

A close-up, high-resolution photograph of a young girl's face, focusing on her eyes and the right side of her face. She has dark skin and is looking slightly to the left of the camera with a calm, steady gaze. The lighting is soft and natural, highlighting the texture of her skin and the details of her features. The background is out of focus, showing a blurred green and white area.

**A GOAL
WITHIN REACH:**

**ENDING THE
INSTITUTIONALIZATION
OF CHILDREN
TO ENSURE NO ONE
IS LEFT BEHIND**



Protecting Children. Providing Solutions.

ACKNOWLEDGEMENTS

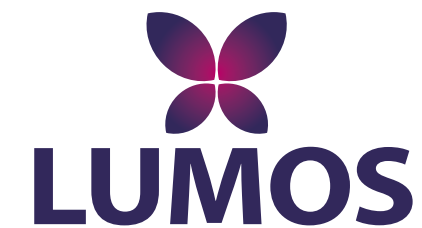
Lumos is grateful to all contributing authors and their staffers whose considerable expertise and experience has helped make this publication possible. In particular, we would like to thank the youth advocates whose powerful words have established a clear call to action, there are no greater experts on the importance of ending the institutionalization of children.

Within the Lumos family, we would like to thank Mara Cavanagh, Alex Christopoulos, Chris Cuthbert, Billy DiMichele, Francesca Green, Debra Jones, Laura Kennedy, Merel Krediet, Nancy Maguire, Kris Moran, Georgette Mulheir, Rani Selvarajah, Amanda Smith and Robbie Wilson.

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A GOAL WITHIN REACH:

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TO ENSURE NO ONE
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Protecting Children. Providing Solutions.

THE IMPORTANCE OF GLOBAL CARE REFORM TO ACHIEVING THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

2019 is a pivotal year for international development. Five years since the adoption of the 2030 Agenda for Sustainable Development we are at a crossroads. We can choose to remain on the same path, or we can make appropriate adjustments to ensure that the Sustainable Development Goals (SDGs) truly leave no one behind.

Some of the most vulnerable children around the world continue to be overlooked and left behind. Amongst them are children deprived of family care or institutionalized as a result of poverty, discrimination, violence, abuse, neglect, trafficking, exploitation, humanitarian emergencies, conflict, insufficient access to education, and other reasons.

The European Commission recognizes the best place for a child to grow up and thrive is within a loving and caring family environment. In recent years, we have worked hard to ensure that this is reflected in our actions, both within the European Union and beyond, including in our development cooperation.

Globally, poverty in all its forms continues to drive family separation. Inequality and insufficient access to quality inclusive education are enduring barriers to family unity. We are unable to reach health and wellbeing targets, while millions of children remain in unscrupulous situations, living on streets, in institutions, deprived of family care and otherwise excluded from society. Children in such circumstances face an increased risk of

violence, abuse, and neglect and are more susceptible to human trafficking and other forms of modern slavery.

The implementation of the 2030 Agenda and global care reform are therefore intrinsically connected. It is my firm belief that a commitment towards ensuring children can grow up in families is quintessential to creating more inclusive and sustainable societies.

The European Commission is committed to child rights, protection and wellbeing, as shown most recently by our Proposal for a Regulation establishing the Neighbourhood, Development and International Cooperation Instrument 2021-2027, which contains an explicit reference to promoting the transition from institutional to community-based care for children. Through our international cooperation, we are promoting and will continue to promote the transition to community-based care as a pre-condition for achieving the SDGs and ensuring that no child is left behind.



NEVEN MIMICA

European Commissioner for International Cooperation and Development



THE IMPORTANCE OF GLOBAL CARE REFORM IN ACHIEVING THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

Global indicators continue to show rising social, political, and economic inequalities, revealing huge disparities in areas which primarily affect young people, such as access to quality education and healthcare.

According to research, young people often enter the care system because their families have not been able to provide the right environment to support their early development. At this point, the state steps in as guarantor of the child's rights.

Yet children in institutions are exposed to greater inequality and social disadvantage than most other young people in their countries. When they reach adulthood – without a family environment or support network – they are suddenly expected to go from being a “child of the state” to a citizen like any other.

This prompts us to ask two key questions: At what point after leaving the system are care leavers no longer “children of the state?” What do we know about what happens to young people when they leave care? The answers do not currently exist. Without this information, how can we generate solutions for a population which has been invisible for so long?

All children and young people in the world, with their individual strengths and weaknesses, with their hopes and aspirations, have the right to a family. It is not the case that certain types of children belong in institutional care. That is why care systems of in every country must be

transformed and adjusted to meet the needs of all children and young people.

Children and young people who, for various reasons, live without the care of their parents or those who are at risk of losing it are the most exposed to poverty, discrimination, and exclusion – factors that, in turn, can make them more vulnerable to abuse, exploitation, and abandonment. **The difficult transition to autonomous and independent life** which faces these young people is a topic about which there is little understanding globally. For this reason, thorough studies are required to identify the risks facing this population and support the transformation and improvement of care systems. We need to build and implement new public policies to serve this population and offer them greater guarantees and opportunities for their future.

We must collect better data on institutionalized children, young people, and care leavers because:

- 1. It raises the standard of the debate.** Arguments must be based on the grounds of actual data rather than assumptions.
- 2. Societies measure what they value.** With data, we can learn about and standardise the circumstances of children and young people in our city or country, and draw comparison with those in other locations around the world. In this way we can evaluate and monitor our policies for protection, care, and support and align our

“ ALL CHILDREN AND YOUNG PEOPLE IN THE WORLD, WITH THEIR INDIVIDUAL STRENGTHS AND WEAKNESSES, WITH THEIR HOPES AND ASPIRATIONS, HAVE THE RIGHT TO A FAMILY ”

efforts with the goals of the 2030 Agenda for Sustainable Development.

- 3. It sheds light on the circumstances faced by children in institutions and care leavers.** This will enable us to improve the support we provide, from family strengthening to projects which support adolescents and young people to transition to independent life.

I lived in the protection system for ten years and now represent the first association of care leavers in Colombia and Latin America. **I am entirely convinced that change is possible.** If all actors responsible for protecting the rights of children and young people, and for preventing them from harm, unite behind a progressive vision for care transformation, from institutions towards family-based care, the children they serve will benefit from lives in which they can freely develop.



MAICOL LONDOÑO

Young self-advocate and founder of the Colombian Association of Care Leavers



**“ IMAGINE A
WORLD WHERE
EVERY CHILD IS
RAISED IN A LOVING
FAMILY WITH THE
RESOURCES
THEY NEED TO
THRIVE ”**

J.K. Rowling

Founder and Life President of Lumos

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TIME TO ACT

CALL TO ACTION
**“ WILL WE TRULY
 LEAVE NO ONE
 BEHIND ”**
YOUTH ADVOCATES

“ IT IS MY FIRM BELIEF THAT A COMMITMENT TOWARDS ENSURING CHILDREN CAN GROW UP IN FAMILIES IS QUINTESSENTIAL TO CREATING MORE INCLUSIVE AND SUSTAINABLE SOCIETIES ”

Neven Mimica
 European Commissioner for International Cooperation and Development

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 Director, Centre for Liberation Studies

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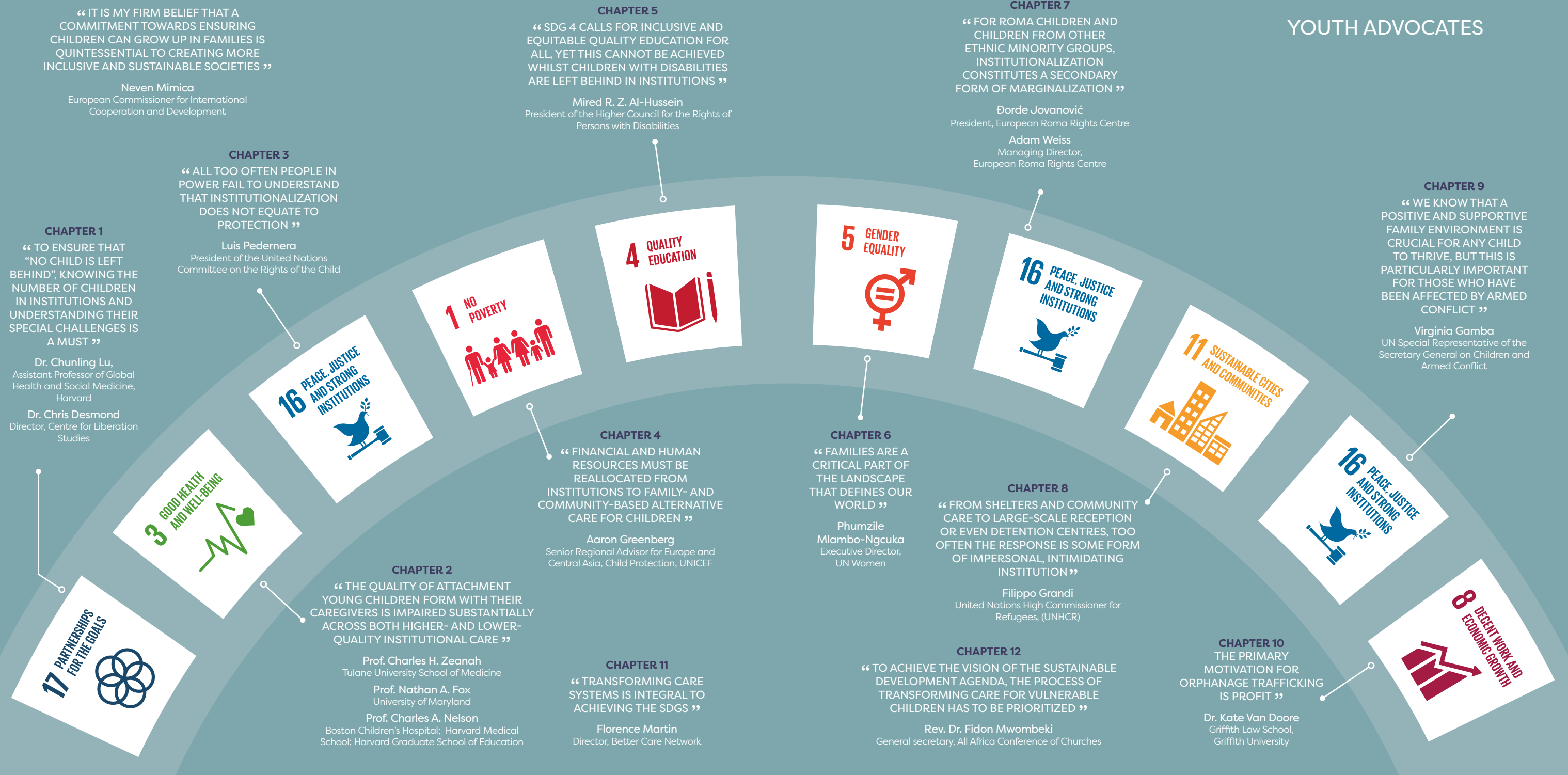
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 Griffith Law School, Griffith University

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Virginia Gamba
 UN Special Representative of the Secretary General on Children and Armed Conflict



A GOAL WITHIN REACH

We live in an age of unprecedented development and opportunity. Many of us are living longer, enjoying better health, and benefitting from improved access to education.

The SDGs set the agenda and vision for the next chapter of human development, underpinned by a determination to leave no one behind. But despite this progress, millions of children around the world are still deprived of their basic human rights, their liberty, and the chance to reach their full potential.

Through contributions from world-leading experts and policymakers, this report explores the symbiotic relationship between child institutionalization and global development. These commentators highlight how humanitarian crises and the economic, social, and political challenges of global development contribute to consigning millions of children to harmful institutions, denying

What is an institution?

