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DEINSTITUTIONALISATION AND QUALITY ALTERNATIVE CARE FOR CHILDREN IN EUROPE

**LESSONS LEARNED AND THE WAY FORWARD
WORKING PAPER**

eurochild



Hope & Homes for Children

Eurochild is a network of organisations and individuals working in and across Europe to improve the quality of life of children and young people.

We envisage a Europe where every child grows up happy, healthy and confident, and respected as an individual in his/her own right. We work:

- To promote wide recognition of children as individual rights holders;
- To convince policy and decision makers to put the best interest of the child in every decision affecting them;
- To encourage all those working with and for children and their families to take a child-centred approach;

- To give children and young people in Europe a voice by promoting participatory methods in child and family services, raising children's awareness of their rights and supporting child and youth led organisations.

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EXECUTIVE SUMMARY

Eurochild is a network of organisations and individuals working in and across Europe to improve the quality of life of children and young people. Our work is underpinned by the principles enshrined in the United Nations Convention on the Rights of the Child. We have 127 full members, 43 associate members and 1 honorary member across 35 European countries¹.

Eurochild focuses on the inter-linkages between poverty, social exclusion and children who are in, at risk of going into, or leaving alternative care², and believes that the transition from institutional to community-based care ('Deinstitutionalisation') is an urgent priority for EU action³.

The UN Convention on the Rights of the Child (UNCRC) clearly recognises that the ideal setting for a child to grow up is within a family environment that provides an atmosphere of happiness, love and understanding⁴. The family "should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community"⁵.

Two decades after the entry into force of the UNCRC, these principles are still unevenly understood and implemented across the EU. Too many children are separated from their families, and too often without appropriate reasons. In a climate of financial crisis and widespread cuts on essential services, the entry of children into alternative care is frequently linked to socio-economic factors, disability and discrimination rather than to protection from abuse and neglect.

Children without parental care continue being placed in segregating residential care facilities, also known as institutions, in environments that

are utterly inappropriate for their emotional, physical, intellectual and social development. We all remember the horrors displayed by media and documentaries about institutions for children in Central and Eastern Europe after the fall of authoritarian regimes. A lot has changed over the last decades, and several EU countries have taken steps to dismantle their institutional care systems. However, institutionalisation of children is still a reality in several Member States and much more needs to be done before it becomes history in Europe.

Despite progress, a dual approach continues to prevail in many countries currently engaged in reforming their childcare systems. Large numbers of children are transferred into family and community-based care, but institutions are still perceived as good enough for certain groups, such as children with disabilities. Furthermore, a clear disconnection exists between the reforms taking place in the childcare system and the situation of adult services: many deinstitutionalised children end up being re-institutionalised when they grow up, an experience which is particularly tragic and detrimental for their well-being.

This paper aims to raise awareness of the perverse effects of institutionalisation on children and it calls for comprehensive system reforms, starting with a transition towards family and community-based care. The UN Guidelines for the Alternative Care of Children clearly speak in favour of such evolution: "where large residential care facilities (institutions) remain, alternatives should be developed in the context of an overall Deinstitutionalisation strategy, with precise goals and objectives, which will allow for their progressive elimination"⁶.

1. Eurochild, at <http://goo.gl/qL62g>

2. Eurochild, Call for Action on Quality of Alternative Care for Children Deprived of Parental Care, March 2010.

3. Since 2010 Eurochild is also member of the European Expert Group on the Transition from Institutional to Community-based Care, which aims to serve as an informal advisory body to European institutions, Member States and candidate countries in relation to institutional care reform. The Group's work

encompasses children, people with disabilities including people with mental health problems, the elderly, families and service providers.

4. United Nations Convention on the Rights of the Child (UNCRC), Preamble.

5. Idem.

6. Resolution adopted by the General Assembly 64/142, Guidelines for the Alternative Care of Children, June 2009, para. 23.

In the past decades, Eurochild members have been involved in closing down institutions, supporting children and families through early intervention, prevention services and gatekeeping and providing quality alternative care. Experience shows that Deinstitutionalisation is possible and States can achieve structural transformations in order to offer every child a better life. Building on these experiences, the paper collects key messages and lessons learned which could inspire the restructuring of children's services on the ground.

Eurochild strongly believes that the EU is in the position to support and coordinate Member States' actions in this regard. The upfront investment in Deinstitutionalisation is absolutely critical, with immediate positive and sometimes lifesaving outcomes on children in institutions but also long-term effects for society at large, including reduction of dependency and higher social inclusion. However, in many countries an important barrier to reforms is the high cost of transition from the old system of institutions to a reformed one⁷. Investment in prevention and family and community-based alternatives is often less expensive and certainly more effective than investment in institutional care, but additional costs arise during the phase of transformation (infrastructure costs, retraining and recruitment of social workers, strengthening of child protection systems, development of prevention strategies and alternative services, etc.). Rapid progress only happens when additional resources are mobilised.

By financing Deinstitutionalisation and supporting the creation of quality services for families and communities,

the European Structural Funds can allow Member States to dismantle the obsolete system of institutions while shifting towards prevention and high quality alternative care.

This is why the adoption of the European Commission Recommendation on Investing in Children in 2013⁸ is particularly welcome. We believe it creates a window of opportunity to address the linkages between poverty, social exclusion and children in alternative care. The Recommendation explicitly calls on Member States to use the Structural Funds to stop the expansion of institutional care in Europe and promote quality family-based care. Further tangible progress appeared in the legislation for the new Cohesion Policy for 2014-2020 which explicitly mentions Deinstitutionalisation as a priority in the use of the European Structural Fund and the European Regional Development Fund. The new policy represents an extraordinary momentum for achieving a profound transformation of children's services across Europe⁹. In addition, a Code of Conduct for partnership in relation to the structural funds has come into force and requires all Member States to consult with civil society over the planning and spending of structural funds¹⁰.

Eurochild calls for a renewed political engagement - coupled with an investment of European and national resources - to prevent separation of children from their families, to protect the rights of children in alternative care and to improve the quality of the care provided to them.

Eurochild, September 2014

7 Other obstacles are the lack of political will, the persistence of evident conflicts of interest, the fear of losing jobs for the care professionals, the tendency to stigmatise families in difficulty, etc.

8 European Commission Recommendation: Investing in Children: Breaking the Cycle of Disadvantage (2013/112/EU), 20 February 2013

9 European Regulation: Common provisions on the European Regional Development Fund, the European Social Fund, the Cohesion Fund, the European Agricultural Fund for Rural Development and the European Maritime and Fisheries Fund Covered by the Common Strategic Framework and laying Down general provisions on the European Regional

Development Fund, the European Social Fund and the Cohesion Fund and repealing Council Regulation (EC), October 2012 Fund, the Cohesion Fund, the European Agricultural Fund for Rural Development and the European Maritime and Fisheries Fund Covered by the Common Strategic Framework and laying Down general provisions on the European Regional Development Fund, the European Social Fund and the Cohesion Fund and repealing Council Regulation (EC), October 2012

10 European Regulation on the European Code of Conduct on the Partnership Principle, January 2013

GLOSSARY

Abandonment

Act by which the child has been left with no care whatsoever, for example on the street or in an empty dwelling. Often colloquially used as a synonymous of relinquishment, i.e. the act by which the child has been surrendered to the care of others, for example in a maternity hospital¹¹. (See also Separation, below).

Alternative care

Care provided to children who are deprived of parental care.

Community-based services

Services directly accessible at the community level, such as: family strengthening services: parenting courses and sessions, promotion of positive parent-child relationships, conflict resolution skills, opportunities for employment and income generation and, where required, social assistance, etc.; Supportive social services, such as day care, mediation and conciliation services, substance abuse treatment, financial assistance, and services for parents and children with disabilities¹².

Deinstitutionalisation of children

Policy-driven process of reforming a country's alternative care system, which primarily aims at: Decreasing reliance on institutional and residential care with a complementary increase in family and community-based care and services; Preventing separation of children from their parents by providing adequate support to children, families and communities; Preparing the process of leaving care, ensuring social inclusion for care leavers and a smooth transition towards independent living.

Family-based care

A form of alternative care in which the child is placed with a family other than his/her family of origin (e.g. kinship care, foster care).

