Moving Young Children from Institutions to Family Based Care

The overuse of institutions for young children in Europe

In 2003, a project conducted under the auspices of the European Commission’s Daphne Programme* surveyed 33 European countries to map the number and characteristics of children less than 3 years old in institutional care for more than three months without a parent(1). It was found that there were 23,099 young children (11 per 10,000) in institutional care across the European Union and Economic Community (EU and EEC). There was great variation between countries in the proportion of children under 3 in institutional care. Four countries had less than one per 10,000 young children in institutions, 12 countries had between one and ten per 10,000, seven countries had between 11 and 30 per 10,000 and, alarmingly, eight countries had between 31 and 60 children per 10,000 in institutions (Czech Republic, Belgium, Bulgaria, Latvia, Lithuania, Romania, Slovak Republic and Hungary).

The dangers of institutional care

Research has demonstrated that young children who are institutionalised before the age of six months suffer long term developmental delay (2). Those who are placed in a caring family environment by the age of 6 months will probably recover and catch up on their physical and cognitive development (3). Improvements are seen in cognitive ability when children are removed from institutional care at an early age and placed in a family (2,3). However, difficulties with social behaviour and attachments may persist, leading to a greater chance of antisocial behaviour and mental health problems (4). Consequently, it is recommended that children aged less than 3 years old, with or without disability, should not be placed in residential care without a parent or primary caregiver (5).
Alternative care for young children

Institutional care has been shown to cost on average three times more than foster care, nevertheless one third of countries in Europe place more young children in institutions than in foster or kinship care (1). To reduce costs, some countries in economic transition have promoted international adoption as an alternative to the long term institutional care of their children (Estonia, Latvia, Lithuania, Bulgaria and Romania), usually in the absence of established services for family support and rehabilitation, foster care and national adoption (1,5). By contrast, countries that have well developed family support and rehabilitation services, foster care and national adoption have hardly any young children in institutional care (UK, Norway, Iceland and Slovenia). The UN Convention on the Rights of the Child clearly stipulates (Article 21) that international adoption should only be considered as a last resort and evidence suggests that only 4% of children in institutional care are “true” biological orphans, where both parents have died(6).

Good practices in deinstitutionalising children into family care

A follow-up Daphne project* in 2004 (6) identified ways in which young children in institutional care were being de-institutionalised and returned to family-based care in seven European countries: Denmark, France, Greece, Hungary, Poland, Romania and Slovakia. Approximately one in five children returned to their parents or relatives, 63% entered a new family (foster care or adoption) and a quarter was moved to another institution (of 11 children or more). The study found that countries with better community support services were more likely to base their decisions on the child’s needs and to provide better preparation for the move. Most countries assessed children’s physical, health and developmental needs together with the physical environment and carer suitability. However, only half of the disabled children had their disability assessed as part of the decision-making process and only 38% of children with siblings were placed with one of their siblings.

Transition and the rights of the child

The transition from one placement to another should be carefully planned with the following steps (7):

- Assess the needs of the child;
- Assess potential carer(s) who best match and meet the needs of the child;
- Introduce potential carer(s) to the child in an environment familiar to the child (old placement);
- Involve potential carer(s) in looking after the child in an environment familiar to the child, preferably on a daily basis. The parenting skills of the new carer should be assessed prior to any move into a new placement;
- The child visits the new placement and the new carer is again assessed in the child’s new environment.
- If positive and sensitive interactions are observed then the child makes the transition from the old to new placement, together with transition objects (e.g. toys, clothes, photo album), having already developed a relationship with the new carer.
- Return visits to the old placement should be considered on occasion if practical. Contact with siblings is essential if not placed together and these need to be arranged regularly, if feasible.

