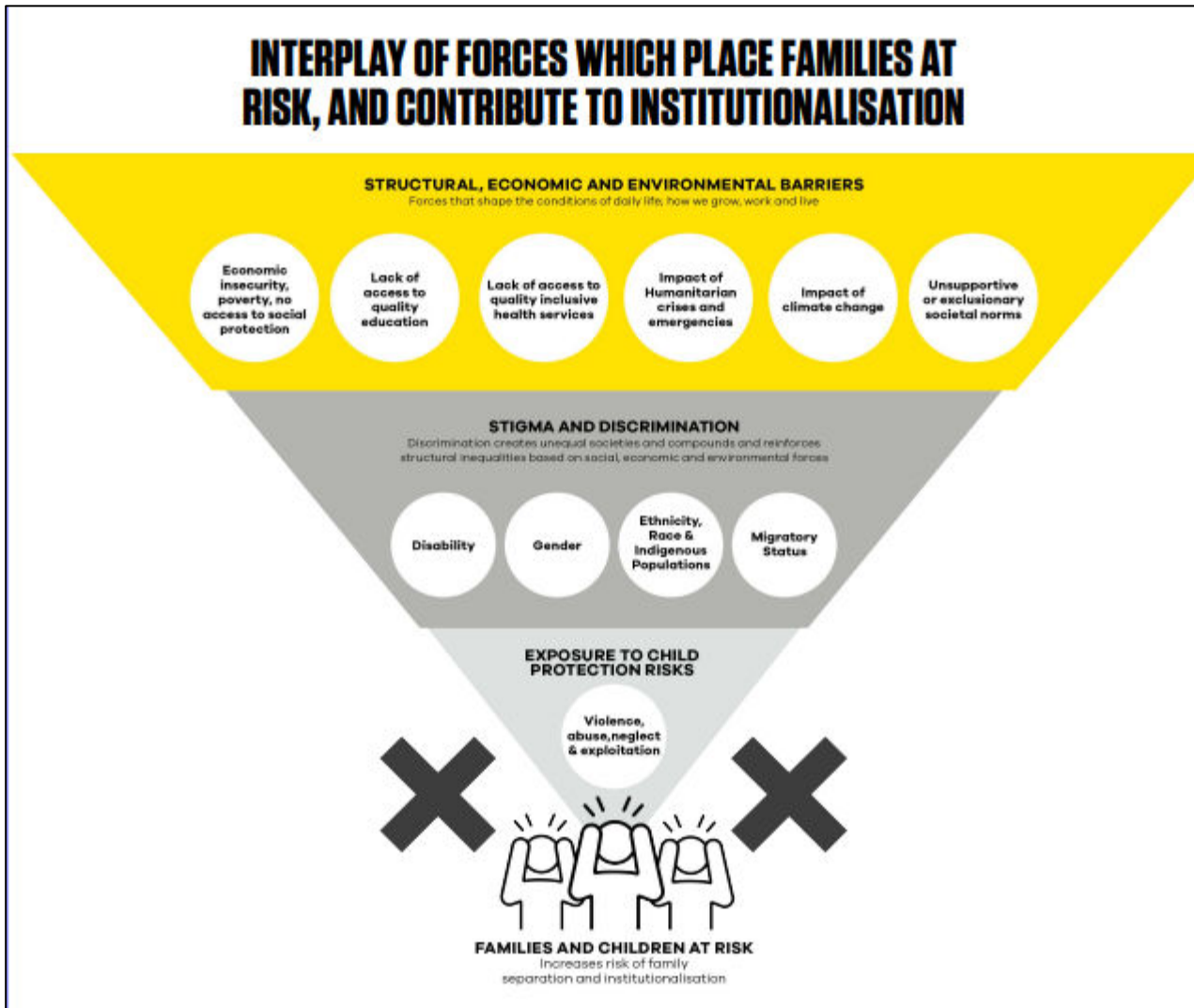
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APPENDIX



How care reform is linked to progress on SDGs

Different forces affect 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 interlinkages 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.



Below we describe how reforming care systems can deliver progress on SDGs:



SUSTAINABLE DEVELOPMENT GOAL 1 – NO POVERTY

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 SDG 10 – Reduced inequalities.



SUSTAINABLE DEVELOPMENT GOAL 3 – GOOD HEALTH AND WELL-BEING

Institutionalisation can lead to poor health outcomes. 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 adulthood¹. This can result in a need for lifelong physical and mental health services.

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.

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. 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.



SUSTAINABLE DEVELOPMENT GOAL 4 – QUALITY EDUCATION

Institutionalisation can lead to poor education outcomes. Conversely, until all children, including those 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.

Access to affordable, quality, inclusive education services - including early childhood education - is essential to any reintegration or care reform programme. 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.

By addressing lack of access to quality, inclusive education as one of the root causes of family separation, the care reform process will contribute to the delivery of SDG4.



SUSTAINABLE DEVELOPMENT GOAL 5 – GENDER EQUALITY

The process of care system reform necessarily considers gender at all stages of developing a national pathway. This includes:

- 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 re-victimisation.
- 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.



SUSTAINABLE DEVELOPMENT GOAL 11 – SUSTAINABLE CITIES AND COMMUNITIES

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 these are 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.

These speak to 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’.

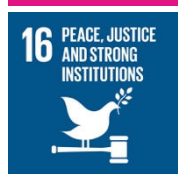


SUSTAINABLE DEVELOPMENT GOAL 13 – CLIMATE ACTION

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.



SUSTAINABLE DEVELOPMENT GOAL 10 – REDUCED INEQUALITIES



SUSTAINABLE DEVELOPMENT GOAL 16 – PEACE, JUSTICE AND STRONG INSTITUTIONS

Disability

Care reform is at the heart of implementing the UN Convention on the Rights of Persons with Disabilities. The care reform process will contribute to the delivery of SDGs targeted to support children and adults with disabilitiesⁱⁱ. 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.

Conversely, 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 deathⁱⁱⁱ. In addition, evidence demonstrates that many institutions fail to





provide children with disabilities with even the most basic levels of education.^{iv} 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.^v

Ethnicity, race, indigenous communities and migratory status

The care reform process will contribute to the delivery of SDGs targeted at ending discrimination based on Ethnicity and racism, including indigenous populations^{vi}, by ensuring that all children including migrant and refugee children receive the same level of care. This will require a significant focus on stigma and discrimination in the system, and how this affects the services offered, how they are delivered, as well as tackling the barriers to integrating migrant and refugee communities into society. 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.

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.

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^{vii}.

Child protection system strengthening and deinstitutionalisation can reduce 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^{viii} – often by the staff, officials, peers, volunteers, and visitors responsible for their wellbeing. Documented abuse includes torture, beatings, isolation, restraints, sexual assault, harassment, and humiliation.^{ix}

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.

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.

ⁱ 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](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30060-2/fulltext)

ⁱⁱ 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

ⁱⁱⁱ 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>

^{iv} 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>

^v Pinheiro, 2006 <https://resourcecentre.savethechildren.net/pdf/2999.pdf>. Nowak, 2019, <https://omniobook.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>

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^{vii} 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

^{viii} 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/>

^{ix} Pinheiro, 2006, https://violenceagainstchildren.un.org/sites/violenceagainstchildren.un.org/files/document_files/world_report_on_violence_against_children.pdf

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