Foster care

Situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care¹³. Foster care placements can respond to a number of diverse situations (e.g. emergency foster care, temporary foster care, long-term foster care, therapeutic foster care, parent and child foster care, etc).

Gatekeeping

Set of measures put in place to effectively divert children from unnecessary initial entry into alternative care or, if already in care, from entry into an institution¹⁴ (e.g. family support as a prerequisite for the placement of children in alternative care, legal bans, moratoria and economic disincentives for institutionalisation, etc.).

Institutional care

Care taking place in (often large) residential settings that are not built around the needs of the child nor close to a family or small-group situation, and display the characteristics typical of institutional culture (depersonalisation, rigidity of routine, block treatment, social distance, dependence, lack of accountability, etc.).

¹¹ UNICEF, *At Home or in a Home? Formal Care and Adoption of Children in Eastern Europe and Central Asia*, 2010, pp. 52- 53.

¹² See UN Guidelines for the Alternative Care of Children, June 2009, par. 34.

¹³ See UN Guidelines for the Alternative Care of Children, June 2009, par. 29

¹⁴ See UNICEF, *At Home or in a Home? Formal Care and Adoption of Children in Eastern Europe and Central Asia*, 2010. See also Better Care Network website.



Kinship care

Family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature¹⁵.

Prevention

Intervention in the family or community that enables children to stay in their families as an outcome¹⁶, if this is in their best interest. Support can be provided in several areas such as living conditions, family and social relationships, education, physical and mental health, household economy, etc.

Residential care

Care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes¹⁷.

Separation

Separation (removal) of children from their parents following a decision from a competent authority or agency when there are reasonable grounds to believe the child is at risk¹⁸. In non-functional systems, parents in difficulty might decide to entrust their children to the care of the State due to insufficient help or support (e.g. inability to cover food- or clothes-related expenses, pay rent in order to avoid eviction or bills for water, gas and electricity, etc.)¹⁹. In such circumstances, the term 'separation' is preferable to the term 'abandonment', since the latter "tends to imply that these children have been completely deserted by their family and have little or no hope of being reunited with their parents²⁰".

Small group home

A type of residential care in which a small group of children live in a house in the community, and are cared for in an environment that is as family-like as possible²¹.

15 UN Guidelines for the Alternative Care of Children, June 2009, par. 29.

16 See Hope and Homes for Children Romania, HOW TO DEINSTITUTIONALISE? HHC model for DI – brief description of process, 2012.

17 UN Guidelines for the Alternative Care of Children, June 2009, par. 29

18 UN Guidelines for the Alternative Care of Children, June 2009, par. 39.

19 See Hope and Homes for Children Romania, Best Practice Guide for the Prevention of Child Separation from Families, 2012, p 6.

20 See UNICEF, At Home or in a Home? Formal Care and Adoption of Children in Eastern Europe and Central Asia, 2010, p. 7.

21 See Save the Children UK, Child protection and Care Related Definitions, October 2007.

1. DEINSTITUTIONALISATION IN THE EUROPEAN CONTEXT

1.1. The origin and development of institutions in Europe

Until the development of public social systems, families and communities shouldered the main responsibility for taking care of their children and relatives. Between the 19th and the 20th century a paradigm shift took place in the culture of services across Europe, as the State began to assume responsibility to provide food, shelter, clothing and treatment for different categories of individuals. Large residential facilities were established for children without parental care, persons with mental health problems, persons with disabilities and old people, often hosting hundreds of users.

Initially seen as a positive intervention by public authorities, institutionalisation rapidly became a 'one size fits all' solution for all sorts of social issues: poverty, disability, social exclusion, lack of services in the community, parents' inability to reconcile family and work, neglect and abuse. In socialist regimes from Central and Eastern Europe, 'dysfunctional' families and individuals were often perceived as not willing to be integrated into the society. Parents' difficulty to care for their children was seen as an individual failure to be solved through State intervention, with public authorities openly encouraging parents to place their children in institutions and even using it as a measure to sanction dissenting behaviour.

As a consequence, large-scale, segregating institutions proliferated across the region. The institutionalisation

of children with disabilities was almost automatic, while the model of care was predominantly medical and focused on deficiencies to be treated, instead of individual rights and needs to be fulfilled. The same medical approach was used also for the care of newborns and young children under the age of three, clearly lacking understanding of attachment theories and the importance of individualised care.

It is hard to outline a common definition of 'institutions' applicable to the wide diversity of national contexts across Europe. However, a few recurring elements seem to characterise institutional care and constitute what has been referred to as 'institutional culture'²²:

- Depersonalisation
- Rigidity of routine
- Block treatment
- Social distance

Dependence, lack of accountability and social, emotional and geographical isolation are also typical of this kind of care settings. Size and number of residents are not the only elements to classify a residential care facility as an institution, although they do appear to be proportionally related to the presence of an institutional culture: "the larger the setting, the fewer the chances are to guarantee individualised, needs-tailored services as well as participation and inclusion in the community"²³.

22 Report of the Ad Hoc Expert Group on the Transition from Institutional to Community-based Care, 2009, p. 9.

23 Report of the Ad Hoc Expert Group on the Transition from Institutional to Community-based Care, 2009, p. 9.



1.2. Transition towards family and community-based care

Nowadays, there is growing consensus that institutional care is simply not compatible with a human rights approach. The mass-treatment typical of institutions is utterly inadequate for providing services in a modern society, failing to recognise individual requirements or empower users, families and communities. Certainly, it is not a suitable system to meet children's rights and developmental needs.

A number of countries have started to progressively dismantle their institutional care systems re-integrating children in their families and communities, but the process is still far from completion. Deinstitutionalisation – also known as the transition from institutional to family and community-based care – can be defined as a policy-driven process of reforming a country's alternative care system, which primarily aims at:

- Decreasing reliance on institutional and residential care with a complementary increase in family and community-based care and services;
- Preventing separation of children from their parents by providing adequate support to children, families and communities;

- Preparing the process of leaving care, ensuring social inclusion for care leavers and a smooth transition towards independent living.

Deinstitutionalisation, therefore, is a strategy to get children out of institutions but also to avoid new placements. A thorough assessment of the needs of each child should be conducted to provide alternative care solutions based on his/her best interest. Reforms should tackle the root causes of neglect, abuse and child abandonment, and aim at preventing unnecessary separation of children from their families through a broad range of support measures.

The ultimate goals of the systemic reforms are therefore to prevent the need for alternative care, to protect the rights of children living in alternative care and to improve the quality of the care provided to them. The Guidelines for the alternative care of children, a United Nations framework (hereafter referred to as 'UN Guidelines') shall represent the fundamental framework of reference²⁴.

²⁴ UN Guidelines for the Alternative Care of Children, June 2009

2. WHY SHOULD WE CLOSE THE REMAINING CHILDREN'S INSTITUTIONS IN EUROPE?

2.1. Evidence from child development literature and neuroscience

Research has largely demonstrated that institutional care is harmful for all individuals but in particular for children²⁵, causing long-term effects on their health and psychosocial development²⁶. Children need much more than decent material conditions: even the most modern and well-equipped institutions fall short of providing the stimulation and individualised attention, the educational and professional counselling, and when needed the customised early therapy and rehabilitation indispensable for a child to thrive.

Children growing up in institutions are deprived of the possibility to develop a continuous attachment to a primary caregiver, due to the rigidity and impersonality typical of this form

of care, the insufficient children-staff ratio, the limited availability of qualified professionals and the inherent nature of shift work²⁷. Under-stimulation can cause long-lasting deficiencies in terms of motor skills and physical growth²⁸, while absence of interaction and other unresponsive care-giving practices result in poor cognitive performance and lower IQ scores, particularly when institutionalisation takes place at an early age²⁹.