An institution is defined here as any residential care facility where an institutional culture pervades. In facilities with an institutional culture, children are isolated from the community; children and their families have insufficient influence over decisions that affect them; and the needs of the facility take precedence over the needs of the individual child.

them their right to family life and the opportunity to share in the bright future promised by the 2030 Agenda. Together, they make the case that inclusion of children in institutions in the SDG agenda will not only shine a light on some of the world's most vulnerable children, but will also unleash extraordinary human potential to help fulfill our ambitions for 2030 and beyond. In short, we will not achieve the SDGs if we do not invest in strengthening families and communities.

Drivers of Institutionalization

United Nations Special Representative of the Secretary-General for **Children and Armed Conflict**, Virginia Gamba, highlights how children returning from conflict are rarely placed in loving, supportive families, and explains how this lack of a safety net fuels the continuation of cycles of revictimization and recidivism.

Filippo Grandi, United Nations High Commissioner for **Refugees**, provides a powerful statement underlining the need to keep forcibly displaced children in a family and avoid establishing parallel systems of care.

We hear from Mired R. Z. Al-Hussein, President of the Higher Council for the Rights of Persons with Disabilities in Jordan, who illustrates how inadequate access to inclusive education drives **children with disabilities** to be placed in institutions.



In **My Name is Not Disability, I am Mihaela**, self-advocate Mihaela exposes how people with intellectual disabilities are very often deprived of their legal capacity to make their own decisions and the lack of investment in supporting independence.

Phumzile Mlambo-Ngcuka, Executive Director of UN Women, describes how **gender-based discrimination** tears families apart. It's a theme continued by the European Roma Rights Centre, who shine a light on how **ethnic discrimination** leads to the systematic institutionalization of children from minority backgrounds.

Dr. Kate van Doore uncovers the financial and criminal incentives driving institutionalization – calling attention to how the profitability of orphanage tourism and other 'industries' can lead to **children being trafficked** into institutions for the purpose of exploitation.

Institutions Harm the Development of Children

Esteemed academics Charles H. Zeanah, Nathan A. Fox, and Charles A. Nelson provide an authoritative overview of the **significant harm of institutional care on brain and behavioral development** in infants and young children, whilst Luis Pedernera, President of the United Nations Committee on the Rights of the Child, underlines the **increased risk of violence, abuse, and neglect** institutionalization poses to children.

The harm of institutionalization is clear, and it is unacceptable in this day and age that **we do not fully understand the scale and scope of the problem**. Dr. Chunling Lu and Dr. Chris Desmond highlight how the absence of reliable data systems to track and monitor the wellbeing and numbers of

“ WE DO NOT
NEED HEROES WHO
CAN SURVIVE AND
THRIVE DESPITE THE
SYSTEM; WE NEED
CHILDREN WHO CAN
FLOURISH BECAUSE
OF THE SYSTEM ”

children in institutional care has allowed the problem to grow and created gaps in accountability.

Loving, Supported Families are at the Heart of the SDGs

The image of a child being torn away from their family is heart-breaking. It is toxic. It is avoidable.

You do not need long nails to scratch beneath the surface and uncover that what is often done in the name of care and protection is driven by other factors – such as stigma, discrimination and profit.

The institutional model is full of perverse relationships. Children with disabilities are disproportionately institutionalized, yet institutionalization disproportionately harms them. Poverty drives family separation – yet institutions are expensive, inefficient, and are more commonly used in lower-income countries.

By separating children from families and placing them in institutions, we are setting them on a trajectory that we know dramatically reduces their future life chances. It will affect their children. And the cycle will continue.

We do not need heroes who can survive and thrive despite the system; we need children who can flourish because of the system.

This is not about the harms of institutions, it is about the benefits of the family. A fundamental right. The SDGs promise to invest in education, health, early child development, and prevent trafficking – these objectives can play a key role in preventing family separation. But these linkages must be recognized and monitored or they will be lost.

Time to Act

We will not achieve the SDGs if we do not invest in families and communities.

Institutional systems of care are a barrier to the realization of the SDGs. They must be safely dismantled and their resources channeled towards models based on prevention and family- and community-based care. For many children, placement in an institution is a one-way ticket; we have to show that we care and redirect this journey.

We cannot continue to lose generations of children to institutionalization.

The world's leading voices in this report shine a light on existing good practice and demonstrate how this phenomenon can be tackled. A powerful statement to act has been made which we can't ignore.

This is a solvable issue.

The upcoming (2019) UN Rights of the Child resolution on children without parental care is a key moment to enshrine the importance of family- and community-based care for all children. The Sustainable Development Agenda offers the tools necessary to make this a reality.

We must ensure that the SDGs create the kind of inclusive and supportive societies that we want to live in, in which all children are able to flourish and fulfil their potential.

This is more than an aspiration, it is a goal within our reach.



ALEX CHRISTOPOULOS

Deputy CEO
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CHILDREN IN INSTITUTIONS: A NEGLECTED GROUP IN MONITORING THE SDGS



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Leaving “no child behind” is at the centre of the SDGs. To achieve this ambitious goal, it is critical to identify who has been left behind and how to reach such children with effective interventions. Evidence from multiple disciplines has documented the numerous negative experiences and outcomes for children living in institutional care. Many of these relate directly to the SDGs, such as poor physical and mental health (SDG 3),¹ compromised neurological and cognitive development (SDG 4),² and increased incidence of abuse (SDG 5).³ Unlike children living with families, children in institutions receive impersonal, heavily structured care and it is through the care transformation process of deinstitutionalization that their health, development, and social well-being will improve. Unfortunately, those SDGs concerning children do not reflect the needs of this particular group of children, and the current SDG assessment framework excludes them from impact evaluation.

Among the many factors leading to the neglect of children in institutional care in the 2030 Agenda for Sustainable Development, the lack of data for monitoring stands out. While there have been intensive discussions about data and measurements of impact indicators for the 17 SDGs, little attention has been paid to including children in institutions in the monitoring framework.

¹ Marshall, P.J. & Fox, N.J. (2004). A comparison of the electroencephalogram between institutionalized and community children in Romania. *Journal of Cognitive Neuroscience*. 16(8): 1327-1338.

² Vorria, P., et al. (2006). The development of adopted children after institutional care: a follow-up study. *Journal of Child Psychology and Psychiatry*. 47(12): 1246-1253.

³ Euser, S., Alink, L.R., Tharner, A., van Ijzendoorn, M.H., Bakersman-Kranenburg M.J. (2014). The prevalence of child sexual abuse in out-of-home care: a comparison between abuse in residential and in foster care. *Child Maltreatment*. 18(4): 6.

There are significant challenges to data collection. First, there is no well-specified and commonly accepted definition of institutional care. Existing definitions classify alternative care as institutional according to the size of the care facility and/or nature of care. As a result, it is challenging to collate and compare the scale of institutionalization in different countries, let alone ascertain the extent globally.

Second, information about children in institutions usually cannot be obtained through conducting household surveys, which have generally served as sources of information for monitoring progress in achieving SDGs. As a result, children in institutions are excluded from the monitoring of child-related indicators, falling under the radar of policy makers.

Third, existing data reported by governments can be problematic. Official data is often thought to reflect an undercount, is irregular, and as a result is often outdated. The situation is particularly acute in low- or middle-income countries (LMICs) that can lack strong information systems and statistical capacity.

Fourth, while the number of children living in institutions is large in absolute terms, it is small relative to the entire child population. A recent review of official data on children in institutions suggests that they account for less than 0.3% of children under age 18 at the global level. It is unlikely that data from such a relatively small group would make a meaningful impact on national level indicators. There may, therefore, be little motive for policy makers to collect data from these populations for this purpose.

Finally, many of the SDG indicators are intended to capture aspects of the quality of care received (access to water, school, etc.), which is appropriate for children in families, but misses the core driver of risk for children in institutions. Improving the wellbeing of children in institutions requires structural changes in care, rather than simply improving the quality within an existing model of care.

To ensure that “no child is left behind”, knowing the number of children in institutions and understanding their special challenges is a must. We call for including this group of children in the SDG monitoring framework and addressing challenges in data collection in a systematic way so as to improve monitoring for countries with different levels of information systems. To prompt further discussions on low-cost and highly effective strategies for data collection, we start with a few recommendations as described below.

1. We need to develop consistent and comparable definitions of institutional care across countries.
2. Discussions are needed in terms of how to take advantage of existing surveys, such as Demographic and Health Surveys (DHS) that have regularly been implemented in over 90 LMIC countries, in data collection.
3. For the existing data reporting systems, validation should be conducted to understand the potential size of suspected undercounts. Based on the validation, it would be useful to conduct case studies of countries which show good practice when documenting children in institutions, so as to help policy makers and other stakeholders understand which practices work and why.

4. To improve the wellbeing of children in institutions, high-level political commitment and public awareness is essential.

More research efforts are needed to demonstrate the burden of children in institutions and the socioeconomic impact of de-institutionalization. At this stage, monitoring the number of children in institutions could be a practical indicator for assessing the progress in child-related SDGs. In the longer term, not only the number of children, but their conditions and outcomes should be considered.





THE HAZARDS OF INSTITUTIONAL REARING FOR CHILDREN'S BRAIN AND BEHAVIORAL DEVELOPMENT



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Although most infants and young children grow up with a primary caregiver, usually a biological parent, millions of children grow up outside of families due to various reasons, such as having been abandoned, maltreated, or orphaned. Sometimes informal networks of kin or non-kin families assume care of these children. But how to best care for young children who lack these options has been a challenge for hundreds of years. Two societal approaches have emerged to provide for these children: 1) placing them into institutions (also called orphanages or residential group care), or 2) placing them into families, through foster care or adoption. Decades of research have clearly demonstrated that children fare better in families than in institutions.⁴ Here, we provide an overview of findings from contemporary research on children raised in institutions to highlight the harmful effects these environments have on brain and behavior, which in turn limit achievement of SDG 3. In particular, institutional rearing of children will impede strengthening *“the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.”*⁵

Throughout the 20th century, descriptive studies documented behavioral differences in institutionalized children and those raised in families, both typically developing children in their biological families and studies comparing children in family foster care to children in institutional care.⁶ In the past two decades, however, studies of children residing in institutions or adopted out of institutions have been conducted with stronger research designs, more comprehensive measures, in more geographically diverse settings, and with more diverse features of institutional settings. Results from these studies have added considerably to our knowledge of the effects of institutional rearing and what features of it are associated with more or less harmful effects.

Features of Institutional Care that Create Deprivation

Though wide variability exists within and between institutions, there are consistently noted features that highlight differences in caregiving experiences between families and institutions. These features seem to be associated with increased risk of problematic outcomes in children.

First, in most institutional settings, child-to-caregiver ratios are far greater than they are in families. Thus, children are deprived of socioemotional, cognitive, language, and sensory stimulation that is essential for the proper development of brain areas promoting healthy development.⁷ Second, institutions are staffed by caregivers who work in shifts. This limits

⁴ Berens, A.E. & Nelson, C.A. (2015). The science of early adversity: is there a role for large institutions in the care of vulnerable children? *The Lancet*. 386(9991): 388-98

⁵ Sustainable Development Knowledge Platform. [n.d.]. Sustainable Development Goal 3: Targets and Indicators. <https://sustainabledevelopment.un.org/sdg3> [Accessed 22 Jul. 2019].

⁶ Zeanah C.H., et al. (2006). Children in orphanages. In: McCartney, K. & Phillips, D. (Eds.). *Blackwell Handbook of Early Childhood Development*. Malden, MA, Blackwell Publishing, p224-254.

