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Ending institutionalisation and strengthening family and community based care for children in Europe and beyond

About this document

Too many children, persons with disabilities and other vulnerable groups are being deprived of their family and community by being placed in large-scale residential institutions. These institutions are extremely harmful to an individual's well-being and development, and significantly more expensive than community- or family-based care.

This document was developed by UNICEF with funding support from the Oak Foundation, and in broad consultation and partnership with a range of civil society groups, NGOs and networks which are engaged in advocacy, monitoring, and programme guidance around transitioning from institutional care to community- and family-based care. The effort's aim is ambitious, but simple: Influence policymakers in the European Union to strengthen their commitment to assisting governments' transition from institutional care to community-based care in the next Multi-Annual Financial Framework (2021-2027).

Over the course of 2017, the European Expert Group (EEG) on Transition from Institutional to Community Based Care was intensively involved in reviewing and refining the messages contained in this document, with periodic reflections on what will help to motivate policymakers in the EU to take bold action. Extensive inputs were received from the UN Office for the High Commissioner on Human Rights, EuroChild, LUMOS Foundation, the European Association of Service Providers for Persons with Disabilities, Inclusion Europe, and Hope and Homes for Children.

UNICEF is urging the EU and other policymakers to reinforce their commitment to finance deinstitutionalisation and social welfare reforms in and outside the EU.

Cover caption: Djurdjica and her husband Branislav, wash their three year old daughter and one year old son at their home in Serbia. The family, who faces a number of challenges, including mild intellectual disabilities in both parents, came to the attention of social services when a doctor noticed that Marko was underweight for his age and Nina had not been bathed in a week. The doctor referred the family to social services, who connected them with Nikica, a family outreach worker, to provide advice on good parenting skills and to help connect the family with social services. Now Nikolina comes to her mother with a bucket every the morning, wanting to be washed. The family remains together and is receiving the services they need due to the ongoing support of Nikica.



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Fifteen-year-old, Stanislava from Bulgaria was placed in a large-scale institution shortly after she was born. She spent most of her childhood moving from one institution to another, until she was placed in a family-style care centre and now attends regular school. "Living here is so much better," she says. "The children here are ... happier."

In Brief: The rationale for transitioning from institutions to family- and community-based care

Too many children, persons with disabilities, persons with mental health needs and other vulnerable groups are being unnecessarily deprived of a caring family and community because they are placed in large-scale residential institutions. Europe and Central Asia still has, by far, the highest proportion of children separated from their families worldwide, with 666 children per 100,000 living in residential care – more than five times higher than the global average of 120 children per 100,000. Building or maintaining institutions, anywhere in the world, is neither the appropriate solution nor the right use of funds for at-risk children and families. Instead, commitments and resources should be channelled towards family- and community-based care.

EU policymakers have shown global leadership by committing to end institutionalisation and by prohibiting the use of certain EU funds for building or maintaining institutions. With the support of the EU, some countries have been successful in considerably decreasing the number of institutionalised children in the last decade. The EU deserves credit for such an achievement and for the positive impact its position is having on upholding human rights, including children's rights.

The EU can now preserve and strengthen its commitment to ending institutionalisation, mainstreaming the transition to family- and community-based care in all EU policies, extending the funding conditionalities to all EU programs, and championing socially inclusive care in order to ensure policy coherence, the best use of funds, and the best outcome for children as well as other vulnerable groups.

Rationale for transitioning children, people with disabilities and other vulnerable groups from institutions to family- and community-based care

The European Commission and EU countries jointly manage five European Structural and Investment Funds (ESIF) to reduce economic and social inequalities within Europe. One of these funds is the European Social Fund (ESF), which is used to create more and better jobs, inclusive societies and to reduce poverty. The bulk of ESF funds go to less developed countries and regions in the EU. In the EU's current programme cycle (2014 – 2020) ESIF funds include conditionalities that ensure countries receiving these funds cannot use them to build or maintain institutions and that these countries must be working towards national deinstitutionalisation strategies. It is in these countries, including Bulgaria and Romania, where significant progress on transitioning from institutional to community based care has been achieved.

As the EU prepares its 2021 – 2027 Multi-Annual financial framework, there is a unique opportunity to influence and strengthen its efforts to end the institutionalization of all children in Europe and beyond. This can be done by extending ESIF funding conditionalities to ensure EU funds never support institutionalization and by strengthening socially inclusive care to protect the rights of all children – especially the most vulnerable.

- EU policymakers have recognised the need for family support and alternative care. They have taken a global leadership position by committing to end institutionalisation, and also by introducing the establishment of national deinstitutionalisation strategy plans as a requirement to access funding under the Structural and Investment Funds (one of the so-called “ex-ante conditionalities”). These initiatives are having a positive impact on upholding human rights, including children’s rights.
- The transition to family- and community-based care is not yet considered a priority for all EU Member States and is not reflected in all EU policies. The absence of a coherent system may mean some EU funds may be contributing to the financing of institutions and, ultimately, to children and other vulnerable groups being separated from their families and communities.
- As the EU is starting to prepare for the next EU Multi-Annual Financial Framework post-2020, EU policymakers have the opportunity to mainstream socially inclusive care into all relevant policy areas, both for EU internal action (such as migration, energy efficiency, growth and job creation) and EU external action (such as development and humanitarian aid), and to champion socially inclusive care in international fora. Given the broad reach of the EU in policy change, the EU should preserve and strengthen its commitment, and extend existing funding rules so that they are applicable to all the Member States and Third Countries, and prohibit all EU funding from contributing to institutionalisation.