Institutional care is particularly dangerous for infants between 0 and 3 years: "Early childhood, the period from 0 to 3 years, is the most important developmental phase in life. The interactive influence of early experience and gene expression affect the architecture of the maturing

25 OHCHR, *Forgotten Europeans, Forgotten Rights – The Human Rights of Persons Placed in Institutions*, 2011, p.6.

26 K. Browne, *The Risk of Harm to Young Children in Institutional Care*, Save the Children, 2009, pp. 9 – 17.

27 J. Williamson, A. Greenberg, *Families, Not Orphanages*, Better Care Network Working Paper, 2010, pp. 5 - 6.

28 "The effects of institutionalisation for children - even where the institutions in question have good material conditions and qualified staff - can include poor physical health, severe developmental delays, (further) disability, and potentially irreversible psychological

damage". Report of the Ad Hoc Expert Group on the Transition from Institutional to Community-Based Care, 2009, p. 12.

29 R. Johnson et al, *Young children in institutional care at risk of harm*, 2006. See also the Bucharest Early Intervention Project, which examined the effects of institutionalisation for brain and behavioral development on a sample of young children. Results showed that children raised in institutional care have significantly lower IQs. Bucharest Early Intervention Project, *Caring for Orphaned, Abandoned and Maltreated Children*, 2009, PowerPoint available <http://goo.gl/kQLVy>.



brain. Impact on physical and cognitive development, on emotional security and attachment, on cultural and personal identity and developing competencies can prove to be irreversible³⁰. The harmful effects of institutionalisation are evident also on older children, often proportionally to the length of stay.

Furthermore, institutions display a grim record of neglect, abuse and violence. In 2009, Eurochild's member Nobody's Children Foundation conducted a survey to illustrate the patterns of violence against children in institutions, reporting an incidence of sexual abuse equal to twice that in the general population³¹.

In another Member State, the inspection of several institutions for children with disabilities unveiled a shocking scenario of malnutrition and negligence, resulting in an appalling number of child deaths³². In the same vein, the UN Secretary General's study on Violence against Children explicitly recommended that family-based care should be the only option for infants and very young children³³. Finally, the UN Committee on the Rights of the Child recognised that institutions are a particular setting "where children with disabilities are more vulnerable to mental, physical, sexual and other forms of abuse as well as neglect and negligent treatment"³⁴.

30 UNICEF, Call for Action: End placing children under three in institutions, 2011. According to the UN Committee on the Rights of the Child, the definition of early childhood should be extended to encompass all children below the age of eight: Committee on the Rights of the Child, General Comment No. 7 - Implementing child rights in early childhood, 2005, par. 4.

31 Nobody's Children Foundation, Sexual violence against children - Study of the phenomenon and dimensions of the violence against children raised in

the residential institutions, Warsaw, 2009-2010.

32 Y. B. Tavanier, Someone must be held responsible, Bulgarian Helsinki Committee, 24 September 2010.

33 United Nations Secretary-General, Report on Violence against Children, 2006, par. 112.

34 UN Committee on the Rights of the Child, General Comment No. 9 - The rights of children with disabilities, 2006, par. 47.

2.2. Equity and social inclusion

Not only do too many children still enter the system of institutional care: too often, they are separated from their families without appropriate reasons. Poverty, ethnic origin and disability are still important factors leading to the placement of children across Europe, proving the need to act upon the issue as a fundamental question of non-discrimination and equal opportunities. According to recent studies, children of Roma origins are overrepresented in institutional care in several EU countries and experience less favourable treatment during their stay in the alternative care system, as well as lower chances to be transferred into family-based settings³⁵.

Mostly, the cause for institutionalisation is not a single issue but a combination of factors, such as: poverty, inadequate

housing, single parenthood, lack of gynaecological coverage and family planning (resulting in unwanted/unmonitored pregnancies), lack of parenting skills, lack of access to welfare, lack of support from the extended family, unemployment, lack of access to daycare and specialised services for children with disabilities, health conditions of children or their parents, substances misuse, stigma and discrimination. If these factors are not properly addressed, the situation in the family can escalate and lead to neglect, abuse and violence.

To complicate matters, institutions often put a label of stigma on children - regardless of their age or circumstances - and heavily reduce the chances of successful future integration.



³⁵ European Roma Rights Centre, Bulgaria Helsinki Committee, Milan Šimečka Foundation and osservAzione, *Life Sentence: Romani Children in Institutional Care*, 2011.



The effects of institutionalisation are likely to continue after the child reaches eighteen years of age, triggering a range of problems in adulthood and affecting the youngster's adaptation to "other related environments, like that of the educational system, and later, the very adaptation to social and professional life"³⁶. As a result, the population of care leavers ranks particularly high on statistics of school dropouts, unemployment, homelessness, criminality and unstable parenting patterns³⁷, originating a vicious circle of intergenerational transmission of poverty and social exclusion.

The impact of the economic crisis is clearly perceptible across Europe, and its effects will be felt long after the economy has started to recover. Rising unemployment and widespread cuts on social benefits and services are hitting hard on the most vulnerable families, putting a growing pressure on parents' ability to provide for their children. Anecdotal evidence³⁸ already shows an increase of referrals to child protection systems, with worrying indications that some families are forced to place their children in alternative care because of long-term unemployment and severe material deprivation - including malnutrition and homelessness³⁹.

36 Hope And Homes For Children Romania, Save The Children Romania, Procedure Guide for the Social Integration of Youngsters Leaving the National Care System/H.H.C. Romania, Baia Mare: Europrint, 2006, p. 9.

37 See also E. Munro, M. Stein (eds.), *Young People's Transitions from Care to Adulthood*, International Research and Practice, Jessica Kingsley, 2008.

38 See Eurochild Report, How the economic and financial crisis is affecting children & young people in Europe, January 2011.

39 C. Hadjimatheou, The Greek parents too poor to care for their children, BBC World Service, 10 January 2012, at <http://goo.gl/qWBk5>, See also Spiegel TV: <http://goo.gl/4ZNsQ>.

2.3. Human rights framework and EU commitments

The EU and its Member States have important responsibilities concerning protection and promotion of children's rights. All Member States have ratified the **UN Convention on the Rights of the Child (UNCRC)**, while following the entry into force of the Lisbon Treaty the promotion of the rights of the child became one of the objectives of the Union. The treaty also incorporates the **Charter of Fundamental Rights**, which states that "every child shall have the right to maintain on a regular basis a personal relationship and direct contact with both his or her parents, unless that is contrary to his or her interests"⁴⁰.

In addition, the EU and a majority of Member States have ratified the **UN Convention on the Rights of Persons with Disabilities (UNCRPD)**, which upholds the equal right of all persons with disabilities to live in the community⁴¹. Art. 23 of the UNCRPD provides a clear framework of reference concerning children and alternative care: "States Parties shall, where the immediate family is unable to care for a child with disabilities, undertake every effort to provide alternative care within the wider family, and failing that, within the community in a family setting". The Convention clarifies that "in no case shall a child be separated from parents on the basis of a disability of either the child or one or both of the parents"⁴².

The rights and principles enshrined in the UNCRPD do not replace, but reinforce the provisions of the UNCRC: the UNCRPD's Preamble clarifies that "children with disabilities should have

full enjoyment of all human rights and fundamental freedoms on an equal basis with other children", and recalls "obligations to that end undertaken by States Parties to the Convention on the Rights of the Child"⁴³.

In addition to international covenants, non-binding instruments such as the **UN Guidelines for the Alternative Care of Children** represent an essential reference, clarifying that "States should develop and implement consistent and mutually reinforcing family-oriented policies designed to promote and strengthen parents' ability to care for their children"⁴⁴. The Council of Europe Recommendation on the rights of children living in residential institutions⁴⁵ establishes important principles to be applied whenever a child is placed outside the family, while the WHO European Declaration on the Health of Children and Young People with Intellectual Disabilities and their Families puts emphasis on the right to grow up in a family environment⁴⁶.

In parallel to legal requirements, there is a clear connection between deinstitutionalisation and political commitments undertaken by the EU across different policy areas. Within the Europe 2020 strategy to become a smart, sustainable and inclusive economy in the coming decade, the EU and the Member States have pledged to deliver high levels of social cohesion and identified specific targets for improving education and fighting against poverty and social exclusion⁴⁷.

40 Charter of Fundamental Rights of the European Union, art. 24.

41 UN Convention on the Rights of Persons with Disabilities (UNCRPD), art. 19.

42 UNCRPD, art. 23.

43 UNCRPD, Preamble.

44 UN Guidelines for the Alternative Care of Children, June 2009, par. 33.

45 Council of Europe, Recommendation on the rights of children living in residential institutions, 2005

46 WHO, European Declaration on the Health of Children and Young People with Intellectual Disabilities and their Families, 2010.

