UNICEF Statement for Stockholm Conference on Residential Care
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Introduction

We know a great deal now about what institutional care does to children. Deprived of a family environment, children receive less stimulation, individual attention and love. Their lives are often lived in a parallel world that does not prepare them for life and for healthy social interaction. Their voices are not heard. In the worst scenarios, children lose contact with their families, suffer physical and psychological abuse, are denied access to appropriate medical care, education and other services, and may become the victims of sexual exploitation or trafficking. In short, we know that institutional care, unless used only when there is absolutely no other alternative and carefully regulated, violates the very principles of the CRC as well as many of its articles.

We are also coming to realise what institutional care does to societies. It perpetuates discrimination, by providing tacit approval for the idea that certain groups of children, whether orphaned, abandoned, living with disabilities, from families affected by AIDS or by poverty, should live apart from society. It absorbs resources…institutions are always an expensive proposition. Allocated differently, these resources could provide the services needed to help families keep their children with them, and thus build communities. It creates an underclass; young people and adults who lack the experience and skills to function effectively in the wider world, and become a charge on their communities. In short, in addition to being an obstacle to the individual child’s healthy development, the use of institutional care also impedes the healthy development of communities and society as a whole.

The Protective Environment Framework

UNICEF recognises that societies are best able to protect children when protective policies and legislation are in place; and when social attitudes, practices and customs are protective of children. There is need for public openness and debate, and for government commitment to fulfilling protection rights, including through the provision of appropriate services and relevant monitoring and reporting. Children must have the opportunity to express their opinions regarding their own care, and to develop skills for self protection and eventual successful adult lives. Taken together, these elements constitute the framework for a protective environment which will help address institutionalisation both through prevention and the development of alternative approaches, and which will serve as an entry point for addressing other child protection concerns.

So how can this protective environment framework help bring about change? Firstly by leading us to ask the right questions. It is only by understanding what the gaps are in the protective environment, and how they lead to the overuse of residential care that we can develop appropriate alternative strategies. And secondly, by reminding us of the range of
issues to be addressed, and the different actors, from children, parents and caregivers, to policy makers and the media, who need to participate in the effort to shape the attitudes which will help us to move away from residential care.

**Learning lessons, and learning from one another**

Much analysis has already been done, through the efforts of many of you present today, and others who have participated in efforts to address issues of children without family care. A few of the lessons we have learned are worth mentioning again here, especially those that help us learn from another:

1. **Children without families, and children in institutions, are not necessarily the same:** For example, talking about “children without families” in Central and Eastern Europe and the countries of the CIS may miss the most important point. The vast majority of children in residential care in that region do have families, who, for various reasons, felt or were persuaded that leaving them in institutions was the right thing to do. We also need to be aware that, during the last ten years in many of the countries of CEE/CIS, the actual numbers of children entering state care have increased significantly while birth rates have fallen precipitately. In addition, children whose parents have been deprived by the courts of their parental rights account for an ever-increasing proportion of those entering state care. We should recognise that some of these negative trends may be linked to what Ronald Penton has called the “globalisation of family-related problems”, such as drug and alcohol abuse and domestic violence. Understanding these trends, and how they can be reversed or slowed, is key to preventing the situation from continuing. At the same time, identifying alternatives for the 1.5 million children already in public care is clearly a regional imperative. In fact, the risk for children of actually losing their parents is growing, as the HIV epidemic in the region affects more and more families.

   However, in many African countries, and increasingly in Asia, the primary issue for many children is the loss of family members or caregivers, as the HIV epidemic cuts short adults’ lives. In many such countries, although institutionalisation has not become a widespread response, the well-being of these children is nonetheless clearly threatened, in ways made very clear by our colleague Stan Phiri and others from the region over the past few days. In such environments, it is important to build upon existing positive family and community practices of caring for children, while recognising and addressing the need for protective legislation as well as economic and social mechanisms to support families and communities who take on guardianship and care-giving. Although currently the issue of institutionalisation affects a much smaller proportion of African and Asian children without family care than in other regions, pressures to create more institutions in response to the HIV epidemic are growing and must be met by appropriate alternatives.

   Children separated from their families during conflict, whether as an accidental result of conflict or as a deliberate act of war, in whatever region of the world, do not fit easily into either of these categories – in some cases they may be institutionalised,
and in some cases they may have permanently lost parental care, but neither of these situations can be assumed. For these children, measures which bring some stability and sense of belonging, coupled with family tracing efforts, are paramount.