A 2004 study based on survey results from 32 European countries and in-depth studies in nine of the countries, which considered the “risk of harm in terms of attachment disorder, developmental delay and neural atrophy in the developing brain reached the conclusion that... NO child under three years should be placed in a residential care institution without a parent/primary caregiver.

Source: Gudbrandsson, Bragi, 'Rights of Children at Risk and in Care', provisional edition, prepared for the Conference of European Ministers Responsible for Family Affairs, Lisbon, 16–17 May, 2006.

A longitudinal study by the Bucharest Early Intervention Project (BEIP) found that young children who were shifted from an institution to supported foster care made dramatic developmental gains across several cognitive and emotional development measures compared to those who continued to live in institutional care and whose situation worsened considerably.

Source: Charles A. Nelson, Nathan A. Fox, Charles H. Zeanah, 'Romania's Abandoned Children Deprivation, Brain Development, and the Struggle for Recovery.'

Funding directed toward family- and community-based care and social reforms could positively influence de-institutionalisation and alternative care for children.

- Children, persons with disabilities and other vulnerable groups need families and communities if they are to thrive, not institutions where they are more likely to experience neglect and, potentially, physical, psychological and sexual abuse.
- As recognised by the UN Convention of the Rights of the Child and the UN Convention on the Rights of Persons with Disabilities, family- and community-based care alternatives offer far better outcomes for children and persons with disabilities by providing the natural, nurturing and supporting environment they need to grow up and fulfil their potential.
- In addition, numerous studies have revealed that family- and community-based care is more cost-effective as it favours early (childhood) development, social inclusion and autonomy, preparing children and assisting persons with disabilities to live independent lives, free from state support for basic welfare.

In-depth: Rationale for transitioning children, people with disabilities and other vulnerable groups from institutions to family- and community-based care

- Children and other vulnerable groups should never be separated from their family and community and be placed in an institution. Yet, this happens all too often – mainly due to poverty, disability, adversity or misperception. Living in an institution leads to harm, with significant negative, life-long consequences on an individual's physical, psychological and emotional development. The prevalence of unresponsive caregiving practices, the high risk of institutional sexual abuse, and the extremely high mortality figures are especially alarming.
- The Convention of the Rights of the Child, the UN Convention on the Rights of Persons with Disabilities and the UN Guidelines for the Alternative Care of Children all recognise that the ideal setting for a child to grow up in, and for persons with disabilities to fulfil their potential and participate as full citizens, is within a family environment that provides a nurturing and loving atmosphere, or, when necessary, within a community-based care system which is suitable to meet their individual needs.
- In addition to the human rights case, there is a strong economic case for choosing family- and community-based care over institutions. The cost of providing family- and community- based care is often less expensive and the social return is much higher. When children leave institutional care as adults, they often become dependent on the state for basic welfare, and are more likely to experience exclusion, violence, substance abuse and come into conflict with the law, which comes at a higher cost to society.

Family and Community Based alternatives are often less expensive than institutional care. In Romania, the World Bank calculated that professional foster care would cost USD\$91 per month, per child (based on 1998 official exchange rates) compared to between USD\$201 and USD\$280 per month/per child for the cost of institutional care. High-quality, community-based residential care was estimated at between USD\$98 and USD\$132 per month, per child, with adoption and family reintegration costing an average of USD\$19 per child.

Source: Tobis, David, Moving from Residential Institutions to Community Based Social Services in Central and Eastern Europe and the Former Soviet Union, The World Bank, 2000.

A meta-analysis of 75 studies (more than 3,800 children in 19 countries) found that children reared in orphanages had, on average, an IQ 20 points lower than their peers in foster care.

Source: van Ijzendoorn, H. Marinus, Maartje Luijk and Femmie Juffer, 'IQ of children growing up in children's homes', Merrill Palmer Quarterly, Vol. 54, No. 3 (2008).