47 European Commission Communication 'EUROPE 2020 - A strategy for smart, sustainable and inclusive growth', March 2010.

The links between poverty and children in alternative care have been taken into account by the **Europe 2020 Strategy**. The European Platform against Poverty and Social Exclusion acknowledged that over 20 million children are at risk of poverty in today's Europe⁴⁸. The European Commission made commitments towards deinstitutionalisation in the context of the **European Disability Strategy 2010- 2020**, by proposing to use Structural Funds and Rural Development Fund to support community-based services and pledging to raise awareness of the situation of persons with disabilities living in residential institutions, especially children and elderly people⁴⁹.

In 2013, The European Commission adopted its **Recommendation on Investing in Children – Breaking the Cycle of Disadvantage**, which represent a historic breakthrough as the first EU document to enshrine a strong commitment to the deinstitutionalisation of children⁵⁰. It explicitly calls on Member States to stop the expansion of institutional care and promote quality based community and family care. Following on from the Recommendation, the **Regulations on the use of European Structural and Regional Development Funds** and Common Provision Regulations have been adopted in December of the same year and include specific provisions requiring the use of the funds to assist with deinstitutionalisation in Europe and promote community-based care⁵¹.



48 European Commission Communication 'The European Platform against Poverty and Social Exclusion: A European framework for social and territorial cohesion', December 2010.

49 European Commission Communication 'European Disability Strategy 2010-2020: A Renewed

Commitment to a Barrier-Free Europe', November 2010.

50 European Commission Recommendation: Investing in Children: Breaking the Cycle of Disadvantage. 20 February 2013

CHILDREN WITH DISABILITIES

Children with disabilities are heavily overrepresented in institutional care across Europe. There is also strong evidence suggesting that children with minor or even no disability become disabled as a direct consequence of the damage inflicted by institutional care⁵².

Across Eastern Europe and Central Asia, children with a disability are almost 17 times more likely to be institutionalised as children who are not disabled, according to UNICEF⁵³. This region has inherited a 'defectology tradition' common in communist states, where abandonment of infants with disabilities was culturally accepted or even encouraged. Prejudice, discrimination and the belief that the complex needs of disabled children cannot be met with appropriate care in their families have resulted in medical and psycho-social personnel in maternity wards encouraging mothers to leave their newborns with disabilities in state care. Despite the growing awareness of international norms, such practice is still commonplace⁵⁴.

The usual causes of institutionalisation, such as the family's precarious socio-economic situation and lack of public services are compounded for children with disabilities.

Many families lack access to appropriate and affordable treatments and assistive technologies for children with disabilities. Institutions are often wrongly perceived as providing a higher quality care due to presence of professional staff and medical treatments. In reality, institutionalisation rarely improves a child's quality of life and may in fact contribute to deterioration of the child's condition (and eventual death). Sadly, most children with disabilities who enter an institution in early childhood only leave it either to be transferred to another institution or as the result of death⁵⁵. In addition to the personal tragedy of each individual case, long-term (usually, lifelong) institutionalisation costs the State infinitely more than supporting families and ensuring access to the necessary treatments and assistive technologies within the community.

51 European Regulation: Common provisions on the European Regional Development Fund, the European Social Fund, the Cohesion Fund, the European Agricultural Fund for Rural Development and the European Maritime and Fisheries Fund Covered by the Common Strategic Framework and laying Down general provisions on the European Regional Development Fund, the European Social Fund and the Cohesion Fund and repealing Council Regulation (EC), October 2012

52 Kevin Browne, *The Risk of Harm to Young People Children in Institutional Care*, p. 10.

53 "Children under the age of three in formal care in Eastern Europe and Central Asia: a rights-based regional situation analysis", UNICEF 2012, page 45.

54 Ibid, page 78.

55 "Children's rights to survival and development : ensuring access to treatment for children with hydrocephalus", Lumos 2013, page 3.

56 "Children and disability in transition in CEE/CIS and Baltic states", UNICEF 2005, page 18.

Institutional care is also a consequence of the lack of inclusive and accessible mainstream services, such as childcare, rehabilitation services, education and medical care. For example, parents who are unable to find accessible day care in the community are faced with the choice of sending the child into a residential institution or giving up their paid employment to care for the child at home. All too often a disabled child's only schooling opportunity is a distant special school, as local mainstream schools do not accept children with a disability⁵⁶.

The UN Conventions on the Rights of the Child and on the Rights of Persons with Disabilities set clear international standards on supporting children with disabilities and their families within local communities. There

is also a huge body of good practice demonstrating the feasibility of reforming mainstream services to provide more inclusive environments as well as of delivering specialised and intensive treatment and support that can ensure a high-quality family life, even for the most severely disabled children. No legitimate justification now exists for the maintenance of large-scale institutions for children with disabilities.

This is why it is important to ensure the full application of the rights included in the UN CRC and UN CRPD.



57 Life Sentence: Romani Children in Institutional Care, a Report the European Roma Rights Centre, Bulgarian Helsinki Committee, Milan Šimečka Foundation and Osservazione, June 2011, available at <http://www.errc.org/reports-and-advocacy-submissions/life-sentence-romani-children-in-institutional-care/3923>

58 European Commission Communication 'An EU Framework for National Roma Integration Strategies up to 2020', April 2011.

59 <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013H1224%2801%29&from=en>

60 Cf. World Bank Report: Diagnostics and Policy Advice for Supporting Roma Inclusion in Romania available at: <https://openknowledge.worldbank.org/bitstream/handle/10986/17796/866710WP0P14500na10Report00English0.pdf?sequence=1>

ROMA CHILDREN

Roma children are over-represented in institutions across Europe, particularly Central and Eastern Europe, at a rate that is totally disproportionate to their share of the total population. By way of example, while only 10% of the population in Hungary, Bulgaria and Romania is Roma, up to 60% of children in State care are of Romani origin in the former ones and up to 20% in the latter⁶⁷.

The EC Communication 'An EU Framework for National Roma Integration Strategies up to 2020'⁵⁸ and the 'Council Recommendation on effective Roma integration measures in the Member States'⁵⁹ are the key EU policy documents setting out EU and Member State action to promote Roma inclusion. They highlight the worrying situation of many Roma children in the EU, not least their exposure to poor health, housing and nutrition, exclusion, discrimination and racism. Lack of birth registration and IDs remains an important issue, plus the failure to engage and retain Roma children at all levels of the education system – from early child education and care to higher education.

The over representation of Roma children in the public care system is one of the consequences of this systemic discrimination against the Roma community and the failure to address extreme material deprivation, structural disadvantage and deep rooted prejudice within the mainstream services which tend to alienate Roma children and families. Too often this prejudice remains unchallenged and perpetuates the cycle of exclusion⁶⁰.

An effective deinstitutionalisation strategy therefore has to go hand-in-hand with an effective Roma inclusion strategy. It is critical that the broader Roma inclusion strategy embeds a strong child-centred

approach which respects the child's right to full development as well as their right to retain their specific social and cultural identity.

A four-tier approach is therefore advocated:

- Firstly, to address structural disadvantages faced by this community, investing in infrastructure and addressing lack of access to mainstream services;
- Secondly it is important to recruit more Roma into the social welfare, education and health professions and provide more on-going training and support to professionals. There is a need to shift from a 'deficit' model of support to a strengths-based approach that focuses on empowerment. There must be zero tolerance of institutional racism which is still prevalent among service officials, social workers and educators and all those working in the public sector must acknowledge and support equal citizenship for the Roma community;
- Thirdly, there is a need to promote more working partnership with the Roma community itself. Families and parents should be supported to enhance their role, through tangible support, emotional support and advice;
- Finally, the Roma community needs opportunities to build a more positive child perspective so that they can develop their own narrative on children's rights in the context of their own social and normative discourse. There needs to be a move away from the discriminatory presumption that Roma families somehow provide substandard care to their children and focus instead on providing them with family and parenting support.