⁷ Nelson, C.A., et al. (2014). *Romania's abandoned children: Deprivation, brain development and the struggle for recovery*. Cambridge, MA: Harvard University Press

opportunities for young children to experience them as consistently available, which is necessary for formation of healthy attachments.⁸ Third, care is typically provided on an institutional schedule rather than an individualized schedule based on a particular child's needs, making it impersonal and insensitive.⁹ Fourth, perhaps because of all of these factors, institutional caregivers are often less emotionally invested and committed to the children in their care compared to biological¹⁰ or foster families.¹¹

Harmful Effects

Given the deviations from the expected environment that institutionalized care represents, it is not surprising that children who experience exposure to these settings are at substantially increased risk of developmental delays and abnormalities across a broad range of developmental domains.¹² A recent meta-analysis found strong associations between a history of

institutional care and deficits in physical growth, cognition and attention in children, and significant (though more modest) negative effects in socio-emotional development and mental health problems.¹³

Cognitive delays are reasonably sensitive indicators of the degree of deprivation in institutions. Better-staffed and materially-supplied institutions are associated with cognitive performance that is within the average range;¹⁴ institutions with moderate levels of deprivation have children with performance in the low-average range;¹⁵ and children in very deprived institutions perform with substantial delays.¹⁶ Cognitive delays include not only global measures like IQ but also more complex abilities like planning, reasoning, controlling impulses, and short-term recall.¹⁷ In addition, brains of children with longer exposure to institutionalization will show more atypical structural¹⁸ and functional development¹⁹ than

“ RECENT-META ANALYSIS FOUND STRONG ASSOCIATIONS BETWEEN A HISTORY OF INSTITUTIONAL CARE AND DEFICITS IN PHYSICAL GROWTH, COGNITION AND ATTENTION IN CHILDREN ”

for children who are raised in families. Longer exposure to institutional rearing increases risk for less recovery of brain activity post-institutionalization.²⁰

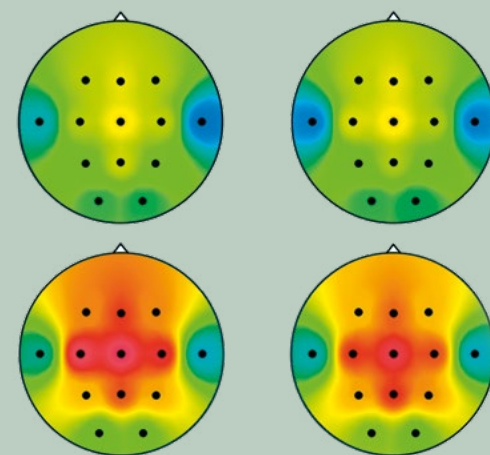
Increasing severity and length of exposure to deprivation is associated with decreasing cognitive ability. In contrast the quality of attachments that young children form with their caregivers is impaired substantially across both higher- and lower-quality institutional care.²¹ It seems that attachment is especially sensitive to deviations from the typical caregiving environment for young children.²² Attachments between institutional caregivers and the children in their care are not only qualitatively different, they are also much less fully developed.²³ This is important because attachment quality is an important mediator of the effects of early deprivation and caregiving quality on subsequent psychopathology, peer relationships, and brain functioning.²⁴

Development Following Institutional Rearing

For most children who leave institutions early in life and are placed in families, significant recovery is likely in height, weight, and IQ, but more limited improvement occurs for attentional problems.²⁵ On the other hand, if institutional exposure ends before approximately six months of age and the child is placed in an adequate caregiving environment, robust recovery is likely, even for attention.²⁶ Enhanced socioemotional development and fewer mental health problems also follow family placement, but the degree of recovery is more modest.²⁷

The longer young children spend growing up in institutions, the less likely they are to recover, and the less complete that recovery is likely to be. In order to ensure the health and wellbeing of every child, it is therefore vital to acknowledge the significant harm of institutional care on brain and behavioral development in infants and young children, and the barrier that this form of care represents to SDG 3.

EEG scans showing brain activity in an institutionalized child (top) vs a never-institutionalized child (bottom)



The 4 colored circles are graphic representations of EEG electrical power. Red and yellow represent more activity and blue and green less

⁸ Zeanah, C.H., et al. (2005). Attachment in institutionalized and community children in Romania. *Child Development*, 76(5): 1015-1028.

⁹ Tirella L.G., et al. (2008). Time use in Russian baby homes. *Child Care Health and Development*, 34(1):77-86.

¹⁰ Smyke A.T., et al. (2002). Attachment disturbances in young children: I The continuum of caretaking casualty. *Journal of the American Academy of Child and Adolescent Psychiatry*, 41: 972-982.

¹¹ Lo, A., et al. (2015). I want to be there when he graduates: Foster parents show higher levels of commitment than group care providers. *Child Youth Services Review*, 51: 95-100.

¹² Nelson, C.A., et al. op. cit.; Rutter, M., et al. (2010). Deprivation-specific psychological patterns: Effects of institutional deprivation. *Monographs of Research in Child Development*, 75: 1-252.

¹³ van IJzendoorn M.H., et al. The impact of institutionalization and deinstitutionalization on children's development - A systematic and integrative review of evidence from across the globe. *The Lancet*, in press. Review. 51: 95-100.

¹⁴ Tizard B. & Rees J. (1974). A comparison of the effects of adoption restoration to the natural mother, and continued institutionalized children on the cognitive development of four-year-old children. *Child Development*, 45: 92-99

¹⁵ Voria P, et al. (2003). Early experiences and attachment relationships of Greek infants raised in residential group care. *Journal of Child Psychology and Psychiatry*, 44: 1208-1220.

¹⁶ Smyke A.T., et al. (2007). The caregiving context in institution-reared and family-reared infants and toddlers in Romania. *Journal of Child Psychology and Psychiatry*, 48: 210-218.

¹⁷ Bos, K.J., et al. (2009). Effects of early psychosocial deprivation on the development of memory and executive function. *Frontiers in Behavioral Neuroscience*, 3: 1-7.

¹⁸ Sheridan, M.A., et al. (2012). Variation in neural development as a result of exposure to institutionalization early in childhood. *Proceedings of the National Academy of Sciences*, 109(32):12927-12932.

¹⁹ Vanderwert R.E., et al. (2010). Timing of intervention affects brain electrical activity in children exposed to severe psychosocial neglect. *PLoS ONE*, 5:1-5.

²⁰ Ibid; Vanderwert R., et al. (2016). Normalization of EEG activity among previously institutionalized children placed into foster care: A 12-year follow-up of the Bucharest Early Intervention Project. *Developmental Cognitive Neuroscience*, 17: 68-75.

²¹ Tizard B. & Rees J. (1975). The effects of early institutional rearing on the behavior problems and affectional relationships on four-year-old children. *Journal of Child Psychology and Psychiatry*, 16: 61-73; Voria et al. op. cit.; Zeanah, C.H., et al. Attachment in institutionalized and community children in Romania. op. cit.

²² Lionetti F, et al. (2015). Attachment in institutionalized children: A review and meta-analysis. *Child Abuse & Neglect*, 42: 135-145.

²³ Zeanah, C.H., et al. Attachment in institutionalized and community children in Romania. op. cit.

²⁴ Almas, A.N., et al. (2012). Effects of early intervention and the moderating effects of brain activity on institutionalized children's social skills at age 8. *Proceedings of the National Academy of Sciences*, 109 (Supplement 2): 17228-17231; McGoron L, et al. (2012). Recovering from early deprivation: Attachment mediates effects of caregiving on psychopathology. *Journal of the American Academy of Child and Adolescent Psychiatry*, 51: 683-693; McLaughlin K.A., et al. (2012). Attachment security as a mechanism linking foster care placement to improved mental health outcomes in previously institutionalized children. *Journal of Child Psychology & Psychiatry*, 53: 46-55.

²⁵ van IJzendoorn et al. op. cit.

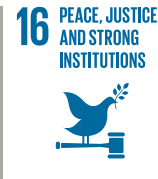
²⁶ Sonuga-Barke E.J.S., Kennedy M, Kumsta R, Knights N, Galm D, Rutter M, Maughan B, Schlotz W, Kreppner J. Child-to-adult neurodevelopmental and mental health trajectories after early life deprivation: the young adult follow-up of the longitudinal English and Romanian Adoptees study. *The Lancet*, 389, 1539-1548.

²⁷ van IJzendoorn et al. op. cit.



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An institution in Romania



RISK OF VIOLENCE, ABUSE AND NEGLECT TO CHILDREN LIVING IN INSTITUTIONS



AUTHOR

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2019 marks the 30th anniversary of the adoption of the United Nations Convention on the Rights of the Child (CRC) and to date the CRC is the most widely ratified instrument in history for the protection of human rights. The unanimous approval of the text and its rapid ratification by Member States made indisputable the need for societies to recognize the rights of children and adolescents and fundamentally protect them against all possible forms of violence, abuse, and neglect.

In its preamble, the CRC recognizes the family as the natural environment for the growth and well-being of all children, and therefore obliges Member States to provide measures of protection and assistance which enable families to fulfil this responsibility within the community. However, three decades later, States all too often hold families solely responsible for everything negative that can happen to a child, and the support mandated by the preamble to help families play a transcendent role in child development is perceived as imposing radical change on existing systems of protection. For example, in many countries in Latin America – the region which I am from – separation from the family and placement in institutional care continues to be the preferred response to certain groups of at-risk children, particularly those living in situations of poverty.²⁸ Children hailing from families on the margins of state protection, whose mothers and fathers

²⁸ In addition to poverty, other conditions that must be considered which increase the probability of family separation and institutionalization in the region include disability, belonging to an ethnic minority group, and 'peasant status'.

do not receive the necessary support to play a significant role in their upbringing, often suffer multifaceted and structural violence.

All too often, people in power fail to understand that institutionalization does not equate to protection. In essence, an institutionalized childhood is the result of a State's many shortcomings. It is this issue I hope to draw attention to in this paper.

The Committee on the Rights of the Child has repeatedly highlighted these shortcomings in its concluding observations, including:

- The absence of objective and reliable data from which satisfactory responses to children's needs can be developed
- The lack of mechanisms which ensure periodic and careful evaluation of care placements in the best interests of the child
- The continued discriminatory tendency to cite poor economic conditions as grounds to separate children from their families
- The development of immigration facilities far from communities, plagued by grave structural problems, corruption and impunity, as well as a persistent lack of coordination between responsible agencies—which, combined, meets the criteria for an institution and creates fertile ground for violence against children to occur

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- The inability of adults to listen to and trust the word of children and re-establish them as relevant actors in their own lives
- The permanent effects of institutionalization on children’s physical and cognitive development.

In the SDGs we find both a tool and a challenge, to resolve the dialogue and tension between the need to protect children’s rights, and the continued use of institutional care as a preferred response to at-risk children. The SDGs must form part of a transformative agenda for children which transcends the mere enunciation or changing of labels.





POVERTY AS A DRIVER OF INSTITUTIONALIZATION



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The SDGs recognize that poverty, disability, and ethnic- and gender-based discrimination are amongst the greatest challenges facing global development and it is these same problems which continue to drive the unnecessary and harmful institutionalization of children.

Decades of evidence and learning have made it clear that no child should be placed in an institutional environment. Studies also demonstrate that children are primarily placed into institutional care due to poverty and a lack of access to education or health services, rather than a lack of parental care.

The immediate and long-term physical, social, and emotional harm caused by family separation, combined with inappropriate use of alternative care, is well documented.²⁹ Institutionalization also generates financial costs for both children and societies.³⁰

²⁹ Browne, K. et al., 'Overuse of institutional care for children in Europe', British Medical Journal, vol. 332, 2006; van IJzendoorn, M. H., Luijk, M., & Juffer, F., IQ of children growing up in children's homes: A meta-analysis on IQ delays in orphanages. Merrill-Palmer Quarterly-Journal of Developmental Psychology, 54(3), 2008.

³⁰ SOS Children's Village International, The Care Effect: Why No Child Should Grow Up Alone, 2017.

³¹ Convention on the Rights of the Child, Preamble, Articles 9, 20, 23, 27, <www.ohchr.org/en/professionalinterest/pages/crc.aspx>.

³² Convention on the Rights of Persons with Disabilities, <www.un.org/disabilities/documents/convention/convoptprot-e.pdf>.