- The EU has adhered to the existing international guidelines and has recognised the need for family support and alternative care in various policy instruments, including the EU Recommendation for Investing in Children: Breaking the Cycle of Disadvantage, the European Disability Strategy 2010-2020; the EU Guidelines on the Promotion and Protection of the Rights of the Child - Leave no Child Behind; and in the EU's 10 Principles for Integrated Child Protection Systems.
- EU policymakers have taken a global leadership position by committing to end institutionalisation. For the 2014-2020 funding cycle, so-called "ex-ante conditionalities" (more particularly ex-ante conditionality 9.1) were introduced to ensure that national deinstitutionalisation strategies were in place before beneficiaries could access EU Structural and Investment (ESI) Funds – de facto prohibiting the use of these funds for building or maintaining institutions. With these requirements, EU policymakers have made a meaningful, positive impact in many new EU Member states. For example, Bulgaria reduced the number of children in specialised residential institutions from 7,587 in 2010 to less than 1,000 children in 2017. This is a considerable achievement, and the credit for this initiative is largely attributable to Bulgaria and the EU. In addition, these internal EU requirements also sent an important signal to governments across the larger Eastern and Central European region that transitioning from institutional to family- and community-based care should be prioritized. For example, in Serbia, the number of children in institutional care has decreased from 2,672 to 743 over the last 15 years, with the number of children in foster care increasing from 1,173 to 5,320 over a similar period.
- The EU's international commitments could be better upheld. Currently, ex-ante conditionality 9.1 is only monitored at the regulatory level and often fails to involve key stakeholders at the core of the enforcement process, namely the government, local NGOs, and service providers, but also service beneficiaries, including children, persons with disabilities and families. In addition, deinstitutionalisation in the EU is mainly considered to be a poverty reduction target and therefore applies only to certain funds and to a few set of countries with so-called "identified needs." However, institutionalisation is a social and human rights issue which exists globally, and should therefore be tackled on all fronts, in all types of EU actions, legislations and funds. The EU has a unique opportunity to avoid contributing - even involuntarily - to social exclusion, anywhere in the world.
- The EU now has a groundbreaking opportunity to advance the rights of children and other vulnerable groups globally. As the EU begins to prepare for the next EU Multi-Annual Financial Framework post-2020, EU policymakers should
 - 1) Preserve existing commitments to de-institutionalization and transitioning to family and community based care;
 - 2) Extend the same commitments to all relevant EU policies, legislation, actions and funds;
 - 3) Strengthen monitoring to ensure compliance across policies and funding mechanisms. This would make the EU's various initiatives work consistently and coherently with each other, and help the EU adhere to its international human rights commitments.

Key Actions for the European Union:

The European Commission and EU countries jointly manage five European Structural and Investment Funds (ESIF) to reduce economic and social inequalities within Europe. One of these funds is the European Social Fund (ESF), which is used to create more and better jobs, inclusive societies and to reduce poverty. The bulk of ESF funds go to less developed countries and regions in the EU.

In the EU's current programme cycle (2014 – 2020) ESIF funds include conditionalities that ensure countries receiving these funds cannot use them to build or maintain institutions and that these countries must be working towards national deinstitutionalisation strategies. It is in these countries, including Bulgaria and Romania, where significant progress on transitioning from institutional to community based care has been achieved.

As the EU prepares its 2021 – 2027 Multi-Annual Financial Framework, it has the potential to use its influence and strengthen its efforts to end the institutionalisation of all children in Europe and beyond. This can be done by extending ESIF funding conditionalities to ensure EU funds never support institutionalisation and by promoting socially inclusive care to protect the rights of all children – especially the most vulnerable – through EU policies and funding instruments.

Specific actions the EU can take:

1. Preserve the principles that are already attached to the EU Structural and Investment Funds - the so-called "ex ante conditionality 9.1" which require national deinstitutionalisation plans and prevent the use of the ESI funds for building or maintaining institutions.
2. Prioritize the transition to community-based care in all EU funds, meaning:
 - Extend the "ex-ante conditionality 9.1" to all;
 - Ensure horizontal structure and investment fund thematic objectives such as ICT, transport and energy do not support institutional care.
 - Ensure all EU internal funds including the European Structural and Investment Funds (EFSI) do not support institutional care.
 - Ensure the loans provided by the European Investment Bank and the Asylum, Migration and Integration Fund (AMIF) do not support institutional care.
3. Prioritize the transition to family and community-based care in all external EU action, including:
 - The Instrument for Pre-Accession Assistance;
 - The European Neighbourhood Instrument;
 - The European Instrument for Democracy and Human Rights;
 - The European Development Fund and the Development Cooperation Instrument;
 - EU Humanitarian Action Programmes.

4. Mainstream family and community-based care into every relevant EU policy area, and champion socially inclusive care in:
 - The post-Cotonou framework;
 - The European Consensus on Development; and
 - The Agenda 2030.
5. Strengthen the monitoring of these rules and policies at all stages of deinstitutionalisation and development of community-based services (not only at the regulatory level) by involving civil society, service users and all relevant stakeholders and by using improved data collection in this process.
6. Clarify that the purpose of EU conditionalities that prohibit institutionalisation are not just to end poverty but achieve social inclusion and protection of human rights.
7. Strengthen existing rules on funding so that they are applicable to all EU internal policies and all EU Member States.
8. Use a coherent rights-based approach in allocating EU Funds and in defining EU policies.
9. Champion international discussions on deinstitutionalisation and convince other donors to prioritise this issue.
10. Fund socially inclusive actions in the next Multi-Annual Financial Framework, including:
 - Deinstitutionalisation and strengthening child protection systems;
 - Family support;
 - Early childhood development;
 - Inclusive education
 - Health and social services; and
 - Quality alternative care including appropriate training.