The 2011 EU Agenda on the rights of the child has not singled out children in or at risk of entering alternative care as a vulnerable group, and insufficient attention was paid to this group in other areas of work by the European Commission. Future work should be underpinned by a comprehensive framework for EU action on children's rights to support families and children at risk and prevent children infants from being taken into care, as this group of children is particularly likely

to be experiencing the most extreme violations of their rights. **Guidance on integrated child protection systems** is in the pipeline of DG Justice for 2014 and should include due consideration to the specific needs of children in or at risk of entering into care and support the development of preventative and early intervention services.





2.4. Long term cost-effectiveness of reforms

There is a common misperception that large residential settings are much cheaper than family and community-based alternatives. The concept of 'economy of scale' is often recalled in this regard, with scarce consideration for quality standards and fundamental rights.

The comparison is of course flawed. Poor quality institutional care can be cheaper than high quality family and community-based care⁶¹ but is likely to be more costly to public authorities in the long-term due to social welfare, health and public security costs. In countries with well-equipped residential care services, the costs are likely to be higher or comparable to family and community-based alternatives (see p21).

Nonetheless it is important to remember that high quality family and community-based care can be expensive, particularly for children with complex and special needs. The quality of life of the child should be recognised as an essential component of the cost-benefit analysis.

However, quite aside from the human rights argument, providing the best quality care alternatives possible is cost-effective from a complete systems approach. A comprehensive reform of children's services - with a strong focus on early intervention, family support and re-integration - can allow public authorities to make substantial savings in the long-term.

61 "Community-based alternatives (...) can provide better results for users, their families and the staff while their costs are comparable to those of institutional care if the comparison is made on

the basis of comparable needs of residents and comparable quality of care", Report of the Ad Hoc Expert Group on the Transition from Institutional to Community-based Care, 2009, p. 5.



Comparing the cost of alternative care solutions

According to a UK study from 2008, the average cost for maintaining a child for a week in a residential placement is 4.5 times that of an independent living arrangement, 8 times that of the cost for foster care, 9.5 times that of a placement with family and friends, and more than 12.5 times that of a placement with own parents. 8 children could be placed in foster care for every child placed in a residential unit⁶².

The Department of Health in England funds research every year into the unit

costs of all aspects of social care (capital and revenue costs). The publication indicates that the average cost of residential care is £2,689 per child per week, as compared with foster care which is £676⁶³.

A report from the Estonian National Audit Office showed that the state pays between 10,000 and 16,000 kroon per month for each child raised in a substitute home, compared to 3000 kroon per month for each child in foster care⁶⁴.

62 H. Ward, L. Holmes, J. Soper, Costs and consequences of placing children in care, Jessica Kingsley Publishers, 2008, in Report of the Ad Hoc Expert Group on the Transition from Institutional to Community-Based Care, 2009, p. 13.

63 University of Kent, Personal Social Services Research Unit, Unit Costs of Health and Social Care 2010, (Compiled by L. Curtis), 2010, pp. 106 - 108.

64 Estonian National Audit Office, at: <http://goo.gl/tEGmN>.



3. THE WAY FORWARD: PREVENTION AND QUALITY ALTERNATIVES

3.1. Preventing separation of children from their families

Comprehensive prevention strategies can be extremely effective to ensure child well-being, build positive social capital and ensure that no child is taken into alternative care as a consequence of poverty, disability, prejudice or social exclusion. Support services must be put in place to strengthen parental responsibility, empower families most at-risk and avoid escalation of problems. Universal measures and benefits should be coupled with targeted support for families and children at risk. A broad range of services should be available in order to address problems arising at different stages, including:

- Family planning;
- Pre-natal care;
- Preventing abandonment at birth (e.g. emergency support at the level of maternity wards – social workers, psychologists, medical professionals etc., rooming in⁶⁵, breastfeeding support, Mother and Baby Units, parent and child foster care placements, etc.);
- Early childhood services (e.g. day-care centres where children can learn and play while their parents find work to support their family, early education for children with disabilities, etc.);
- Services for parenting capacity-building;
- Emergency services to work with parents at risk (e.g. counselling, parenting support, emergency reception centres where children at risk of neglect or abuse can be placed on a short term basis, emergency foster care);
- Out of school programmes, after school care;
- Specialised services and financial support for children with special/complex needs (including educational centres and temporary foster care offering respite to parents);
- Community centres for facilitating job search, both for young adults leaving institutions (care) and family/community members.

⁶⁵ Rooming in' is an arrangement in a hospital whereby a newborn infant is kept in a crib at the mother's bedside instead of in a nursery.

Services can be concentrated in a local centre ('one-stop-shop' model), serving the whole community and providing a wide range of options for help and support, while at the same time encouraging inclusion⁶⁶. Financial transfers, child benefits, disability allowances, social housing and other anti-poverty measures are also crucial to prevent family separation.

High quality, free and accessible pre- and post-natal care and health visits are good examples of providing services to families in their homes and on an outpatient basis. A specially trained 'health visitor' uses a public health approach that is non-stigmatising, universal, and helps to identify children at risk. The health visitor has an obligation to refer the family to social services if needed. Hospital social workers are another way of preventing institutionalisation of new-borns, by providing the necessary information and support to the pregnant woman at risk and to her family prior or after the baby is born. The UK's Sure Start programme also offers community-based programs for families – primarily mothers – with young children⁶⁷.

It should be specified that family support policies are not synonymous with retrogressive or moralistic policies defending a traditional definition of family. Inclusive family policies must put children at the very centre, while avoiding stigmatisation of parents and discrimination between different family structures and family forms (e.g. lone parent families, unmarried couples, same sex partners or parents, families with a migrant or refugee background, families belonging to ethnic minorities, etc.). On the contrary, failure to support children coming from specific family structures can be an important reason for institutionalisation. In some countries, 68% of the children entering the alternative care system come from single parent families (especially single mothers), who face higher levels of poverty and social exclusion⁶⁸. Measures to promote inclusive family policies, granting non-discriminatory access to social benefits, can play a pivotal role in preventing the need for alternative care.

FARA Romania has been working with abandoned and orphaned children and young people for 20 years, setting up family style homes, foster parents systems and programmes to re-integrate young people into society. In order to ensure that children with complex needs are not abandoned by their birth family, FARA Romania developed specialist learning and development centres where both the child and his/her family are provided with the support required to prevent separation. These services have proven to be vital both for the children and for the parents, who are now able to better cope with their child⁶⁹.

66 Hope and Homes for Children, Preventing family breakdown, at: <http://goo.gl/3PRFg>.

67 Sure Start Children's Centres, at: <http://goo.gl/c4w0E>

68 Data from Lithuania.

69 FARA Romania, at: <http://www.faracharity.org/>



Funded by the EU's DAPHNE Programme, the project of the Social Activities and Practices Institute (SAPI, Bulgaria) A smack-free home for every child aims to raise parents' awareness of the negative consequences of corporal punishment and any other cruel behaviour towards young children (aged 0-3) in the home environment, whilst at the same time enhancing parents' practical knowledge on positive discipline methods. The target groups are:

- Expectant parents and parents of children under 3 years old;
- Parents at risk of child abuse (due to social exclusion, addiction, financial hardship, past experience of violence, etc.);
- Professionals who work with parents;
- Policy- and decision-makers.

Together with its partners Nobody's Children Foundation (Poland), the Children Support Centre (Lithuania) and the Dardedze Centre (Latvia), SAPI raises awareness of corporal punishment's harmful effects, runs a 'train-the-trainers' programme and other educational activities for parents as well as seminars and conferences⁷⁰.

To make sure that the out-of-home placement of children is seen as a measure of last resort, efficient gatekeeping measures must be put in place - for instance, by ensuring that measures of family support are implemented as a prerequisite before children can be moved into alternative care. "Put differently, the separation of a child and his or her parents would only be possible if all other means of support have been proven to be ineffective"⁷¹.

Gatekeeping refers also to measures specifically aimed at reducing the number of children entering institutions. This can be achieved through legal measures (i.e. bans and moratoria - to be introduced gradually and in parallel to the development of quality alternative care), as well as economic measures - for instance, by creating incentives for local authorities to provide preventative community services instead of covering the costs of (generally more expensive) institutional placements.

