

# De-institutionalisation

Myth Buster

eurochild



Hope & Homes for Children

## What do you mean by 'institutions' for children?

Institutions are **segregating** residential care facilities for children without parental care. By '**segregating**' we mean they are usually isolated from the local communities, and break children's ties with their biological and cultural origins. In some cases these are very large settings - hosting up to hundreds of children - but size is not the only element to define them.

Not all residential care facilities are institutions: it depends on the type of environment provided. Institutions are impersonal, impose a rigid routine, lack attachment and affection, and do not allow the individual care and attention indispensable for a child to thrive. Children are often placed indefinitely, and there is no parallel effort to maintain on-going relations with the biological parents or, if this is in the best interest of the child, to reintegrate children into their family of origin. Children's cognitive, social and emotional development can be severely damaged by growing up in an institution - particularly if compared to children who grow up in a family<sup>1</sup>.

According to international standards<sup>2</sup>, children without parental care should be cared for in a setting as close as possible to a family or small group situation. The very nature of institutions makes them ill equipped to reproduce a warm and nurturing environment. And yet, despite the bulk of evidence, children across Europe continue to be placed in poor quality, segregating residential care facilities - including baby homes for children under three<sup>3</sup>.

In the past decades, Eurochild members<sup>4</sup> have developed substantial expertise across many different aspects of the de-institutionalisation process. Several countries have taken steps to start a transition from institutional to family and community-based care, but much work needs to be done before institutionalisation becomes history in Europe<sup>5</sup>.



1 See Eurochild Working Paper "De-institutionalisation and quality alternative care for children in Europe - Lessons learned and the way forward", October 2012.  
2 Resolution adopted by the UN General Assembly 64/142, *Guidelines for the Alternative Care of Children*, June 2009.  
3 See UNICEF, *At Home or in a Home? Formal Care and Adoption of Children in Eastern Europe and Central Asia*, 2010.

4 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 117 full and 36 associate members.  
5 For a comparative overview on the national systems for children in alternative care see Eurochild, *Children in Alternative Care - National Surveys - 2nd edition*, 2010.



## What do you mean by 'de-institutionalisation'?

De-institutionalisation is not only about closing institutions. First and foremost, it requires a paradigm shift and a change in mentalities, with an emphasis on children's rights and quality of care. The process entails a comprehensive transformation of child protection systems that starts with reinforcing all kinds of family and parent support services, to ensure that separation of a child from his/her family really is a last resort.

When separation is clearly in the best interest of the child, different options should be available depending on the child's situation and needs. These can include kinship care (family-based care within the child's extended family or with close friends), foster care, family-like placements, small group homes, supervised independent living, national adoption, etc. Before closing institutions, high quality alternatives need to be in place following a step-by-step process. Whenever appropriate, efforts should be made to reunite the child with his/her biological family, who should receive on-going support.

## But institutions are needed to take care of orphans...

Contrary to common belief, the large majority of children placed in institutions **are not orphans**, but have one or even both parents. Often, children are not even formally abandoned but temporarily placed by parents in difficulty. Occasionally parents are even

encouraged to abandon their children straight after delivery, being victims of prejudices from the staff of hospitals and maternity wards (e.g. single mothers, teenage parents, parents of Roma origin, parents of children with disabilities, etc.).





## Institutions have improved a lot in the last years: why close them now?

It may be true that most children living in institutional care in Europe are not deprived in a **material** sense. Across the EU, many countries have modernised buildings and professionalised care services. But even institutions with the best possible facilities are not a replacement for a family environment. Children need long-term, secure relationships with caring adults, as well as an understanding of family life

such as the give and take, the sharing of responsibilities, etc... They are then better equipped to pass this on to their own family when the time comes.

It is important that money is not used for cosmetic improvements to the existing infrastructure, but for a complete systemic reform financing prevention measures and family and community-based alternatives.

## If institutions are closed, where do all the children go?

There is a difference between simply 'closing institutions' and 'achieving de-institutionalisation': closing institutions hastily and without developing high quality alternatives can be very dangerous for children, and even push them into worse violations of their rights. The decision to move a child from an institution into a new placement is a delicate transition that needs careful planning and support.

**There is no 'one size fits all' solution** to decide where the children will go. Every child has individual needs and wishes, along with a unique personal history. In-depth evaluation and consultation with all actors involved (the child, his/her parents and siblings, the enlarged family, social workers, etc.) are

key to success. In some cases, children are able to move back to their biological parents ('re-integration'), while in other cases they will live with relatives or close friends ('kinship care'), with a foster family or in a family-like placement. Foster parents should receive training to understand the needs of the child and his/her experience living in an institution. Sometimes small group homes or supervised independent living are appropriate alternatives, always depending on the child's need, age and circumstances<sup>6</sup>. However, Eurochild is persuaded that family-based care should be the only option at least for infants and very young children (e.g. 0-3)<sup>7</sup>. The guiding principle is always to pursue the best interest of the child.