The above process protects the rights of the child and promotes secure attachment between the child and the new carer. The process is more difficult to achieve when the child is placed a long distance away (geographically, culturally or ethnically), which heightens the potential for harm. However, children should not remain in an institution while waiting for appropriate adopting parents matched to the child’s needs. It is in the best interests of the child to be placed in foster care while waiting for adoption. Indeed, the foster carers or relatives might be first to be considered.
Training and information on de-institutionalising and transforming children’s services

In 2006, the Daphne II Programme supported a further project* to develop a training and information pack in order to disseminate the findings and good practices identified from the previous work. The training was initially targeted at those countries with the highest rates of institutional care for young children but other European countries have also requested the training. Within one year, the principle of deinstitutionalising young children into family based care to reduce harm has been disseminated in sixteen EU member/EU accession countries and four other countries in the region. The training aims to prevent the placement of all children under five years (whether disabled or not) in residential institutions through the implementation of a **Ten Step Model** (7):

<table>
<thead>
<tr>
<th>STEP</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STEP 1</strong></td>
<td>Raising awareness of the harmful effects of institutional care on young children and their development.</td>
</tr>
<tr>
<td><strong>STEP 2</strong></td>
<td>The establishment of an effective multi-sector project management team (at national and regional levels) to pilot projects in one or more areas or institutions.</td>
</tr>
<tr>
<td><strong>STEP 3</strong></td>
<td>To audit the nature and extent of institutions for residential care of children nationally and to measure the number and characteristics of children who live in them.</td>
</tr>
<tr>
<td><strong>STEP 4</strong></td>
<td>Data collection and analysis within an institution of admissions, discharges and length of stay of children and an assessment of individual needs of the children in residence.</td>
</tr>
<tr>
<td><strong>STEP 5</strong></td>
<td>Design of alternative services based on individual needs of children and an assessment of family based services currently available (e.g. mother baby unit for parents at risk of abandonment) and those new services that need to be developed (e.g. day care and foster care services for children with disabilities).</td>
</tr>
<tr>
<td><strong>STEP 6</strong></td>
<td>Management plan and practical mechanism for the transfer of resources - financial, human, and capital. Finances should always follow the child.</td>
</tr>
<tr>
<td><strong>STEP 7</strong></td>
<td>Preparing and moving children and their possessions on the basis of their individual needs and treatment plans. Matching these needs and plans to the new placement and the capacity of the new carers. Transfer procedures need to respect the rights of the child and always be in their best interest.</td>
</tr>
<tr>
<td><strong>STEP 8</strong></td>
<td>Preparing and moving staff by assessing staff skills, staff training needs and staff expectations in relation to the new demands of transformed services for children.</td>
</tr>
<tr>
<td><strong>STEP 9</strong></td>
<td>Carefully considering logistics to scale up a successful pilot project involving one institution or one region, to a national strategic plan.</td>
</tr>
<tr>
<td><strong>STEP 10</strong></td>
<td>Setting up a national database of children in public care to monitor and support the transfer of children from institutional care to family based care. This involves health and social service staff making home visits to families with deinstitutionalised or newly placed children to assess, monitor and evaluate the treatment plans and optimal development of the children.</td>
</tr>
</tbody>
</table>

*Acknowledgement: Twenty percent of the resources required to carry out the projects were provided by the World Health Organisation Regional Office for Europe.*
References


Web resources

Centre for Forensic and Family Psychology (http://psg275.bham.ac.uk/forensic_centre/index.htm)

WHO Collaborating Centre for Child Care and Protection (http://psg275.bham.ac.uk/forensic_centre/WHO/WHO%20Collab%20Centre.htm)

EU Daphne Project 1 (http://www.daphnetoolkit.org/prjFiche.asp?prj=2002017%20&lang=EN)

EU Daphne Project 2 (http://www.daphnetoolkit.org/prjFiche.asp?prj=2003046%20&lang=EN)

EU Daphne Project 3 (http://www.daphnetoolkit.org/prjFiche.asp?prj=20052037&lang=EN)

EU Daphne Project 3 Dissemination Website (http://psg275.bham.ac.uk/forensic_centre/daphne/index.html)