70 Social Activities and Practices Institute, at: <http://goo.gl/NSXqa>.

71 B. Gudbrandsson, Children in Institutions: Prevention

and Alternative Care. Final Report, Council of Europe Working Group on Children at Risk and in Care, 2004, p. 48.

3.2. Quality family and community-based care

In parallel to the progressive dismantlement of institutions, it is a duty of public authorities to ensure access for children to family and community-based alternative care. Whenever separation from the parents is in the best interest of the child, an accurate evaluation must be carried out to identify appropriate solutions. This assessment of each situation must be done on an individual basis, taking into account children's opinions and preferences in accordance with their evolving capacity. In light of modern attachment theories and evidence from neuroscience⁷², Eurochild is persuaded that family-based care should be the only option for babies and young children (age group 0-3).

With respect to the environment where it is provided, alternative care may take the form of:

- Kinship care: family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature;
- Foster care: situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care;
- Other forms of family-based or family-like care placements;
- Residential care: care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes;
- Supervised independent living arrangements⁷³: young people living in a flat, typically under supervision and with support from a municipal contact person. Independently from the type of alternative care solution identified as the most appropriate for the child, quality must be regularly monitored following a clear framework of reference focused on outcomes for children.

SOS Children's Villages, IFCO and FICE developed a set of quality standards for out-of-home child and youth care in Europe, covering the four phases of decision-making, admission, care-taking and out-of-care/leaving care. The method of 'storytelling' chosen for data collection ensured direct participation of the interviewees in creating the basis for the standards. The research items were stories of good practices from parties who have experienced alternative care: children and young people, parents, caregivers, social workers, lawyers, etc. A total of 332 stories from 26 countries were collected and analysed. The standards have been widely recognised at national level and by the international community working in Europe as a key contribution to the development of policies and practice for children in alternative care⁷⁴.

72 See Attachment theory by John Bowlby, 1969. See also K. Browne, *The Risk of Harm to Young Children in Institutional Care*, Save the Children, 2009.

73 UN Guidelines for the Alternative Care of Children, par. 29.

74 SOS Children's Villages, IFCO and FICE, *Quality4Children Standards for out-of-home child care in Europe*, 2007.



In 2002, the UK Government developed a set of National Minimum Standards for Foster care and Fostering Regulations, providing a framework of quality in which all fostering providers, local authorities and NGOs should develop their fostering services⁷⁵.

The UN Guidelines for the Alternative Care of Children specify that, if residential facilities are put in place, these should be small and be organised around the rights and needs of children, in a setting as close as possible to a family or small group situation⁷⁶.

According to Eurochild members' experience, when children are placed in new, smaller residential homes the managers of these services are key in relation to their running and the way in which children will be socially involved and encouraged to participate

in daily activities. There can be a lack of attachment and warmth to living environments if small group homes are kept tidy and orderly, but without personalising children's spaces and without any efforts to make the children feel 'at home'. Job cuts reducing the personnel often lead to a chronic understaffing in small group homes and impact negatively on children's quality of life and basic care. If new habits, mentalities and ways of working with children are not introduced, then a new system of family-like alternatives can easily turn into "small institutions"⁷⁷.

⁷⁵ UK Government, Department for Education, Fostering Services: National Minimum Standards, 2011, at: <http://goo.gl/AHnhj>.

⁷⁶ UN Guidelines for the Alternative Care of Children, par. 123.

⁷⁷ Hope and Homes for Children Romania, 2012

Since 1997 the 'For Our Children' Foundation (Bulgaria) is active in recruiting foster parents and providing support to future foster carers throughout the entire process and afterwards. This support includes:

- Telephone consultations to clarify the general motivation and possibilities that foster caring offers;
- Information meetings - meeting the candidates and their families to talk about foster care, the opportunities it provides to families and its positive effects for children;
- Providing support to collect the documents needed;
- Assessing foster candidates' capacity, capabilities and parental skills;
- Training for candidates to understand what children expect and to learn more about abandonment effects and children with special needs;
- Presentation to the Commission in charge to approve applications in the municipality;
- 'Matching' the child with the candidate foster parents;
- Holding professional consultations by social workers and psychologists before and after the foster care placement (when the family experiences difficult situations, dilemmas or problems);
- Supporting trainings in order to help the approved foster carer to learn new things and provide quality care to children⁷⁸.

Working together with the Kyustendil Municipality, the Cedar Foundation (Bulgaria) successfully closed an institution for children and young adults with intellectual disabilities even before the official start of the overall Deinstitutionalisation reform in the country.

Four semi-detached houses built by the Cedar Foundation and two flats provided by the municipality were turned into six small group homes in which the 24 former residents of the institution now live – 4 in each. The services are State-funded, but the Cedar Foundation has hired additional staff to ensure the quality of care and to meet the individual needs of every child or young adult, thus bringing the number of staff to double the mandatory number required by the national methodology for this type of service. Three of the children are now attending mainstream school and all of them participate in various activities such as attending a day-care centre, dance classes and educational sessions outside of their homes. The continuous efforts and initiative to socially integrate the children and young adults in the community is paying off, as the community starts to perceive these children and young adults as community members with the same rights to inclusion and well-being⁷⁹.

78 For Our Children Foundation, at: www.detebg.org/en/.

79 CEDAR Foundation, at: www.cedarfoundation.org/en/



Opened by Hope and Homes for Children Romania as a prevention service, the Mother and Baby Unit in Sighetu Marmăției (Maramureș County) aims to prevent the separation of children from their mothers due to difficult circumstances by providing short term (up to one year) accommodation and by teaching them life skills necessary for independent living.

The Mother and Baby Unit (MBU) functions in cooperation with the county's other prevention services as well as with relevant community actors (such as employers and/or employment agencies) in order to provide a continuum of services for the mothers and their babies. The mothers, who are referred to the MBU or request help themselves, are at risk of separation from their child/children due to different reasons, the most frequent being lack of financial means, lack of acceptance by the larger family (especially if children are born out of wedlock) and abuse from the family, the father of the child/children or the current partner. Out of the 41 mothers and 71 children who benefited from the services of the MBU, 97% were reintegrated in their communities with steady jobs (and therefore steady incomes) and with places to live (either rented or purchased, or with the birth/extended family)⁸⁰.

ARK's deinstitutionalisation programme in Stara Zagora (Bulgaria) focused on the prevention of abandonment and the development of alternative care services to enable the closure of institutions for children.

The development of a small group home service was a critical component of the programme: "In order to promote Deinstitutionalisation, a range of alternative services are required. Family placement through reintegration to family, adoption or foster care will always remain the preferred option when planning for children in care. However, there are a significant number of children currently living in institutions who are unlikely to be reintegrated or placed with foster or adoptive families in the foreseeable future. In order to ensure that these children are not 'left behind' and to make comprehensive Deinstitutionalisation possible, there is a need to develop alternative residential care services. The small group home service in ARK's programme was designed with the aim of providing the best quality care possible for as long as necessary, pending the development of other services and whilst continuing to work actively to find family placements for all the children"⁸¹.

80 Hope and Homes for Children Romania, at: <http://hhc.ro/en/projects/>.

81 ARK Bulgaria, There's no place like home – Creation

of a small group home service in Stara Zagora, Bulgaria, 2006-2009.

3.3. Leaving care

Besides adoption, leaving care takes place mainly under two types of circumstances:

- A)** When the child is reintegrated in his/her family (biological and/ or extended families);
- B)** When the child reaches the maturity, ability, knowledge and appropriate support necessary to live independently.

A) Reintegration

When closing down institutions, professionals should do whatever is possible to identify family members and reconnect children with them, provided that this is in the best interest of the child. In general, family members should be supported in order to build and maintain relationships with their children while the latter are in care. If possible, children and families should be prepared for re-integration by sitting together with key-workers to jointly discuss the future of the family, identify obstacles and opportunities and formulate a plan agreed by all parties. After reintegration is achieved, key-workers should maintain contacts and monitor the family while providing counselling and support⁸².

B) Transition towards independent living

The transition from dependent child to independent adult is a process that takes place over many years from early adolescence to late 20s and beyond. Young adults can usually fall back on their families when they have difficulty in finding their feet in education, work or society. Children leaving care often do not have this support. Despite being past the age of majority, young people with a background in alternative care are extremely vulnerable – a vulnerability that is compounded by often traumatic experiences during their childhood. It is essential that the process of leaving care is carefully planned and prepared “as early as possible in the placement, (...) well before the child leaves the care setting”⁸³.