³³ United Nations General Assembly, Guidelines for the Alternative Care of Children, <https://digitallibrary.un.org/record/673583/files/A_RES_64_142-EN.pdf>.

³⁴ European Commission, Toolkit on the use of EU funds for the integration of people with a migrant background, 2018, <http://ec.europa.eu/regional_policy/sources/policy/themes/social-inclusion/integration-of-migrants/toolkit-integration-of-migrants.pdf>.

³⁵ UNICEF Europe and Central Asia Regional Office, Regional Analysis Report for Europe and Central Asia, 2016.

Accordingly, countries which do not have a legacy of institutions must guard against their unnecessary establishment and expansion, invest in social services at community level that strengthen families, and prioritize the development of foster and kinship care for children whose primary caregivers are unable to provide appropriate care. Countries with existing institutional systems must plan for the transition to family- and community-based care.

The rationale for preventing the establishment of institutions and for promoting family- and community-based care is captured in international legal frameworks, including the UN Convention on the Rights of the Child (CRC)³¹, the UN Convention on the Rights of Persons with Disabilities (CRPD)³², and the 2009 Guidelines for the Alternative Care of Children³³ (the Guidelines).

Further political and financial impetus has been, and continues to be, provided by the European Union (EU).³⁴ This year, the international community celebrates the 30th anniversary of the CRC and the 10-year anniversary of the UN Guidelines on alternative care, making it an **important moment to reinforce and disseminate learning around alternative care and child protection and ensure these lessons inform the future implementation of the 2030 Agenda.**

The Europe and Central Asia (ECA) region contains important lessons for the rest of the world as it has high numbers of children in institutional care: 666 children per 100,000 population; the global average is 120 per 100,000.³⁵

Over the past decade, many countries in the region have made progress towards phasing out institutional care for children or are starting to do so.^{36,37} A UNICEF independent evaluation on the progress of reforms in 11 countries³⁸ between 2005 and 2012 found a noticeable decline in the rate of children living in large facilities. In Moldova, the number of children in institutions dropped by more than half, with over 5,000 children placed into family-based care. In the Republic of North Macedonia, the total number of children in institutional care dropped by 28%, while the number of foster families increased by 60% in the same period. The same evaluation concluded, however, that **deinstitutionalization efforts in many countries have not prioritized the most vulnerable children of all** – those under the age of three and those with disabilities – and that reforms require continued investment and backing.

These findings underscore **the need to mainstream the transition to family-based care within the SDGs to ensure no child is left behind**. We must prioritize high-quality social services that focus on the child and family, that provide community support wherever appropriate, and that minimize intervention in family life while having a lasting positive impact. Four key steps are needed for this shift:

1. **Financial and human resources must be reallocated from institutions to family- and community-based alternative care for children;**
2. **The social service workforce must be developed, properly trained, and deployed in statutory and community-based structures that deliver effective, modern services to children and families;**

3. **New services are needed, including prevention and family reintegration support, as well as proper training, support, and compensation for foster carers;**

4. **The child protection system must be monitored and regulated, its outcomes for children formally evaluated, and the evidence used to inform policy-making, budget decisions, programming, and accountability.**

The pathways to safely transition from institutional to family- and community-based care are increasingly well documented.^{39,40} They support the diversification of both highly specialized child-protection services (foster and kinship care, services for child victims of violence) and the growth of a broader set of services that can prevent the unnecessary separation of children from their families due to poverty and other drivers.

A well-managed transition is an opportunity to transfer resources that are, at present, being spent inefficiently and inappropriately on a small number of children in institutional care and channel them to services that cater more efficiently and effectively for more children and families who need support and protection.⁴¹

³⁶ Cantwell et al., Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children', 2010. <www.alternativecareguidelines.org/Portals/46/Moving-forward/Moving-Forward-implementing-the-guidelines-for-web1.pdf>.

³⁷ UNICEF, Children under the age of three in Formal Care in Eastern Europe and Central Asia, 2013.

³⁸ Azerbaijan, Belarus, Bulgaria, Croatia, Georgia, Moldova, Montenegro, Romania, Serbia, Turkey and Ukraine.

³⁹ European Expert Group on the Transition from Institutional to Community-based care, 'The Common European Guidelines on the Transition from Institutional to Community-based Care', November 2012. <www.esn-eu.org/raw.php?page=files&id=334>.

⁴⁰ Eurochild, 'Deinstitutionalization and quality alternative care for children in Europe: Lessons learned and the way forward', Working paper, Eurochild and Hope and Homes for Children, Brussels, October 2012 (updated September 2014). <www.openingdoors.eu/wp-content/uploads/2014/11/DI_Lessons_Learned_web_use.pdf>.

⁴¹ UNICEF and the World Bank Group, Gatekeeping Services for children and vulnerable families, Changing Minds, Policies and Lives Toolkit, 2003. <<https://bettercarenetwork.org/sites/default/files/attachments/Changing%20Minds%20Policies%20and%20Lives.pdf>>.





INSUFFICIENT ACCESS TO QUALITY AND INCLUSIVE EDUCATION THROUGHOUT THE DEVELOPING WORLD: A PRIME DRIVER FOR THE 'INSTITUTIONALIZATION' OF CHILDREN WITH DISABILITIES



AUTHOR

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The Hashemite Kingdom of Jordan has striven diligently to promote the rights of persons with disabilities and has been at the forefront of disability issues at the regional level for several decades. This success has not been easily achieved. Persons with disabilities, NGOs, government agencies, and civil society have 'pushed and pulled' together relentlessly, mostly in the same direction but sometimes at opposite ends. The overall picture of disability in Jordan however is positive and will be even brighter once the articles of the Law for the Rights of Persons with Disabilities (enacted 2017) are fully implemented, especially Article 27, which demands the deinstitutionalization (DI) of persons with disabilities within a ten-year timeframe.

So what is so important about Article 27? And why have persons with disabilities in Jordan been institutionalized in the first place?

Article 27 is critical because the malady of institutionalization endures and is expanding throughout the region and must be contained and reversed. Why does it exist in Jordan? The simple answer is for 'all the above' reasons: poverty, stigma, perceived shame, ignorance, the inability to cope and the lack of capacity to provide the right care, as well as the dearth of better alternatives are all drivers of institutionalization. In addition to the above, Jordan, like the majority of developing countries, has not yet been able to provide access to quality and inclusive education for children with disabilities as called for by SDG target 4.5. The vast majority of children with disabilities in

the kingdom are unfortunately not in school and do not receive any type of formal education. This is of course a huge challenge, and the Jordanian government recognizes that it failed to address the issue adequately in the past. Many families have, as a result, placed their children/family members with disabilities in institutions because they believe, or have been made to believe, that that is the right course of action.

For many years, the Ministry of Education (MoE) in Jordan believed that the education of children with disabilities was the purview of the Ministry of Social Development (MoSD), and in essence washed its hands of the issue. As a result, children with disabilities ended up either sitting at home with limited education and engagement, or placed into daycare centers or institutions. The MoSD was overburdened and overwhelmed by this decision, enabling the problem to be outsourced. NGOs, societies, daycare centers, residential institutions, some non-profit and many not, emerged to fill the void, with only a very few organizations actually providing any appropriate education in line with the formal curriculum.

The question is, could all of this have been avoided had children with disabilities been readily accepted into 'regular' or mainstream inclusive schools years ago? The simple answer is yes. The unfortunate reality is that there was a severe lack of awareness in the past. Many families believed that they had no other option than to place their child in a daycare center that provided no formal education, or, even worse, into a residential institution.

Although hypothetical, a firm argument can be made that a smaller percentage of children with disabilities would have ended up in institutions had they had access to inclusive education. It is the contention of this writer that the lack of access to quality and inclusive education is definitely a prime driver of institutionalization, but not in isolation. It is a major issue, which when combined with other deleterious factors, convinces families and guardians that their only conceivable path forward is to institutionalize their child.

This common belief will however change in the near future, as families/guardians see that there is a brighter and better path forward for their loved ones. As a consequence of the 2017 Law on the Rights of Persons with Disabilities, the Government of Jordan, with support and in conjunction with the Lumos Foundation, formulated a 10-Year National Plan to achieve the goal of de-institutionalizing all residential institutions for children and adults with disabilities, both public and private. Every step in the process will be carefully executed, alongside a communications and advocacy plan that will be wholly transparent. Persons with disabilities and their families will realize that better alternatives that respect a person's dignity do exist and can be implemented. Chief among these alternatives will be the provision of inclusive education.

For Jordan, a country that prides itself in being the first Arab state to become a signatory of the UN Convention on the Rights of Persons with Disabilities (CRPD) in 2006, as well as an active participant in the drafting of the SDGs, and for the whole disability rights sector and movement and ultimately society at large, success in de-institutionalization is paramount. Failure to achieve the common goal is absolutely not an option, as it would be highly detrimental for parallel efforts within the region and beyond. SDG 4 calls for inclusive and equitable quality education for all,

yet this cannot be achieved whilst children with disabilities are left behind in institutions.

Children and adults with disabilities must not be forcibly placed in institutions, no matter how colorful or attractive the furnishings. They are innocent human beings who have not perpetrated any crimes and must be afforded their rights on par with everyone else. They deserve nothing less than that. And nothing less will be acceptable.

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IS YES. ”**



MY NAME IS NOT DISABILITY. I AM MIHAELA. DISABILITY DOESN'T DETERMINE WHO I AM AS A PERSON.



AUTHOR

MIHAELA IVANOVA

young self-advocate and Lumos
Bulgaria employee

Children with disabilities, especially those from institutions, have limited rights and freedom to express themselves, their thoughts and feelings.

I think that, in order to stop children with disabilities entering big institutions, it is very important to:

- Stop babies entering institutions from hospitals. There wouldn't need to be institutions if we support families to take care of their baby with disabilities. Every child needs a family.
- Have accessible ways of asking us and taking into consideration our opinions, throughout every country and institution.
- Be supported by specialists who are clear about our individual needs and dreams. Families should be supported as well.
- Graduate from school with practical knowledge and a diploma so we can work.
- Attend training centers where we can develop new skills.
- Meet people, have fun with friends at accessible places for those in a wheelchair.
- Create workplaces that meet our individual abilities.
- Have day care centers where we can communicate with each other.

- Ensure parents who want to work and develop as professionals feel comfortable and free to do that.

People with intellectual disabilities are very often deprived of their legal capacity to make their own decisions. If they are supported, they could be more independent to make decisions.

Children and young people with severe disabilities need a lot of support in life, so they do not feel neglected and forgotten.

We, in our youth international group of self-advocates at Lumos, have a common symbol – a bridge of partnership and equal rights. We are building this together so that no child is left off the bridge. We are aware it is not an easy job, but if adults and children work together, we can build a strong and sustainable bridge for all.



GENDER-BASED DISCRIMINATION AS A DRIVER OF THE INSTITUTIONALIZATION OF CHILDREN



AUTHOR

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Many children living in orphanages or other institutions worldwide are there not because they have no parents, but because those parents are unable to, or cannot afford to, look after them⁴².

What has made those families unable to look after those millions of children globally?

We know that the main drivers of the institutionalization of children – a last resort – include poverty, disability, illness, incarceration, child abuse, and neglect. We have to hold our societies to account, both as the places where such desperation and deprivation exist, and as the structure that has the potential to address and amend those drivers.

UN Women's new research and findings on families in a changing world⁴³ illuminate aspects of gender-based discrimination and inequalities within families and broader society that help explain why so many children can end up in institutions and offers insight into what can be changed.

Families are a critical part of the landscape that defines our world. While they can be places of love, care, and fulfillment, too often they are spaces where women and girls experience discrimination – and violence – without recourse.

