

End placing children under three years in institutions

A call to action

UNICEF and OHCHR urge Governments throughout Central and Eastern Europe and Central Asia to put an end to sending children below three years, including children with disabilities, into institutional care.

A UNICEF Report, **“At Home or In a Home?”** makes the case that little has changed in child care reform in the past twenty years and it is time to bring an end to the practice of placing children in state run orphanages. Placement in institutional care of children below three years of age must be restricted to a short-term emergency measure or a planned stay not exceeding six months, and only as a last resort, when it is absolutely necessary and in the best interest of the child.

The current situation in the region supports such a strategic shift. The most recent state-of-the-art knowledge on the impact of institutional care on child development as well as international and European standards related to the alternative care of children justify priority being given to young children in policy, budget allocation and services development.

We believe the time to act is now. We need to work together to make a change.

Situation in CEECIS

CEECIS has the highest rate in the world of children growing up in formal alternative care settings: 1.3 million children or more than one child in every 100. The number of children in institutional care in the 22 countries or entities that make up CEECIS is extraordinary - the worst in the world. More than 626,000 children reside in these institutions. The rate of children in institutional care in CEECIS has on average been almost stagnant since 2000. But in 12 countries the rate of children in institutional care *increased* between 2000 and 2007. This means that despite ongoing reforms, institutional care is becoming more frequent in more than half the countries.

A review of TransMonee data available for 16 countries of the region suggests that there are well over 31,000 children below three years of age placed in institutional care. A key factor of these high rates of child institutionalization is that - unlike countries with lower rates - in CEECIS the placement in institutions is mostly linked either to poverty and other socioeconomic factors or to poverty rather than to protection from individual abuse (to which the child protection systems in CEECIS are often slow to respond). In many countries, children with disabilities represent as many as 60 per cent of all children in institutions. In some of the countries, disadvantaged ethnic minorities such as the Roma are significantly over-represented in child institutional care.

Every country in the CEECIS region is engaged in the reform of the child care system. However, the reform processes have been uneven and slow and any progress that has been made is still fragile. The reforms are often not deep enough to have had an

impact. It is hard to escape the fact that CEECIS countries remain “addicted” to institutional care as the default response, which is aggravated by the growing socioeconomic disparities. The Committee on the Rights of the Child has expressed serious concerns about this situation.

In order to ensure that reforms are effective, UNICEF is calling for priority to be given to avoiding children below three years being placed into institutional care. This approach would as well have a clear impact on children with disabilities, and within four years would reduce the number of these children being placed in institutional care by 20 per cent.

Building from state-of-the-art knowledge on the impact of institutionalization on children...

The World Report on Violence against Children (2006) notes that the impact of institutionalization on children is severe. It can include “poor physical health, severe developmental delays, disability and potentially irreversible psychological damage.”

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 brain. The institutionalization of infants is a serious concern because of the damaging effect it has on young child health and development. Impact on physical and cognitive development, on emotional security and attachment, on cultural and personal identity and developing competencies can prove to be irreversible. Children who start behind stay behind!

Contemporary research has documented many problems in young children adopted out of institutions in Eastern Europe. Abnormalities include a variety of serious medical problems, physical and brain growth deficiencies, cognitive problems, speech and language delays, sensory integration difficulties, social and behavioural abnormalities, including difficulties with inattention, hyperactivity, disturbances of attachment, and a syndrome that mimics autism.

A rule of thumb is that for every three months that a young child resides in an institution, they lose one month of development.

... And from International and European Human Rights Standards

The UN Convention on the Rights of Persons with Disabilities (CRPD, 2008) in its Article 19 emphasises the importance of developing good quality and sustainable alternatives to institutional care, requiring the shift of government policies away from institutions towards in-home, residential and other community support services.

The Committee on the Rights of the Child, in its General Comment 9, *“urges States parties to use the placement in institutions only as a measure of last resort, when it is absolutely necessary and in the best interest of the child”*.

The Council of Europe Recommendation on deinstitutionalization and community living of children with disabilities [CM/Rec(2010)2] emphasises that placement of children in institutionalized forms of care *“raises serious concerns as to its compatibility with the exercise of children’s rights”* and recommends that governments of member states *“take all appropriate legislative, administrative and other measures adhering to the principles set out in the annex to this recommendation in order to replace institutional provision with community based services within a reasonable timeframe and through a comprehensive approach”*.

The Guidelines for the Alternative Care of Children (2009) emphasise the importance of ensuring that residential care is only used when it is the most appropriate option (paragraph 21) and that alternative care for young children, especially those under three years should be provided in family-based settings (paragraph 22).

... Enforcing the principle, accepting some exceptions

The Guidelines do list certain potentially acceptable exceptions to the principle of providing family-based care for children under three.

The first of these concerns the desirability of keeping sibling groups together: thus, if family-based alternative care cannot be found for the whole group, then it may be better for an infant to remain with his/her siblings in a residential setting than be placed alone in family-based care.

The second set of exceptions is of special importance as it refers to emergency care placements and those for a “pre-determined and very limited duration, with planned family reintegration or other appropriate long-term care solution as its outcome.”

Research findings in fact generally show that, especially if the residential care setting meets certain standards (such as those set out elsewhere in the Guidelines), there is a relatively low risk of short-term placements having a lasting negative impact on a young child’s development.

... It is time to reform the system now, once and for all

The Way Forward: five core interventions

- **Legislative changes limiting to last resort, and setting strict conditions for, the placement into institutional care of children below three years;**
- **Allocation of resources giving priority to the development of appropriate local services allowing alternative solutions for children below three with special attention to the needs of children with disabilities;**
- **Proper budget allocations for supporting vulnerable families through the development of appropriate family-based responses and services;**
- **Capacity-building and standards of practice for maternity ward and paediatric hospital staff to support parents of newborns with a disability and parents from most vulnerable groups, in order to discourage institutionalization;**
- **Partnership with media and civil society to promote social inclusion of children deprived of parental care and children with disabilities.**

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**It is time to give children a better start to life
than an institution.**

Let's work together to change the system now.

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