2. **When institutions are built, they become magnets** – As in so many things, demand always appears to increase to meet supply – an experience documented over and over again in many countries. Institutions may begin as the response to a perceived need, but they often continue because of the vested political and economic interests they serve, including job creation and the perpetuation of bureaucratic fiefdoms. This difficult and sensitive issue needs to be clearly understood by those who want to help children who are deprived of family care, and who may believe that the creation of new institutions is the most appropriate response.

3. **The extended family and local community members are frequently called upon to provide alternative care.** While at times this is freely and lovingly given, we need to remember that this is not always the case; family members and community members may not also be the best guarantors of the child’s best interests. And even in those cases where a child does receive the love and care of a substitute family, the economic hardships of caring for additional children need to be recognised. This is especially urgent when we consider that such care providers are often grandparents or other elderly relatives. In Eastern Europe, this is often the case, both for guardianship and informal fostering as well as in those instances where formal fostering has developed. It is certainly true in Sub-Saharan Africa, as the many participants in a regional meeting on Orphans and Vulnerable Children held in Windhoek last November made ringing clear. Grandparents, who might have expected that their children would support them in their old age now find themselves caring for their children’s children. When those with fewer resources are the most willing caregivers, support must be available, whether through informal community structures or more formal government mechanisms, to assist them with this responsibility.

4. **Discrimination and prejudice are underlying contributors** to the recourse to institutional care, and to the variable quality of care in those institutions, as well as to the hardships faced by children who remain in their communities without family care. Disability, HIV status of children or their family members, and ethnicity, are among the common grounds for these different and persistent forms of marginalisation, which must be combated among care-givers as much as among the public at large.
5. **Institutional life creates additional risks for children.**—Institutions are often used as intermediaries for inter-country adoptions. In some cases, such adoptions are not conducted in accordance with the Hague Convention and other international standards, as has been well documented in Cambodia, Guatemala, Albania and Romania among other countries. This presents a particular risk for babies and younger children, who lose the possibility of being reunited with their families or of an alternative local solution. The risk may be even higher for children separated during conflict, in situations where policies and mechanisms to protect children from the interests of others are not in place.

The passive neglect and lack of consistent care givers which most institutionalised children experience often puts them at increased risk for more deliberate violations of their rights, including violence and sexual abuse. Recurrent physical, sexual and psychological abuse, by staff, older children, and others, has been documented in most countries. The poor self-image that results from this abuse causes long-lasting psychological damage and further compromises the child’s chances of a successful transition into adult life.

6. **New risks present themselves as institutionalised children grow into adulthood**—Having grown up isolated from their communities, without the opportunity to develop the skills needed to function effectively, young people leaving institutions are unprepared for the challenges of adult life. Unable to integrate, they are more likely to get involved in activities which can cause themselves or others harm. Research in several countries in Eastern Europe has shown that children leaving institutions are overrepresented among young people in conflict with the law, suicides, and are highly vulnerable to drug abuse and sexual exploitation. They have little knowledge of the risks they face, including that of trafficking, or of what they can do to protect themselves.

7. **While the conditions in many institutions clearly do not meet the letter or spirit of the CRC, we do not yet have specific international guidelines to offer.** Much work has been done in recent years around adoption and juvenile justice, providing standards and guidelines on which countries agree, and to which they can turn as they seek to adjust their own policies and laws. The same is not true for children’s institutions or other forms of care.

So what do we propose? First, let’s start with some basic principles, many of which are already stated in the CRC, on which we can probably all agree:

- The starting point in any decision making should be the child’s best interests, including taking account of the child’s opinions about his or her care.
- Governments and communities should support efforts to ensure that children are not deprived of family care in the first place.
- When these efforts have failed, residential care should remain as a last resort and as a temporary response.
- Alternative systems of care need to be developed, publicised, financed and monitored according to agreed standards. And wherever it makes sense, the
goal of returning children to their family or community should remain a priority, so long as it is in the child’s best interests

- Inevitably, most societies will still need to have a residential care option for those few children for whom a family environment cannot be found. Legislation, monitoring and reporting are needed to ensure these institutions meet national and international standards.