Over 2.5 billion women and girls around the world are affected by discriminatory laws and the lack of legal protections, often in multiple and accumulating ways. These include laws that do

not protect them; for example, in the 40 countries that still have not criminalized domestic violence. Violence at home remains a driving factor of why women leave, but many are not able to do so in time. In 2017, an estimated 137 women were killed each day by a member of their own family. Restrictions that hamper women from earning a decent living, from equal pay and pensions, and from holding leadership positions are also rife. For example, close to 40% of countries have at least one constraint on women's rights to own property. Women do not have the same rights as men to inherit as a spouse in 36 countries; to get a job or pursue a trade or profession in 18 countries; or to get a national ID card in 11 countries.

We recognize that the policies originally designed to sustain, protect, and support families may be insufficiently adapted to the families of today. This in part stems from a previous lack of perspective on the kinds of families that make up our societies. Whereas laws predominantly reflect a view of society as being composed of 'nuclear families' (two parents with children), the reality today is that this type of family only makes up 38% of the world's households. The forms of family that cumulatively predominate are far more diverse, including extended family households and single parent households, the latter of which are mostly (84.3%) led by women.⁴⁴ More than 100 million mothers

⁴² Csáky, C. Keeping Children Out of Harmful Institutions Why we should be investing in family-based care. Save The Children UK, 2009.

⁴³ Progress of the World's Women. Families in a changing world, UN Women, New York, 2019.

⁴⁴ Ibid.

manage to continue looking after their children on their own, although at a cost. They experience higher rates of poverty compared to dual-parent households with young children,⁴⁵ with the rate of extreme poverty among divorced/separated women double the rate for divorced/separated men.

To support different forms of family and ensure that everyone's rights are realized, we recommend gender-responsive social protection systems for all. These would include the kinds of support that families today need, like extra support for lone parents, paid maternity and parental leave, social transfers for all families with children, and adequate pensions. Most countries could implement a package of family-friendly policies, including cash transfers, healthcare, and care services for children and older people, for less than 5% of GDP.⁴⁶

Eliminating discriminatory laws and enacting laws in support of gender equality is also largely doable and it can happen rapidly. By 2023, in a new strategic approach, we aim to have supported the repeal or revision of discriminatory laws in six thematic areas in 100 countries, at the same time working on the powerful cultural practices that often prevent laws from taking full effect.⁴⁷ For example, when a girl's life is little valued or where there is preference for male children, the result can be rejection of girls at birth. Such discriminatory views and practices can result in a disproportionate number of girls in institutions compared to boys. For example, some 90% of the 11 million

'abandoned or orphaned' children in India are girls.⁴⁸ Conversely, laws that promote gender equality can yield multiple dividends.

Services such as daycare for children, or social worker support to help connect children and families to appropriate services and entitlements, could make the difference between families remaining in a cycle of poverty and limited opportunity or remaining together and making progress that benefits everyone. This would bring us strides closer to achieving not just SDG 5 of the 2030 Agenda, but the heart of the Agenda, which is to 'leave no one behind.'

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⁴⁵ 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.

⁴⁶ *Progress of the World's Women. Families in a changing world.* UN Women, New York, 2019.

⁴⁷ *Equality in Law for Women and Girls by 2030: A Multistakeholder Strategy for Accelerated Action.* New York, 2019. The African Union, the Commonwealth, the Inter-Parliamentary Union, the Organisation Internationale de la Francophonie the Secretaría General Ibero-Americana and UN Women.

⁴⁸ The Guardian, 'From India with Love', 2007, cited in Csaky, C., *Keeping Children out of Harmful Institutions.* Save the Children, 2009.





ETHNIC DISCRIMINATION AS A DRIVER OF INSTITUTIONALIZATION: ANTIGYPSYISM IN EUROPE AND WHY CLOSING INSTITUTIONS IS NOT ENOUGH



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Roma and Egyptians make up less than 1% of the population of Albania. So why are 20 of the 34 children in a care institution in Shkodra – a city in the North – Romani and Egyptian?⁴⁹ This is no random statistic. Look at care institutions in any country in Central and Eastern Europe, or South East Europe, and you will find a disproportionate number of Romani children. In Serbia, Roma make up 2% of the population. When the European Roma Rights Centre asked six residential care institutions how many of the children in their care were Romani, the answer was 29%.⁵⁰ In the Czech Republic, Romani infants make up about a third of those in the country's care homes, which is 14 times higher than their share of the total Czech population.⁵¹

Romani people have a word for this: antigypsyism. It is a word that also describes many other statistics and experiences, about police brutality, forced evictions, housing and school segregation, being

turned away for healthcare, and many other human rights violations.

The way antigypsyism leads to the overrepresentation of Romani children in care institutions is complex. Antigypsyism has left Romani families much poorer than their non-Roma compatriots. In Albania that can mean not having enough food to feed your family. So some families there have turned to care institutions out of desperation to look after their children, while others have been targeted after they were found living in the street with their children.⁵² But this is hardly an acceptable explanation: in Europe, human rights law requires authorities to provide families with social support to stay together, and taking children into care can only be a last resort.⁵³ In other cases, antigypsyism plays a more obvious role, as in a recent case in Italy before the European Court of Human Rights, where the authorities took a child into care instead of with her Romani grandmother, because of “the risk that she might be kidnapped by members of her community.”⁵⁴ Stigma, racism, and societal views among non-Roma foster parents or non-Roma looking to adopt also plays a role: difficulty placing Romani children with foster families or adoptive parents was one reason for the higher rate of Romani children in institutional care in the Czech Republic.⁵⁵

Antigypsyism permeates European society and is present in the larger data and individual cases – so that makes deinstitutionalization a good thing for Roma. But deinstitutionalization without justice is dangerous. We have seen the consequences.

⁴⁹ European Roma Rights Centre, November 2017, “Families Divided: Romani and Egyptian Children in Albanian Institutions”, available at http://www.errc.org/uploads/upload_en/file/families-divided-romani-and-egyptian-children-in-albanian-institutions.pdf (last accessed on 21 August 2019).

⁵⁰ European Roma Rights Centre, December 2017, “Family Life Denied: Overrepresentation of Romani Children in State Care in Serbia”, page 11, available at http://www.errc.org/uploads/upload_en/file/overrepresentation-of-romani-children-in-state-care-in-serbia.pdf (last accessed on 21 August 2019).

⁵¹ Czech News Agency, 3 November 2015, “Share of Romani children in Czech infants’ homes increases”, Prague Daily Monitor, available at <http://www.praguemonitor.com/2015/11/03/share-romani-children-czech-infants-homes-increases> (last accessed on 21 August 2019).

⁵² Op cit., note 1, page.

⁵³ See, e.g., *Moser v Austria*, judgment of the European Court of Human Rights (First Section) of 21 September 2006, available at <http://hudoc.echr.coe.int/eng/?i=001-76956>.

⁵⁴ *Terna v Italy*, currently pending before the European Court of Human Rights (application number 21052/18), statement of facts available in French at <http://hudoc.echr.coe.int/eng/?i=001-186418> (last accessed on 21 August 2019). More details about the case, including the European Roma Rights Centre’s third-party intervention, can be found at <http://www.errc.org/cikk.php?cikk=5147>.

⁵⁵ Op cit., note 3.

In countries that have deinstitutionalized, Romani children are still disproportionately taken into care. The European Roma Rights Centre carried out research in Nógrád County in Northern Hungary, for example: Roma make up under 20% of the county's population but over 80% of the children in care there.⁵⁶ This is one of the rare cases where we can go beyond the numbers, to look at the (anonymized) case files and talk (on condition of anonymity) with actors in the system. We found that in a large number of cases, poverty was playing an inappropriate role, with the care system stepping in where the social support system was failing to keep families together; and we found varying degrees of racist thinking among people responsible for making decisions to take children into care.

Children in institutions are a largely forgotten or invisible group and for Roma children and children from other ethnic minority groups, institutionalization constitutes a secondary form of marginalization. The absence of children in institutions from the SDG monitoring framework therefore jeopardises Goal 10's aims of eradicating ethnic discrimination and ensuring the empowerment and inclusion of all. Such gaps in data also compromise our abilities to recognize exclusion and discrimination and hold responsible actors accountable.

Sustainable Development Goal 16 demands "access to justice for all" and "accountable and inclusive institutions at all levels." Justice demands recognizing that Central and Eastern Europe's child care systems and institutions are contaminated with antigypsyism. Deinstitutionalization without justice – without an authoritative recognition that Romani children and families have been victims of discrimination that intersects with social status, family status, and gender – is the kind of

well-intentioned, color-blind intervention that entrenches injustice.

We must push for deinstitutionalization. But we cannot pretend that Romani children and children from other ethnic minority groups are over-represented in care institutions by accident or that deinstitutionalization will automatically be a good thing for these families. Those pushing for deinstitutionalization must demand recognition that institutions have been discriminatory; and they must demand that new foster-care and prevention systems that replace institutions are designed to be antiracist and fully inclusive. That means training for staff, making sure Roma are represented among those designing and implementing child-care systems, keeping data, and examining if and why Roma are overrepresented in the systems that replace institutions.

The European Roma Rights Centre is demanding justice by supporting litigation that exposes discrimination in care systems, before and after deinstitutionalization. We secured a finding from the equality commissioner in Albania that the authorities have to change their approach,⁵⁷ and from a civil court in Hungary that the system in Nógrád County is operating unlawfully.⁵⁸ These cases are part of realizing SDGs 10 and 16. They strengthen these countries' accountability and shine a light on how antigypsyism and other forms of ethnic discrimination drive institutionalization and, if allowed to continue, infects what comes after it.

⁵⁶ European Roma Rights Centre, November 2017, "Cause of Action: Romani Children in State Care in Nógrád County, Hungary", available at http://www.errc.org/uploads/upload_en/file/romani-children-in-state-care-in-nograd-county-hungary.pdf (last accessed on 21 August 2019).

⁵⁷ European Roma Rights Centre, 7 July 2016, "Discrimination Against Roma in Albanian Children's Home", available at <http://www.errc.org/press-releases/discrimination-against-roma-in-albanian-childrens-home> (last accessed on 21 August 2019).

⁵⁸ The Budapest Regional Court ruled in the ERRC's favor on 19 June 2019.





CHILDREN AND FORCED DISPLACEMENT: MARGINALIZATION AND PARALLEL SYSTEMS AS DRIVERS OF INSTITUTIONALIZATION



AUTHOR

FILIPPO GRANDI

United Nations High Commissioner for Refugees, (UNHCR)

He is only 11 years old but Tesfay is already having to look after himself. Without a family, he has little choice.

Three years ago, Tesfay was herding cattle in his native Eritrea. His mother had died, his father had long since disappeared and his aging grandmother was barely able to care for him.

Today, his home is one of the refugee camps clustered around the northern Ethiopian town of Shire. Tesfay's dreams of finding stability and a family of his own have not come true. He lives instead in a community care shelter for unaccompanied children. Case workers make regular visits but Tesfay says they are of little comfort. "They don't know how to help me," he says. "I am truly alone."

Children bear the brunt of forced displacement around the world. Of the 25.4 million refugees globally, more than half are under the age of 18. Fleeing home shatters their lives, separating them from friends and family, exposing them to exploitation and disease, and disrupting the education that is crucial to their futures. These would be distressing ordeals for anyone, but unaccompanied and separated children have to face these challenges without the care and guidance of their parents and close relatives. According to UNHCR's latest Global Trends report, there were nearly 140,000 unaccompanied or separated refugee and asylum-seeking children in 2018, though that is a cautious underestimate.

From shelters and community care to large-scale reception or even detention centres, too often the response is some form of impersonal, intimidating institution. Faced with this, some children move on, joining the flows of migrants and refugees hoping for better luck over the horizon. Yet this can expose them to even greater risks: UNHCR staff report that many unaccompanied children who reached Libya have been detained in appalling conditions, fallen prey to armed groups, tortured, and sometimes held for ransom or forced to work.