<sup>6</sup> See UNICEF, *At Home or in a Home? Formal Care and Adoption of Children in Eastern Europe and Central Asia*, 2010, p. 19: "there is a growing consensus among child protection experts that small-scale residential care, in the form of small group homes in family-like environments, and used as a temporary or at times last resort, may sometimes be in the best interests of the child. (...) It may also be in some adolescents' best interest to live independently, and they should be given that option with proper support".

<sup>7</sup> See UNICEF, *Call for Action: End placing children under three in institutions*, 2011. It should be noted that, according to the UN Committee on the Rights of the Child, the working definition of early childhood should 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.

## What about children with severe disabilities, or children who have challenging behaviours?

For a long time, the predominant approach to disability was the **medical model**: children with disabilities were treated as ‘patients’ with illnesses and deficiencies to be cured, instead of individuals with human rights entitlement. Many were placed outside the family straight after birth and spent their entire life in segregating institutions. Luckily, a lot has changed in the last decades and many countries have signed and ratified UN Conventions that require all children to be treated with dignity<sup>8</sup>. Nevertheless, de-institutionalisation of children with disabilities or challenging behaviours is sometimes perceived as worrisome or even impossible.

Experience shows that, with appropriate support, children with disabilities can fully enjoy their rights with respect to family life. This means **preventing the abandonment** of children with disabilities by providing education and psychological/material support to their parents, and the necessary equipment for allowing life in the community (for instance care assistance in the home, respite services, day-care facilities directly accessible at community level, etc.). It implies also access to family-based alternatives, such as kinship care and foster care, when the immediate family is unable to care for the child<sup>9</sup>.

## Institutions are cheaper than family and community-based care: in times of crisis we should save public funds...

First and foremost, children’s quality of life should be a main concern and never become subsidiary to economic considerations. But even besides the human rights argument, it can be proved that the cost-effectiveness of institutions is a myth. Institutions are cheaper because they provide poor quality of care: in countries with well-equipped residential care services, the costs are likely to be higher or comparable to family and community-based alternatives<sup>10</sup>.

To complicate matters, children that have grown up in an institution often carry a heavy stigma and face enormous challenges integrating in society as adults. Early intervention, family support, re-integration and high quality alternative care can help to prevent poor outcomes such as early school leaving, unemployment, homelessness, addiction, anti-social behaviour or criminality. These kinds of structural reforms can therefore have positive long-term impact on children, the public purse and society as a whole.

8 United Nations Convention on the Rights of the Child (UNCRC), and United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

9 UNCRPD, art. 23. See also UN Committee on the Rights of the Child, General Comment No. 9, *The rights of children with disabilities*, 2006.

10 See Eurochild Working Paper “*De-institutionalisation and quality alternative care for children in Europe - Lessons learned and the way forward*”, October 2012





## What if foster parents do it just for money?

Research proves that family and community-based care is a far better solution for children than institutions<sup>11</sup>. Having said that, it is clear that no system is safe from the risk of neglect or abuse. Comprehensive assessments must be carried out on the suitability of family-based carers prior to the placement of children into a foster home. On-going **quality control and monitoring** are also essential.

But it is important to note that payment does not necessarily undermine genuine motivation from prospective foster families. Indeed, in today's

society most families require a double income to make ends meet. Hosting a foster child can be costly and this has to be compensated. Foster parents may also be specially trained professionals – especially those who are caring for children who may be juvenile offenders or have particularly challenging behaviours. To ensure the best interest of children, training, support and monitoring must be on-going and include a careful evaluation of the situation also in case of assignment to kinship care or later re-integration into the biological family.

## If we close down all the institutions, many people will lose their jobs...

Institutions can play an important role in the local economy, especially where they are located in remote areas. It is important to work with the employees of institutions prior to closure so they fully understand the rationale behind the changes. Wherever possible, staff

should be retrained and redeployed into new forms of family and community-based care and services. Sometimes the very people that lose their jobs in the closure of institutions become the best champions of children's rights in the future.

## Does it mean that families are always better?

Unfortunately not. The placement of a child outside of the biological family in some cases is unavoidable. All possible forms of support should be provided to parents, but in cases of abuse, neglect and risk for the child **intervention is**

**needed.** In these cases, alternative care solutions must be found for the child that ensure high quality and continuity, always listening to his/her needs and preferences. Placement in institutions should be avoided at all costs.



<sup>11</sup> See Eurochild Working Paper "De-institutionalisation and quality alternative care for children in Europe - Lessons learned and the way forward", October 2012

## Eurochild's work on de-institutionalisation

Eurochild advocates for a process of **de-institutionalisation** in all European countries that still make use of institutions for children without parental care. For Eurochild, de-institutionalisation means:

A. Decreasing reliance on institutional and residential care with a complementary increase in family and community-based care and services;

B. Preventing separation of children from their families;

C. Supporting young people who are leaving care.

To find out more about our work on de-institutionalisation and the rights of children in alternative care:

[www.di-action.eu](http://www.di-action.eu)



**Eurochild** is a network of organisations and individuals working in and across Europe to improve the quality of life of children and young people. Eurochild currently has 117 full and 36 associate members across 35 European countries.

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