Similar principles are captured in the Save the Children’s Alliance position paper, distributed here, an initiative we applaud. We understand the Parliamentary Assembly of the Council of Europe has also passed a recommendation for consideration by the Ministers of its member states, proposing action very much along the lines of these principles.

So, how can these principles be put into action? Firstly, by listening and responding to the children themselves. We all salute the young people whose voices we have heard here this week, and have been greatly imposed by their strength, their resilience, and their determination to use their own life experience to help others in similar situations. Actions taken will of course vary from country to country, influenced by how societies view children, the practices that have developed and the resources available. But meanwhile, based on what we know and what we learn from children themselves, here are some ideas for action which can be put on the table now:

**Policy and legislative framework** - Clearly, enforceable legislation and policies are needed to back up national efforts to commit to these principles. Work is also needed at international level to develop a consensus on standards and guidelines for children in public care to which all countries should subscribe.

**Prevention** – To prevent recourse to institutionalisation, as well as other forms of discrimination against children without family care we need to:
- Promote open and public dialogue to change attitudes about children without parental care, from families affected by HIV, from ethnic minorities, affected by conflict, or with disabilities, and promote alternatives for them
- Build govt commitment to the protection and full social and educational integration of children in all these groups within their communities, including schools.
- Ensure that those who seek to expand institutional care by creating new orphanages and children’s homes are fully aware of the risks posed by institutional solutions.

**Capacity Building** – To ensure that non-institutional solutions are widely available, it will be important to reinforce the capacity of:
- Families to care for their children
- Extended families and communities to take on the temporary or long term care of children who are unable to stay within their families of origin, taking care
to ensure that such solutions match both the local culture and the capacity available;
- Social workers to strengthen and support families and communities through active outreach for prevention and protection;
- Governments to develop, manage and allocate resources to family support systems which help keep children with their families or provide alternative care when required
- Children, to have a voice in decisions around their care, in line with their evolving capacities

**Monitoring and Reporting.** Monitoring and reporting are themselves useful for changing public attitudes, promoting better practices, and increasing accountability. Periodic reporting on the CRC is one major opportunity for highlighting progress and continued concerns around children in public care; there are many others.

**Conclusion.** It is worth underlining that the concerns we are discussing here are not limited to countries of the south and those in transition. The experience of minimising the use of institutional care is a very recent one in many industrialised and middle income countries, and the lessons they have learned are often relevant to those who are now taking this on. The just-released publication ‘Children in Institutions: The Beginning of the End?’, from UNICEF’s Innocenti Research Centre, chronicles this journey in five countries, and is being made available to participants here. We should be ready to call upon those with these experiences to share the lessons they have learned with others.

Last year’s UN Special Session for Children provided an opportunity to highlight existing and emerging child protection issues, which had been largely neglected in the goals set by the 1990 World Summit for Children. Ten years ago, UNICEF would have seen the issue of children in residential care as of interest mainly in the countries of Central and Eastern Europe and the CIS. Today we see UNICEF colleagues from many countries present here with their counterparts. Our discussions here this week reveal the great degree of similarity in the problems arising from residential care, wherever the institutions are located and whatever the reasons for the presence of children in them. UNICEF’s growing engagement in the issue of residential care comes from a deepening awareness of the multiple protection failures which lead to increasing numbers of children being deprived of their right to grow up in a family environment – abuse, neglect, conflict, and increasingly and overwhelmingly HIV/AIDS.

We’ve had some good news this week with specific country examples. As well as these examples, we have heard three important things from the country reports: that children in residential care are a high priority in our many of our countries: that national authorities, in line with their CRC commitments, are increasingly assuming their responsibilities for the welfare of all their children, including those in residential care: and that the CRC is a workable instrument for addressing the issues we have been discussing here. But we know that much remains to be done; the country reports
identify lack of trained personnel, lack of resources and resistance to change as persistent obstacles to reform. Fortunately, we also believe that much can and will be done to address the issue of residential care, and, more broadly, children in public care, given the examples and commitment from so many quarters demonstrated at this conference. Acting at country level to transform the principles agreed to here into actions with real impact on children’s lives is now an imperative. And developing international standards and guidelines to reflect and support these efforts can help add weight and urgency to this work, and provide a roadmap for those grappling with a way forward. UNICEF looks forward to moving ahead on this task together with our partners all over the world, buoyed by the energy, interest, concern and innovation demonstrated at this Conference.

Thank you.