In working out how to deal with this, let's go back to basics. **Children – refugees or migrants, documented or undocumented – are still children. They deserve a caring environment and help in building a future.** Unaccompanied children are extraordinarily resilient and resourceful but they should nonetheless be free from adult burdens such as finding food and shelter, earning money, or being the primary care-giver. The need to keep children in a family or kinship environment, or one as close to it as possible, is paramount.

As ever, prevention is better than cure – many refugee parents grappling with the challenges of forced displacement need support to care for their children. Governments, UNHCR and partner organizations provide financial, social, psychological and other forms of help to vulnerable families, though demand often outweighs resource. More should be done to prevent children becoming separated in the first place, not least by ensuring children and families are able to seek asylum together.



But **where children are unaccompanied, it is time we stopped viewing institutions as the default solution.** Keeping families apart for immigration reasons is indefensible – as is keeping displaced children in detention. Reuniting families must be a priority. And when institutional care is unavoidable as an emergency response, it should be for the shortest possible time while temporary and long-term family based care is developed, or family reintegration undertaken.

These are not easy obstacles to overcome but solutions are available – and they have been shown to work. In the Shire region, for example, UNHCR, Lumos and the Ethiopian government are increasing the availability of family and foster care for one of the world's largest populations of unaccompanied and separated refugee children. More than 8,000 arrived there last year alone, many of them teenage boys fleeing conscription in Eritrea. Another 30 come every day. More children are now being placed in foster families who are provided financial support to cover the costs of caring for extra children. Unaccompanied children who can't be placed in families have access to education and life skills, and now live together in small groups in the community with mentors who provide regular support and guidance to children like Tesfay. Increasing numbers are reunited with extended family members or able to be resettled to start a new life.

Initiatives such as the Shire programme should be emulated elsewhere. Care of unaccompanied children must be part and parcel of national protection policies, and those policies must promote family-based care over institutions. Governments and civil society need to increase the number of foster families, including from refugee communities, and provide carers with training and support. In some settings, families spontaneously care for children travelling on their own; these

families deserve support and encouragement. And since 84 per cent of refugees are hosted in low and middle-income countries, the international community should boost their resources with both funding and expertise – in the spirit of the new Global Compact on Refugees, the framework for greater co-operation and sharing of responsibility.

Without such changes, we will fall short of the SDGs, adopted by all UN member states in 2015, particularly the commitments to promoting healthy lives and well-being, reducing inequality, providing quality education, and building peaceful and inclusive societies and institutions.

Tesfay, growing restless again, is contemplating the perilous journey to Europe. "I know a lot of children who have tried it, so maybe that is a good idea for me," he says. "I just don't know what to do."

He should not have to make that decision. Let us try to reunify him with his own family, and in the meantime find him a safe family environment where he can thrive. And most important of all, let's find long-term solutions to today's refugee crises, that allow Tesfay and the millions of forcibly displaced children around the world to share in the bright future promised by the Sustainable Development Agenda.



CHILDREN AND ARMED CONFLICT:

CHILDREN DEPRIVED OF LIBERTY AND THE DAMAGING EFFECTS OF INSTITUTIONALIZATION



AUTHOR

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When we consider the most vulnerable children on the planet, those “left behind,” we cannot forget children deprived of liberty in areas affected by conflict. As Goal 16 of the SDGs makes clear, sustainable development cannot exist without peace and the world will not find peace without sustainable development. Millions of lives are destroyed through armed conflict every year and children are often at the centre. In 2018, the Monitoring and Reporting Mechanism verified more than 12,000 children killed or maimed as a result of conflict and a total of more than 24,000 grave violations against children.⁵⁹ Children continue to be recruited by armed groups, abducted, and subject to horrific sexual abuse.

2018 saw more than 13,600 children released from armed forces and armed groups globally.⁶⁰ But even when children are released, the terrible impact that the armed conflict has on their lives does not end. Once released, children find themselves in need of psychosocial support and educational or vocational opportunities in order to rebuild their lives after conflict within a community. However, children associated with parties to conflict can face stigma by communities due to their actual or alleged association with these parties. Girl survivors of sexual violence face further stigma upon returning to their community. The psychosocial distress and possible trauma that

children experience as victims/survivors of grave violations in situations of armed conflict can result in displays of aggressive and anti-social behaviour, which further challenge their reintegration in their communities. Left with the pain of their experiences, without family or a community able to give them the support they need, these children are often vulnerable to ending up on the streets or being re-recruited.

We know that a positive and supportive family environment is crucial for any child to thrive, but this is particularly important for those who have been affected by armed conflict. However, children who have been forcibly recruited and used by parties to conflict, as well as children deprived of their liberty for their actual or alleged association with opposing parties, often find themselves upon release in institutions outside of the community, whilst family tracing and reunification goes on. Though often intended as a short-term measure, institutional environments such as reception centres do not offer the necessary individualized care and attention that these children need despite the best intentions of those running such services.

But there are promising practices that show that this cycle of violence and vulnerability can be broken. There are examples all over the world of family-based care arrangements for children who have been in armed conflict. In Colombia, reintegration and rehabilitation programmes have meant that children who were recruited by the Revolutionary Armed Forces of Colombia (FARC) were able to successfully rebuild relationships

⁵⁹ 2019 Annual report of the Secretary General for Children and Armed Conflict https://www.un.org/ga/search/view_doc.asp?symbol=S/2019/509&Lang=E&Area=UNDOC

⁶⁰ Ibid.



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with their families and with their community. And where it was not possible for them to return to their birth families, children were placed with foster families trained by local NGOs in how to support and not stigmatise children formerly associated with the FARC and ensure that their opinions are valued and included in decision-making processes within their family as well as community fora.⁶¹

Similarly, a foster care programme was established in Sudan for Acholi children from Uganda who had been recruited by the Lord's Resistance Army. The cultural similarities of the foster families these children were living with allowed them to remember what it was like to live in a safe and loving family environment of a familiar culture and language. The foster care programme in Sudan also enabled greater successful family tracing and reunification, as the children felt safe enough to talk about their families in Uganda, as opposed to when they were in an institution.

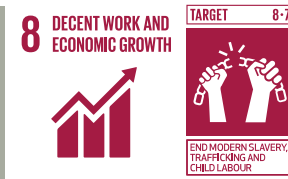
Being in family-based care also led to less aggressive behaviour and greater school attendance. For children formerly associated with parties to conflict, such education and vocational training is crucial to providing hope that they can once again become valued members of a community and live a peaceful future. Studies⁶² have shown that being in a safe and loving family instead of an institution can have a positive impact on education outcomes and cognitive development, suggesting that family-based care will enable children to reach these goals and to meet SDG 4 on Quality Education.

⁶¹ Children Change Colombia. (n.d.). Fundación CRAN. <https://www.childrenchange colombia.org/en/what-we-do/current-partners/fundacion-cran> [Accessed 5 July 2019].

⁶² EveryChild (2011). *Fostering better care*. London, United Kingdom: P16. <https://bettercarenetwork.org/sites/default/files/Fostering%20Better%20Care%20-%20Improving%20Foster%20Care%20Provision%20Around%20the%20World.pdf>; Pollack et al. (2010). Neurodevelopmental effects of early deprivation in post-institutionalized children. *Child Development*. 81(1): 224-236.

The SDGs that Member States have adopted were meant to ensure that no one is left behind, but we cannot achieve this goal until we protect all children affected by armed conflict around the world. Children who have been victims of grave violations in armed conflict and those who have been deprived of their liberty need tailored community-based reintegration programs when released. This also means prioritising family-based care for these vulnerable children so that after such traumatic experiences they can gain back the security of a safe and loving family.

“ THIS ALSO MEANS PRIORITISING FAMILY-BASED CARE FOR THESE VULNERABLE CHILDREN SO THAT AFTER SUCH TRAUMATIC EXPERIENCES THEY CAN GAIN BACK THE SECURITY OF A SAFE AND LOVING FAMILY ”



TRAFFICKING AS A DRIVER OF INSTITUTIONALIZATION



AUTHOR

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Orphanage trafficking is the recruitment of children into residential care institutions for the purpose of exploitation and profit.⁶³ Orphanage trafficking acts as a driver of institutionalization by taking advantage of a range of vulnerabilities that children are susceptible to in global south countries including poverty and a lack of access to medical, educational, and social facilities. Traffickers prey on these vulnerabilities by offering parents an opportunity for their child to attend school, obtain medical care, or access a better standard of living in order to recruit the child into residential care. Parents, believing they are acting in the child's best interest, accept this offer and the child is transferred to an orphanage. In some cases, once in the orphanage, a new false identity, including death certificates for parents or abandonment documentation, is created for the child to identify them as an 'orphan.' Once the child is constructed as an orphan, their placement in care is commodified through orphanage tourism and international donations or aid.

The primary motivation for orphanage trafficking is profit. Some orphanages have become very profitable businesses due to the popularity of supporting overseas orphanages and 'orphanage tourism,' where people pay to volunteer with or visit orphanages. This has spawned a lucrative orphanage industry.⁶⁴ The profit in the orphanage industry is mostly obtained via foreign funding and orphanage tourists and volunteers emanating from the global north including the USA, UK, Australia, and Europe. Orphanage trafficking ensures an

ongoing supply of orphans meeting the demand for orphanage tourism and foreign aid funding.

The exploitation of children in orphanages is well documented.⁶⁵ Children have been reported as being subject to sexual exploitation, forced labour, and slavery and slavery-like practices.⁶⁶ They are often kept in a poor state of health, without proper healthcare or nutrition, in order to elicit more sympathy and thus more funding from the visitors, volunteers, and aid agencies.⁶⁷ In some orphanages, children are made to perform for volunteers and visitors to the orphanage, sometimes sent out to beg for donations and hand out flyers advertising the orphanage's 'shows' or performances.⁶⁸ In some cases, charities have been established in global north countries to support institutions which are, unbeknownst to them, engaging in orphanage trafficking.⁶⁹

⁶³ Kathryn E. van Doore, 2016, Paper Orphans: Exploring Child Trafficking for the Purpose of Orphanages, 24(2) International Journal of Children's Rights 378.

⁶⁴ Kristen Cheney and Karen Smith Rotabi, 2015, Addicted to Orphans: How the Global Orphan Industrial Complex Jeopardizes Local Child Protection Systems, in Kathrin Hörschelmann Christopher Harker, Tracey Skelton (ed), Geographies of Children and Young People.

⁶⁵ Lumos, 2017, Orphanage Entrepreneurs: The Trafficking of Haiti's Invisible Children, 9.

⁶⁶ Op cit 3.

⁶⁷ Better Care Network, 2014, 'Collected Viewpoints on International Volunteering in Residential Care Centres: An overview'

⁶⁸ UNICEF & Ministry of Social Affairs, Veterans and Youth Rehabilitation, 2011, With the best intentions: A study of attitudes towards residential care in Cambodia.

⁶⁹ Joint Standing Committee on Foreign Affairs Defence and Trade, Commonwealth of Australia, 2017, Hidden in Plain Sight: An inquiry into establishing a Modern Slavery Act in Australia, see Chapter 8: Orphanage Trafficking.

The absence of children in institutions from the SDG indicators and monitoring frameworks perpetuates orphanage trafficking

Children living in institutions, including those who are victims of orphanage trafficking, are not represented in the Sustainable Development Goal Indicators or in the associated monitoring frameworks. Because of this, there is no coordination of tailored interventions to address orphanage trafficking at government or international levels. The inclusion of children in institutions in the SDG indicators would encourage governments to enforce regulations, monitor, and report on how and why children are being institutionalized. Specific reporting on orphanage trafficking would enhance the ability of governments to target appropriate criminal justice interventions for orphanage trafficking, whilst simultaneously addressing the child protection issue of the over-use of institutionalization of children in global south nations. Presently, the combination of the absence of children in institutions in the SDG indicators and reporting frameworks, and little governmental oversight or enforcement of regulations for those running institutions, results in impunity for orphanage traffickers, allowing the orphanage industry and orphanage trafficking to thrive.