This process should be accompanied, whenever possible, by a specialised person who can facilitate the young person’s transition towards independent living. In addition to financial and housing allowances, attempts should be made to improve the preparation of care leavers in terms of psychological support, development of self-esteem and ability to build and maintain interpersonal relationships. These measures are not particularly costly, but can have a decisive positive influence on the young person’s transition towards independence.

82 See also G. Mulheir and K. Browne, *De-Institutionalising and Transforming Children’s Services: A Guide to Good Practice*, Birmingham: University of Birmingham Press, 2007 (in collaboration

with EU, WHO, CHLG and Hope and Homes for Children). Hope and Homes for Children).

83 UN Guidelines for the Alternative Care of Children, par. 134.



The Toolkit for practitioners is a project funded by the European Commission Fundamental Rights and Citizenship programme and prepared by the Public Policy and Management Institute (PPMI) in close cooperation with the Slovak National Centre for Human Rights (SNCHR) and the Estonian Union for Child Welfare (EUCW). The main aim of the Toolkit is to provide policy and practice directions on the most effective ways of assuring a successful transition to adulthood (leaving care and aftercare) for orphans and children deprived of parental care, including key principles and measures⁸⁴.

Addressing the sense of abandonment and disorientation experienced by young care leavers who face important choices on their own for the first time in their lives is a fundamental aspect of social inclusion. Within the framework of the project “Supporting life after institutional care”, financed by the EU PROGRESS Programme, Amici dei Bambini launched a social experimentation in Italy, Bulgaria and Romania to introduce a new professional figure, the ‘Social Intermediary’. The social intermediary is

a specialised professional with the task of guiding young care leavers during their transition from the care system to adult life. He/she acts as a translator of the daily reality and the social context in which a young care leaver lives, and provides orientation and counselling with a view to fostering independence⁸⁵.

At the structural level, it is crucial to address the gaps existing between the child care system, where the process of Deinstitutionalisation is often more advanced, and the system of care for adults where institutions might be still in place - particularly in the case of children with disabilities or challenging behaviours. The re-institutionalisation of young people after they reach 18 years of age must be avoided at all costs. Last but not least, participation of children in care is a fundamental aspect to be taken into account by professionals in contact with children and by policy makers. Children and young people are real experts of what does or does not work in alternative care: their voices and experiences should be heard, valued and used to inform policy and action.

In January 2009, SOS Children's Villages launched a campaign for the social inclusion of young people ageing out of care. The ‘I Matter’ campaign aims at involving young people in decision-making, document the problems that young people ageing out of care face when it comes to employment, housing, education or emotional stability, collect and share good practices in supporting their transition and their resilience, as well as advocating for change in legislation and practice⁸⁶.

84 Public Policy and Management Institute Lithuania, Slovak National Centre for Human Rights, Estonian Union for Child Welfare, Toolkit for Practitioners: Leaving and aftercare, 2011.

85 Amici dei Bambini, Social inclusion of young people

without parental care: the social intermediary, at: <http://childout.org/web/>.

86 SOS Children Villages, I Matter - A Campaign on Leaving Care, at: <http://goo.gl/8SqPE>.

4. HOW CAN DEINSTITUTIONALISATION BE ACHIEVED IN PRACTICE?

4.1. Lessons learned at national level

Across the EU, several countries have made efforts to reform their childcare systems and many can be commended for the progress made. However, the path is still uncertain and much can be learned through the experience accumulated at national level.

According to Eurochild's members, the closure of institutions can turn into a race and be pursued only for the sake of 'putting a lock on a door'. Under time pressure, administrative issues can easily be prioritised over children's concerns. In several cases, the most difficult and challenging children and young adults are left behind and their cases are dealt with towards the end, when it is too late to work on a coherent and detailed individual plan.

Achieving a paradigm shift in the culture of services is a sophisticated political process, for which the elaboration of comprehensive strategies is essential. National plans are needed to clarify the role and responsibilities of State authorities, local communities and civil society and facilitate coordination and division of labour between them.

An important disincentive for the development of prevention and family or community-based care can lie in the system of funding and in the division of resources between central and local authorities. In some European countries the State directly finances institutions, often proportionally to the number of residents: in the absence of disincentives and a moratorium on new placements, institutions will keep attracting children into their services in order to keep the 'funds' coming in.

Furthermore, the burden of expenditure for family and social services is often shouldered by local authorities, which also have an interest to transfer children to institutions in order to save money on local budgets. This paradoxical situation is one of the reasons why Deinstitutionalisation processes still encounter opposition in practice, even though it has been proven that institutions are more expensive than prevention or re-integration of children into their family of origin.

Whenever a deinstitutionalisation process is put in place, therefore, it is essential to ring-fence the funds and re-invest them into quality alternative care, social services and family support in the community. At minimum, these funds should correspond to the amount that was allocated for each child living in the institution.

A series of other obstacles can arise during the phases of negotiations, planning or implementation of deinstitutionalisation strategies at national level. Lack of accountability and political commitment, scarce coordination between the entities responsible for children, gaps in the legislation, lack of know-how and tradition in delivering social services, absence of a common understanding on Deinstitutionalisation as well as scarce civil society participation are among the most typical barriers that jeopardize the process of reform. In order to address these challenges, action can be taken in the following areas:

Lack of accountability

- Develop appropriate indicators and collect data on prevention, early intervention and children without parental care;
- Elaborate assessment, placement and care standards, as well as monitoring and evaluation systems focused on development and outcomes for children. Lack of a comprehensive legislative framework & implementing mechanisms
- Include a definition of Deinstitutionalisation in the national legal framework;
- Progressively introduce legal bans/ moratoria prohibiting new placements in parallel with the creation of prevention services and quality alternative care;
- Create incentives to progress from institutional care to prevention and early intervention.

Lack of commitment

- Ensure a long-term vision on behalf of political authorities, notwithstanding the discrepancy between electoral cycles and the length of deinstitutionalisation processes;
- Ensure continuity at the level of local management, particularly when the managers of social services are politically appointed;
- Address the resistance by managers and staff of institutions, who feel threatened by the possibility of losing their jobs;
- Overcome the resistance by municipalities and local authorities, improving understanding of the need for deinstitutionalisation and the capacity for the provision of social services.

Lack of coordination

- Ensure integrated working between different professionals involved in preventing child relinquishment;
- Address the fragmentation of responsibilities for the alternative care of children among different sectors/ ministries (e.g. social ministries, healthcare, etc.) and the lack of a coordinating structure; Reduce inconsistency between the strategies approved by different ministries to avoid gaps or misinterpretation of the objectives/ action plans;
- Improve coordination in utilising resources;
- Increase the absorption of funding at local level.

Lack of a common vision on deinstitutionalisation

- Promote a common understanding of the concept of 'institutions' and the philosophy and purpose of family and community-based care;
- Combat the persistence of the medical model of disability among Government officials and authorities;
- Develop common models and guidelines for implementation.

Lack of tradition and know-how for the provision of social services by the State

- Invest in capacity building and develop professional standards in the field of social work (professional and vocational training, supervision, protocols, case work, assessment, documentation, etc.) and ensure adequate remuneration and resources to attract professionals who can provide quality;
- Introduce clear standards for services – both professional and methodological;

- Focus on the development of a foster care system, including training of foster carers, supervision and on-going vocational training and group work;
- Support evidence-based research on the most suitable forms of social services at community-level, identifying possible gaps (e.g. lack of responses for children with challenging behaviours);
- Invest in high quality, accessible, coherent and consistent infrastructure of alternative services which can support the Deinstitutionalisation process, particularly addressing the shortages in rural areas;
- Promote dialogue and cooperation between local authorities and local social service providers, drawing on NGO's experience;
- Improve legislative provisions and law enforcement for ensuring sustainability of service provision. Lack of civil society involvement and lack of awareness among the general public
- Work towards strengthening civil society coalitions supporting Deinstitutionalisation , also by developing dedicated budget lines for which NGOs are eligible;
- Overcome the reluctance of central/ local authorities in involving NGOs as equal partners in Deinstitutionalisation processes and improve NGO's access to Governmental funds for direct services;
- Clearly articulate the meaning of deinstitutionalisation processes to all stakeholders, especially to the general public, and increase understanding and support by the media.