Proposed solutions under the SDGs

SDGs 8.7 and 16.2 can be used to mobilise action to combat orphanage trafficking. SDG 8.7 calls for the eradication of human trafficking and child labour by 2030, and SDG 16.2 calls to end abuse, exploitation, trafficking, and all forms of violence against and torture of children. The inclusion of orphanage trafficking as a form of human trafficking in the reporting mechanisms for SDGs 8.7 and 16.2 would ensure that governments

“ ONCE THE CHILD IS CONSTRUCTED AS AN ORPHAN, THEIR PLACEMENT IN CARE IS COMMODIFIED THROUGH ORPHANAGE TOURISM AND INTERNATIONAL DONATIONS OR AID. THIS HAS SPAWNED A LUCRATIVE ORPHANAGE INDUSTRY ”

recognize, monitor, and target orphanage trafficking in their plans to eradicate and end human trafficking.

On a domestic level, particularly in global south nations, governments must address the business model of orphanage trafficking via criminal justice mechanisms, in addition to the overuse of institutionalization for children via child protection mechanisms. To curb the demand for orphanage tourism, measures should also be introduced to prevent orphanage tourism and the funding of institutional care, which both help to sustain the profitability of the orphanage industry. Deploying these measures in the reporting and monitoring mechanisms of the SDGs would enable a proactive, coordinated global response that is necessary to ensure the eradication of orphanage trafficking.



MY NAME IS DIEUDONNE⁷⁰ AND I AM 15 YEARS OLD. I SURVIVED ONE OF THE WORST INSTITUTIONS IN HAITI.



AUTHOR

DIEUDONNE

Self-Advocate from Haiti

My mother and father separated shortly after I was born. I became a burden too heavy to bear. My mother gave me to my Godmother, and I was moved, transported, and accommodated for the first time. I started being exploited at a young age. As a child, I had to do everything for myself and for other people bigger than me. One day, a great gentleman came to speak to my Godmother. He promised I would have a better life in an orphanage. To prove how good it would be, he gave my Godmother US dollars, I didn't know how much. And I was moved, transported, and accommodated for the second time.

⁷⁰ For confidentiality, the name of the child has been changed.

The orphanage was the worst page of my life. I did not experience joy or happiness. I never heard my mom or dad call me my dear, my son, and never received a hug. Instead I was scolded, beaten, and did a large amount of housework. The only time of joy was the arrival of visitors. Visitors bring a lot of clothes, food, and toys. Unfortunately, they do not spend much time, so we take advantage of it. We sing for them, we have fun with them, we laugh, and we enjoy the time of the visitors to be happy at least once.

For me, this is the only advantage that orphanage tourism offers. When tourists are present in orphanages, the children eat, play, and smile. But orphanage tourism has a lot of serious disadvantages.

Orphanage tourism helps to increase the number of children separated from their families. More visitors attract more children to orphanages. Tourists take pleasure in making films with children. Orphanage leaders ask children to smile, sing, read poetry, do theater, and more often they ask children to say 'thank you' to tourists without them even knowing why. In wanting to please the tourists, the youngest children are the main objects of attraction and they are often victims of sexual abuse. I remember seeing tourists, women and men, sleeping with children in rooms. In the morning, the children share their experience. They are obliged to be kind and courteous to the abusive tourists. As they are poor, they pay with their dignity

for the right to have a little food and to survive. I also remember children becoming sick after tourists left. I know some who were sexually infected.

Orphanage tourism exposes children to trafficking and non-controlled movement of children. I saw tourists travel away with children who I never saw or heard from again. I do not know what became of them. However, most children in orphanages dream of one day going off with a visitor, a tourist or a foreigner. Orphanage tourism encourages the exploitation of children and young people. To stop this, governments must maintain strict controls over tourists who arrive in their country, especially those who come to visit orphanages. Governments need to control tourists' activities with children and young people.

Orphanage tourism makes children happy temporarily, for one week to a month maximum, but children have the right to be happy every day in their life. I remember the day that Lumos helped me be reunited with my father. From then until now, I can say that I am happy every day. I didn't find a lot of money, many cars, or food but I found love, appreciation, and attention.

ENSURING SAFE AND SUSTAINABLE TRANSFORMATION OF CARE



AUTHOR

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A global movement is transforming care and protection systems for children, based on decades of evidence on the harm caused by institutionalization and the fundamental role of safe, nurturing, and stable family care in their development and well-being. Governments in every region of the world are shifting away from institutional systems and towards solutions centered on keeping and reintegrating children into family care. A number of countries have demonstrated that comprehensive transformation can be achieved within a decade; for instance, the number of children living in institutions in Moldova decreased by 90% between 2006 and 2017.⁷¹ And in Rwanda, 70% of children in institutional care have been reintegrated into families or placed into family-based care since 2012.⁷²

Behind those impressive numbers, lies an important reality – deinstitutionalization and the transformation of care systems is not just about closing institutions or returning children to their families. Ending institutionalization means addressing the root causes of separation, redirecting human and financial resources towards enabling families to care adequately, and providing quality family-based alternative care options for children who cannot go home.

Transforming care systems is integral to achieving the SDGs. It entails removing barriers which prevent families from accessing basic services for their children, in particular education (Goals 4.1 & 4a) but also healthcare for the whole family, including services for mental and physical wellbeing and disability which can affect the quality of care (3). It means ensuring caregivers have the livelihood and employment opportunities needed to support their children (8), as well as access to social protection measures to address shocks and crises (1 & 10). It requires tackling social exclusion and discrimination, including on the basis of gender, disability, parental status, or ethnicity (5, 10 & 8). It also means providing families with the knowledge and skills to care for their children in a safe, nurturing, and non-violent manner (16) and addressing the impact of substance abuse and mental health on their capacity to do so (3.1, 3.4 & 3.5). Effective child care and protection services must also be in place to prevent and respond to abuse, neglect, and exploitation, including ensuring a range of quality alternative care options are available when it is not in the child's best interest to remain in their family (16 & 8.7). Finally, it means implementing mechanisms to ensure the quality and accountability of services and to support the full participation of children and families in decisions that affect them (16.6 & 16.7).

Dramatic transformations have been accomplished through the adoption of new comprehensive legal and policy frameworks which prioritize family care and redirect social services and social protection

⁷¹ Opening Doors for Europe's Children 2018 Country Factsheet: Moldova: <https://bettercarenetwork.org/library/principles-of-good-care-practices/transforming-institutional-care/opening-doors-for-europes-children-2018-country-factsheet-moldova>

⁷² Evaluation of the Tubarerere Mu Muryango (Let's Raise Children in Families) Programme in Rwanda, Phase 1: Summary (2019) Government of Rwanda, the National Commission for Children, USAID and UNICEF, p.14.

schemes to address drivers of separation and obstacles to reintegration. Moldova has enacted a comprehensive framework of over 50 laws and policies which establish the State's responsibility for the provision of family support.⁷³ These provide for the coordination of social services to specifically respond to risk factors behind separation and placement in alternative care, including parenting training, early childhood development and care, education and healthcare, household economic strengthening, respite services, and specialized services to support children with disabilities to live in the family. National programs and strategies were also adopted for social inclusion of persons with disabilities, reform of the national education system with a focus on inclusive education, together with action plans to reform the residential care system.⁷⁴

In Rwanda, the government established a comprehensive national strategy and program for reform embedded within a strong child rights-based legal and policy framework.⁷⁵ The National Strategy for Child Care Reforms (2012) and its implementing program, Let's Raise Our Children in Families! (TMM), has transformed

the care and protection system from one reliant upon residential care to a system focused on prevention and supporting family-based care and community action. It has combined the closure or transformation of residential care facilities with support for the reintegration of children with their families or foster families, through social assistance packages, including educational support, healthcare, counselling as well as livelihood and other forms of material support.⁷⁶ It has also strengthened the capacity of the social service workforce, both professional and para-professionals at the community level, under the Friends of the Family (IZU) program to support families and prevent further institutional placements.⁷⁷

In countries with limited or nascent social protection or social assistance programs, governments are working with international and local partners to pilot a range of family-strengthening measures targeted at preventing unnecessary separation and reintegrating children with families. In Uganda, several pilot programs tested a combination of household economic strengthening interventions (cash transfers, village savings and loan association, matched saving accounts, financial literacy and business skills training, saving groups for children and youth) with family-strengthening activities (psychosocial support, parenting skills training, referrals to health and education services).⁷⁸ These programs have shown promising results in terms of reducing the drivers of family-child separation and some success in supporting the reintegration of institutionalized children with their families. They add to a **growing body of evidence from sub-Saharan Africa which indicates that integrating social protection and child and family support, can increase the effectiveness of these interventions, particularly for at-risk children and their families.**⁷⁹

A fundamental element of care reform is establishing gatekeeping mechanisms to ensure child care and protection responses are both necessary and appropriate. Such mechanisms bring together actors with the expertise, knowledge, and mandate to review individual cases in a coordinated manner, making sure decisions are informed by a comprehensive and ongoing assessment of the individual child's situation and needs, and that services provided meet those needs effectively.⁸⁰ In Brazil, they have contributed to a 50% reduction in the use of residential care and poverty no longer being the primary reason for children being placed into alternative care.⁸¹ In Bulgaria, a gatekeeping mechanism in maternity hospitals has had a significant impact on preventing child abandonment, by connecting a dedicated social worker with new mothers and hospital staff to identify support needs and link them to targeted services.⁸²

Reforms are also driving the development of a range of specialized services. For children who cannot be reintegrated with their families, the provision of quality, temporary, as well as longer-

term family-based alternative care is critical. Foster care placements in Moldova saw a 15-fold increase between 2007 and 2015, and the number of formal placement of children in kinship care more than doubled during the same period. In Uganda, a new initiative, Ugandans Adopt, is using public media to promote and support domestic adoption for children who need permanent alternative care, including children with specific needs such as those affected by HIV AIDS or with disabilities.⁸³ In Cambodia, diverse pilot programs to help children with disabilities access services in the community are being integrated into government protection systems to aid reintegration and prevent unnecessary separation. These programs include community-based rehabilitation, psycho-social support services, specialized family-based care, and hospital-based abandonment prevention programs.⁸⁴

These examples emphasize that deinstitutionalization is not a side issue, but, as highlighted by the UN Committee on the Rights of Persons with Disabilities, **"requires a systemic transformation of the child care, welfare, and protection system."**⁸⁵ They also provide powerful illustrations of how governments and their partners are already doing this, and by doing so, are moving towards the realization of the SDGs for some of the most at-risk children and families.

⁷³ M. Cannon, C. Gheorghe, Moldova country core team (2018) Assessing Alternative Care for Children in Moldova (Volume 1), MEASURE Evaluation and USAID, p.21

⁷⁴ Ibid., p.22

⁷⁵ Better Care Network, UNICEF (2015): Country Care Profile: Rwanda, p.11. <https://bettercarenetwork.org/bcn-in-action/technical-guidance/country-care-profiles/country-care-profile-rwanda>

⁷⁶ Republic of Rwanda, National Commission for Children, UNICEF, USAID (2019). Programme Brief: Let's Raise Children in Families, p.4. <https://bettercarenetwork.org/library/principles-of-good-care-practices/transforming-institutional-care/programme-brief-let%E2%80%99s-raise-children-in-families>

⁷⁷ Ibid., p.17

⁷⁸ Whitney Moret and Mike Ferguson. (2018). ASPIRES Family Care Process Assessment: Cash Transfers for Family-Child Reintegration and Prevention of Separation. USAID, FHI 360, and ASPIRES. <https://bettercarenetwork.org/library/strengthening-family-care/household-economic-strengthening/aspires-family-care-process-assessment-cash-transfers-for-family-child-reintegration-and-prevention>
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⁷⁹ K. Roelen, E. Delap, C. Jones, H.K. Chettri. (2017). Improving child wellbeing and care in Sub-Saharan Africa: The role of social protection, Children and Youth Services Review, Volume 73, February 2017, Pages 309-318. <https://doi.org/10.1016/j.childyouth.2016.12.020>

⁸⁰ Better Care Network and UNICEF (2015) Making Decisions for the Better Care of Children: The role of gatekeeping in strengthening family-based care and reforming alternative care systems <https://bettercarenetwork.org/library/principles-of-good-care-practices/gatekeeping/making-decisions-for-the-better-care-of-children-the-role-of-gatekeeping-in-strengthening-family>

⁸¹ Ibid., p.28

⁸² Ibid., p.42

⁸³ Ugandans Adopt (Website): <http://ugandansadopt.ug/>; Better Care Network and Child's i Foundation (2017) Adoption for hard to place children (Video) <https://bettercarenetwork.org/library/the-continuum-of-care/adoption-and-kafala/adoption-for-hard-to-place-children>
<https://bettercarenetwork.org/library/the-continuum-of-care/adoption-and-kafala/adoption-for-hard-to-place-children>

⁸⁴ Better Care Network and CIF (2019). ABLE: Inclusive Family-Based Care for Children with Disabilities. <https://bettercarenetwork.org/library/particular-threats-to-childrens-care-and-protection/children-with-disabilities/able-inclusive-family-based-care-for-children-with-disabilities>

⁸⁵ CRPD/C/GC/5, General comment No. 5 (2017) on living independently and being included in the community paragraph 58. <https://undocs.org/CRPD/C/GC/5>

THE ROLE OF FAITH-BASED GROUPS IN TRANSFORMING CARE



AUTHOR

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Faith-based groups (FBG) have often been champions of vulnerable children and have worked to address many of the issues targeted by the SDGs including poverty, hunger, and insufficient access to education. Because the conviction of faith calls them to care for their neighbor, churches have often been the first responders when the lives of children have been in danger, establishing institutions to care for orphans, children with disabilities, and abandoned children. They still run many of these institutions throughout the world, particularly in developing countries.

Throughout my ministry as leader of my church and, of a mission society which worked with many churches in Africa, Asia, and Europe, and now as leader of the All Africa Conference of Churches, I am witness to the fact that the work of institutions caring for children has saved many lives and brought new hope to hopeless families and children. I know how much these institutions have provided relief for parents and relatives who had no other possibility available to them at the moment, and later were happy to have their children when they could take care of them. I have personally carried neglected, children with disabilities from helpless families who were hiding them, to place them in our specialized institution of care. They would be dead if not for these kinds of efforts. I therefore commend the great work these institutions have been providing.

At the same time, I was member of the council of the Evangelical Church in Germany during

serious negotiations with adults who underwent tremendous abuse and pain during their childhood in institutions run by the churches. The negotiations made me imagine how much pain and abuse we do not know yet because victims have not spoken out. In Germany these institutions have long been closed. But I also know that in many other countries where they exist, if they were closed immediately, many lives would be lost. I have sometimes wished that the thousands of homeless children in Nairobi could live in a form of care institution rather than on the streets. At the same time, it is very clear that institutional care should be the last resort, not the preferred way of dealing with those in need.

Addressing the Needs of Vulnerable Children

I am deeply convinced that institutional care should be the last resort, since life in institutions is not what children should be forced to endure, for many reasons already known to us. Since we may not let children currently in need suffer or lose their lives while we debate on the best ways of care, the FBG should actively and pragmatically transform care for children. One important aspect is to earnestly address the reasons children end up in institutions in the first place. And FBGs can and should do that. For example, they must work with communities to end sexual and gender-based violence against children, which can lead to the institutionalization of victims in the name of protection, and the birth of further vulnerable children.

Another cause is general violence against children in families and in society due to factors like alcoholism, drug abuse, and poverty, which are major causes of children ending up on the streets. Most of those children find life in their own families unbearable and unsafe, with no possibility of attending school, so they run away.

More specifically, I have a strong conviction that the number of children per household has a direct impact on the quality of life for the whole family. Though painful, it can be a welcome relief for an overburdened family if another person or institution assumes care of their child. FBGs have a duty not to continue advocating for unsustainable numbers of children in families based on selective reading of their scriptures or inter-religious competition for population growth. Children from sustainable-size families have a higher chance of staying at home, surrounded with love, and their needs are better met than families with unsustainable numbers of children. Moreover, families with fewer children are more likely to adopt or foster other children in need, over those who already have many.

Transforming the Goals and Functions of Faith-Based Institutions

Safely and sustainably transforming care is a lengthy process which requires broad support and I am of the opinion that it will take a long time to get rid of all institutions, and it cannot be done immediately, especially in economically and socially underdeveloped countries. We need to focus on transforming the nature and goals of care systems and I would like to mention a few pragmatic steps which may assist.

First, to take steps to enable children to be placed in families which can provide appropriate care. Some existing institutions can play a key role in

“ THE PROCESS OF TRANSFORMING CARE FOR VULNERABLE CHILDREN HAS TO BE PRIORITIZED AND FAITH BASED GROUPS MUST CONTINUE TO PLAY A LEADING ROLE IN THE PROCESS ”

this and be transformed to function as community-based service providers. Second, to focus on training and supporting families to care for children with complex needs. Many families do not know how to care for children with disabilities and believe institutional care is the only option.

Third, to provide transitional services as needed. I would give an example of Tumaini Children's Center which we established in Bukoba, my hometown, which helps reunite street children with their families or find foster care, helps them to go back to school, and has an absolute residence limit of one year. It has succeeded in reconnecting children with families and putting them back on track for successful, independent lives.

The Sustainable Development Agenda is intended to serve as a blueprint for peace and prosperity, now and in the future. To achieve this vision, the process of transforming care for vulnerable children has to be prioritized. FBGs must continue to play a leading role in the process.



“ FOR NOT AN ORPHAN IN THE WIDE WORLD CAN BE SO DESERTED AS THE CHILD WHO IS AN OUTCAST FROM A LIVING PARENT’S LOVE ”

Charles Dickens

CALL TO ACTION

Based on recommendations developed by 34 youth advocates from Bulgaria, Colombia, Czech Republic, Haiti, Moldova, Syria, Ukraine, and the United Kingdom and compiled by Ruth Wacuka, Self Advocate and representative of the Kenya Society of Care Leavers.

While the realities of children in care and young people out of care continue to dawn on us, we cannot continue to dance to the same tune. They represent millions of children across the globe who are and continue to be separated unnecessarily from their families, and from where we stand, they qualify as a ‘left behind’ group.

Youth advocates carry the untold stories of the dilemmas of having to choose between food and family, health and education.

Millions are victims of child trafficking in the small hours of the night if not in broad daylight, while thousands left their families over disabilities as their communities were not inclusive.

The scars of sexual abuse in care, and lack of one-on-one attention from a primary caregiver, remain.

This is the reality for millions of children in institutions around the world. It has happened for more than a thousand years,⁸⁶ it is still happening

⁸⁶ The first known orphanage was established in Milan, Italy more than 1,200 years ago. See: Helfer, ME, Kempe, RS & Krugman, RD (eds.) (1999) *The Battered Child*, Chicago: University of Chicago Press, p. 19

today, and will continue to happen if nothing is done.

Like all of us here, we have a responsibility to achieve the SDGs. Principally, nine SDGs, among others, resonate with the recommendations by youth advocates supported by Lumos seeking to restore the right to family for every child. **And in the spirit of the pledge to leave no one behind, we have no option but to commit to transforming care for all children.**

Our commitment towards ending poverty cannot be fully achieved while thousands of well-intentioned people continue to fund institutions. Redirecting funding from institutions to family-based care is a sure step towards realization of this goal.

There is enough evidence on the detrimental effects institutionalization has on children. Good Health and Well Being (SDG3) as a goal will only be achieved by putting in place measures that restrict new admissions of children into orphanages, especially babies and children with disabilities. This is notwithstanding the millions of children with disabilities that are separated from their families over lack of inclusive education within

their communities. Until these changes, Quality Education (SDG4) will not be achieved.

When the lives of children in care translate to “goods for sale” as a marketing tool for “orphanage entrepreneurs” it just tells how huge of a responsibility it is for us to pursue Decent Work and Economic Growth (SDG8). It is encouraging to know that through collective efforts, we can help achieve this goal by stopping the orphanage business, a form of modern-day slavery often unknowingly support by ‘orphanage voluntourists’

While we have a commitment to achieve Peace, Justice, and Strong Institutions, care institutions have proven and continue to prove to be centers of violence and abuse.

Having survived the rogue system of care, care leavers continue to face challenges adjusting to adulthood. Lack of equal opportunities and social exclusion continue to weigh heavily, impacting negatively on their young lives. As they recommend, we cannot afford to “leave them behind.” We must reduce inequality through the means of social and economic empowerment.

Nothing beats experience and certainly not the experience of young people who grew up in care. As we join other world leaders and experts to put an end to the institutionalization of children, there is no key ASK greater than “Nothing about us without us.” Involvement and participation of children and care leavers in care reform should be at the core, not just through storytelling but all through from policy design, formulation to evaluation. We are experts through experience – you know Policy, we know Practice!!

“ ORPHANAGES ARE SOCIAL JAILS, LEGALIZED BY THE SELFISH INTERESTS OF A FEW. THEY HOLD VULNERABLE LIVES CAPTIVE, WHILE THRIVING ON ABUSE AND EXPLOITATION ”

When asked what “orphanage” meant to her, Ruth Wacuka of the Kenya Society of Care Leavers said, “Orphanages are social jails, legalized by the selfish interests of a few. They hold vulnerable lives captive, while thriving on abuse and exploitation – sadly the orphanage entrepreneurs’ favorite meal. Not until we restore the right to family for every child, will we truly leave no one behind.



YOUTH ADVOCATES

ADDITIONAL INFORMATION

To learn more about Lumos’ work to safely and sustainably transform systems of care and end the institutionalization of children, please visit wearelumos.org

To find out about the work of our partners in care reform, please visit the following websites:

- **Better Care Network:** bettercarenetwork.org
- **CPC Learning Network:** cpcnetwork.org
- **Changing the Way We Care:** changingthewaywecare.org
- **Family for Every Child:** familyforeverychild.org
- **Hope and Homes for Children:** hopeandhomes.org
- **Save the Children:** savethechildren.net

More information on the United Nations 2030 Agenda for Sustainable Development can be found at sustainabledevelopment.un.org

Further details on contributing authors and organizations can be found at the following websites:

- **All Africa Conference of Churches**
aacc-ceta.org
- **Bucharest Early Intervention Project:**
bucharestearlyinterventionproject.org
- **Centre for Liberation Studies:**
libstudies.org.za
- **Colombian Association for the Transition from State Protection (Asociación Colombiana de Egreso de Protección Estatal):**
ascep.org
- **European Commission Directorate-General for International Cooperation and Development:**
ec.europa.eu/info/departments/international-cooperation-and-development
- **European Roma Rights Centre:**
errc.org
- **Griffith Law School, Australia:**
experts.griffith.edu.au/academic/k.vandoore
- **Harvard Medical School:**
ghsm.hms.harvard.edu/person/faculty/chunling-lu
- **Jordanian Higher Council for the Rights of Persons with Disabilities:**
hcd.gov.jo/en
- **Kenya Society of Care Leavers:**
kesca.org
- **Office of the Special Representative of the Secretary-General for Children and Armed Conflict:**
childrenandarmedconflict.un.org
- **United Nations Children’s Fund:**
unicef.org
- **United Nations Committee on the Rights of the Child:**
ohchr.org/EN/HRBodies/CRC/Pages/CRCIndex.aspx
- **United Nations High Commissioner for Refugees:**
unhcr.org
- **United Nations Women:**
unwomen.org/en



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