4.2. Use of the structural funds

From the experience accumulated in the last decades, we know that Deinstitutionalisation has long-term benefits for children, society as a whole and the public purse. However, the transitional costs of moving from one system to another can be substantial, both in terms of infrastructure and of training and skills development. The EU can play a pivotal role in supporting national Governments throughout this process, particularly through a targeted deployment of the Structural Funds.

There have been cases, however, where EU Structural Funds have been used to support the system of institutions instead of financing prevention and family and community-based alternatives. According to several Eurochild members, representatives from public authorities in their respective countries admit that EU Structural Funds have mostly been used to refurbish State institutions, despite the commitment to focus on community-based alternative care⁸⁷.

It is hoped that this will change in the future. The key Regulations for the use of the European Structural Funds for 2014-2020 were published in December 2013⁸⁸. The Regulations are a key breakthrough in the landscape of EU legislation and for the first time include specific reference to supporting the “transition from institutional to community based care”, giving a clear message that these funds should not be used to support the continuation of institutions in Europe.

In the past, civil society has encountered substantial challenges in accessing the European Structural Funds, such as: Operational plans encouraging the renovation of institutions instead of the development of family and community-based alternatives; Lack of a clear coordination between Funds resulting in simultaneously and sometimes overlapping programmes, which reduces impact and wise allocation; Dispersion of managing authorities under the coordination of different Ministries; Inconsistency between National Strategies and their objectives and the type of eligible activities set up under the Operational Programmes, which creates misinterpretation or confusion; Lack of dialogue or inadequate representation of civil society in the committees influencing the process of allocating the funds; Absence of budget lines on deinstitutionalisation for which NGOs are eligible as applicants; Long, complex and opaque application procedures and reporting processes; Unfeasible financial conditions and limited financial possibility for NGOs to ensure cash-flow from alternative sources; Absence of standards for Deinstitutionalisation plans, which make monitoring and evaluation practically impossible.

However, positive steps have recently been taken with the adoption of the European Code of Conduct on the Partnership Principle which establishes a common set of standards that aim to improve consultation and participation of civil society and stakeholders in the

87 The information refers to the programming period 2007 - 2013.

88 European Regulation: Common provisions on the European Regional Development Fund, the European Social Fund, the Cohesion Fund, the European Agricultural Fund for Rural Development and the

European Maritime and Fisheries Fund Covered by the Common Strategic Framework and laying Down general provisions on the European Regional Development Fund, the European Social Fund and the Cohesion Fund and repealing Council Regulation (EC), October 2012

process of implementing the Structural Funds in Member States⁸⁹. Importantly, the Code of Conduct takes the form of a Regulation which is directly enforceable in Member States. It remains to be seen how this Code of Conduct will be implemented in practice but hopefully it will contribute to solving some of the previous challenges experienced by civil society when accessing the European Structural Funds.

There are several areas where Structural Funds could be used very effectively to support deinstitutionalisation.

The European Social Fund (ESF) could be used to finance various forms of projects and services:

- Development of all kinds of parenting and family support services, including integrated services for families at risk;
- Training and employment support for parents – in particular single parents – to facilitate their long-term (re) integration into the labour market;
- Development of all kinds of measures to support the reconciliation of working and family life, including high-quality early childhood and after-school services;
- Re-training of staff previously employed by institutions, to prepare them to provide high quality care to children in the community and ensure on-going supervision;
- Training and supervision of foster families;

- Personalised support measures for care leavers;
- Social policy measures aiming to promote development of vulnerable territories (urban social neighbourhoods/peripheral rural districts).

The European Regional Development Fund (ERDF) can play a crucial complementary role by financing the physical and social infrastructure necessary to bring about the process of reform:

- Health and social infrastructure investments, with special attention to marginalised groups such as the Roma and those at risk of poverty;
- Targeted infrastructure investments specifically supporting the shift from institutional to community-based care; Infrastructure investments for childcare;
- Physical and economic regeneration of deprived urban and rural communities including the Roma, which reduces the spatial concentration of poverty;
- Specific investments targeted to remove and prevent accessibility barriers.

Both funds can also support capacity building of local action groups and the preparation, running and animation of community-led local development strategies⁹⁰.

89 European Regulation on the European Code of Conduct on the Partnership Principle, January 2013

90 See European Commission Staff Working Document 'Elements for a Common Strategic Framework 2014 to 2020 the European Regional Development Fund

the European Social Fund, the Cohesion Fund, the European Agricultural Fund for Rural Development and the European Maritime and Fisheries Fund – ANNEXES, Part II', March 2012, pp. 31-32.

5. CONCLUSION AND RECOMMENDATIONS

A comprehensive vision of Deinstitutionalisation requires an integrated approach towards a number of policy areas that are often addressed in a fragmented way: poverty and social inclusion, disability, ethnic minorities, children rights and family support. In terms of implementation, this requires aligning the thematic priorities for Structural Funds with the social objectives of the Europe 2020 Strategy.

In this respect, the Recommendation on 'Investing in Children' and the new Cohesion Policy legislation represent a historic opportunity to holistically support and implement systemic reforms of children's services across Europe. These documents reflect a firm commitment both idealistically and financially to end institutional care and strengthen families and community-based care.

Yet, there is still more work to be done to keep the momentum towards Europe wide deinstitutionalisation going. The right decisions and concerted political will can transform the lives of millions of children.

We therefore make the following recommendations towards the European Commission, the European Parliament and the Council:

1. Ensure that the Cohesion Policy for 2014-2020 is properly implemented and sufficiently supports the transition from institutional to community-based care;
2. Mobilise efforts for the collection of comparative data and research relating to families outside traditional homes including children

in institutions, children coming from vulnerable or ethnic minority backgrounds, migrant children, children from an ethnic minority in order to monitor the impact of policies adopted to implement the Recommendation on 'Investing in Children';

3. Facilitate the sharing of good practices among Member States in relation to deinstitutionalisation policy;
4. Work together with Member States towards full implementation of the UNCRC and the UNCRPD, to ensure that all children (including children with disabilities) receive sufficient support to live with their families and communities.

Moreover, we formulate the following recommendations towards EU Member States:

1. Ensure efficient use of the EU structural funds and guarantee that they stop financing institutional care but rather prevention and family and community-based care and services for all children, including children with disabilities or challenging behaviours;
2. Make Deinstitutionalisation a priority and develop national strategies in consultation with civil society organisations, establishing clear and comprehensive action plans including timelines, roles and responsibilities to be respected by the current/upcoming Government;
3. Coordinate Deinstitutionalisation strategies and national strategies for poverty reduction;
4. Develop mechanisms to coordinate national players (e.g. Child

- Protection agencies, Ministries of Social Affairs, Ministries of Health, etc.), establishing clear roles and responsibility during deinstitutionalisation and after;
5. Develop clear indicators and standards to measure the quality of alternative care, including guidelines regarding community-based services (e.g. number of residents, staff/resident ratio, etc.) to ensure quality of the reform and achieve its ultimate goal – full social inclusion;
 6. Invest in capacity building and workforce development for the child care system and ensure that all staff members working in the new services received appropriate training;
 7. Create and constantly update a map of needs and services to better communicate with all partners;
 8. Develop or enforce legislation for ensuring services sustainability (social contracting, minimum cost for social services, grants, etc.);
 9. Promote research on deinstitutionalisation and models of good practices;
 10. Enact the principle ‘the money follows the child’ and ensure that resources are allocated according to the needs of each child rather than the requirements of public administrations;
 11. Ensure participation of NGOs in the processes of allocation and administration of national and European funds;
 12. Ensure the continuation of care for young adults with disabilities or challenging behaviours into family and community-based services, to avoid at all costs their re-institutionalisation;
 13. Invest in communications and awareness-raising campaigns to reduce stigma and discrimination against children in alternative care whilst enhancing support from the general public;
 14. Ensure participation and empowerment of children and young people, parents and siblings, along with involvement of wider family members, in all decisions affecting them.



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