Ending institutionalisation of children

Good practices in developing systems of foster families, guardians and guest families for children

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Institutionalisation of children

a global problem
The scale of the problem

There are eight million children in institutions around the world

More than 90% in Europe are not orphans (overall 80% globally)
• Science proves the harm caused by institutions

• Dramatic impact on Early Brain Development

• Increased risk of all forms of abuse

• Increased mortality risk, especially disabled children

• Extremely poor outcomes for children
The harm caused by institutionalisation

These images from the Bucharest study show the decreased electrical activity in an institutionalised child’s brain. The colour orange indicates high activity.

EEG level: An institutionalised child

EEG level: A never-institutionalised child
Adults who spent their childhood in institutions were:

- 10 times more likely than their peers to be involved in prostitution
- 40 times more likely to have a criminal record
- 500 times more likely to commit suicide
Outcomes for children with disabilities

One study found that of children under three in institutions across Europe:

- 0.29% of children without disabilities died
- 28% of children with disabilities died

Children with disabilities were 100 times more likely to die in the institution than those without disabilities.
Why are the outcomes for children so poor?

• Children cannot form an attachment – essential to healthy development
• High personnel costs mean limited time with children
• Impossible to respond to individual needs
• Abusive methods of behaviour control
• Isolated from the community – children do not learn skills to survive in the outside world
• No family/social network when leave institution
• Desperate for love and affection – open to abuse and exploitation
Successful deinstitutionalisation includes…

- Developing community services to replace institutions
- Preventing children from entering institutions
- Removing all children currently resident – to family based care
Ring-fencing and transferring resources

Capacity and expertise to manage major change

Changing attitudes, polices and practices

Empowering children and families to take a lead role in changing attitudes and practices
The development of foster care

Lumos’ work at national-level
Types of Fostering 1

There are various types of foster care available:

**Emergency**
Where children need somewhere safe to stay for a few days.

**Short –Term**
Where carers look after children for a few weeks or months, while plans are in made for the child’s future.

**Short –Breaks**
Where children with disabilities, special needs or behavioural difficulties enjoy a short stay on a pre-planned regular basis with a foster family, and their parents have a short break for themselves.

**Remand Fostering**
Where young people are remanded by the court to the care of a specially trained foster carer.
Types of Fostering 2

Long –Term and Permanent
It is not appropriate for some children who have regular contact with their own families to be adopted and they may be placed with long term foster carers

“Family and Friends” or “Kinship” Fostering
Where children who are looked after by a local authority are cared for by people they already know. This can be very beneficial for children.

Private Fostering
Where the parents make a private arrangement for the child to stay with someone else who is not a close relative and has no parental responsibilities, and the child stays with the private foster carer for more than 27 days. The local authority must be informed about the arrangements and visit to check the child’s welfare.
Mother and Baby Placements

These are specialist placements with carers who can offer a parent and her young baby accommodation. The carer will provide stability, advice and the help needed to enable the mother to develop the skills required to be a parent. The carer may also be involved in the assessment of the parent’s ability to meet the child’s needs independently in the long term.
Types of Fostering 4

Treatment Foster Care

• This is specialist foster care to meet the needs of children and young people with emotional difficulties and displaying challenging behaviour.

• Different models used including Multi-Dimensional Treatment Foster Care and Keep

• Both children and foster carers are provided with high levels of support including therapeutic support and support available 24 hours a day

• For older children this model can be an alternative to residential care for children who have found it hard to settle in mainstream foster placements
An example from Moldova
Number of children in institutions in Moldova 2007-2014
Number of children in foster care in Moldova

![Graph showing the number of children in foster care in Moldova from 2007 to 2014. The number of children ranges from 282 in 2007 to 850 in 2014.](image)
Number of children in foster care in Ialoveni region

![Graph showing the number of children in foster care in Ialoveni region from 2007 to 2014. The number of children ranges from 3 to 28.](image_url)
Number of children in foster care in Floresti region
Number of children with disabilities in Moldova educated in inclusive vs segregated schools

2010-2011: 1253 %
2011-2012: 1604 %
2012-2013: 2258 %
2013-2014: 4495 %
2014-2015: 7660 %

- Segregated residential special schools
- Inclusive mainstream schools
51%

The number of children with disabilities separated from their families and living in residential special schools has reduced by 51% in five years.

511%

The number of children with disabilities educated in inclusive mainstream schools has increased by 511% in five years.
Cost savings over time

-example from Moldova
Cost/child/year in different placements (in Euros)

- Institution: 4100 Euros
- Small group home: 3881 Euros
- Foster care: 3382 Euros
- Family support: 475 Euros
- Inclusive education: 831 Euros
Cost/child over 12 years (in Euros)

<table>
<thead>
<tr>
<th>Institution</th>
<th>Small group home</th>
<th>Foster care</th>
<th>Family support</th>
<th>Inclusive education</th>
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<td>40584</td>
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Cost per child over 12 year period
Two care options for 13,000 children

- 13,000 children in institutions = €639,600,000
- 13,000 children cared for in the community = €79,405,950

Only 12% of expenditure on institutions

Savings invested have:
- introduced inclusive education in 40% of schools in the country
- Reduced infant mortality from 14/1000 to 9/1000
An example from Bulgaria
Number of children in institutions in Bulgaria

<table>
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<tr>
<th>Year</th>
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<tr>
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<td>2013</td>
<td>3113</td>
</tr>
<tr>
<td>2014</td>
<td>2721</td>
</tr>
</tbody>
</table>
Number of children in foster care in Bulgaria

221, 391, 580, 1943, 2304

Number of children in foster care

2010 2011 2012 2013 2014

Graph showing the number of children in foster care in Bulgaria from 2010 to 2014.
% of admissions into Foster Care vs. Residential care in Bulgaria

2012

2013

% in Foster Care

% in residential institutions
An example from the Czech Republic
Number of children in institutions in the Czech Republic
Number of children in foster care and guardianship in the Czech Republic

- 2005: 4,613
- 2006: 4,884
- 2007: 5,174
- 2008: 5,727
- 2009: 6,722
- 2010: 7,021
- 2011: 7,463
- 2012: 7,651
- 2013: 8,606
- 2014: 8,771

Graph showing the increase in the number of children in foster care from 2005 to 2014.
NUMBER OF CHILDREN IN SHORT-TERM FOSTER CARE IN THE CZECH REPUBLIC
Capacity of community-based family support services has grown significantly in recent years.

Number of registered social-activation services for families with children in the Czech Republic.

- 2006: 76
- 2014: 322

Estimated number of families that can be supported by social-activation services for families with children in Pardubice county.

- 2006: 20
- 2014: 200
Costs of different types of service/placement in the Czech Republic

Cost for one placement/bed per year (in Euro and CZK)

- Baby institution (Pardubice county): 22,400 (614 tis.)
- Children's home: 10,900 (299 tis.)
- Short term foster care: 15,700 (430 tis.)
- Long term foster care: 8,850 (245 tis.)
- Community-based family support service: 1,040 (29 tis.)
Cost of the ‘average’ case:

- Placement in baby home for 4 months: 7,467 (204 tis.)
- Placement in short-term foster care for 4 months: 5,233 (144 tis.)
- 2 years of community-based family support services: 2,080 (57 tis.)
Institutions

Families supported by community services
Institutions

Foster care

Families supported by community services
High relative costs of intervention for small group of looked after children and those on the edge of care.

It is vital that children and young people receive the right services at the right time. These figures are intended to be illustrative.

- Child looked after in children’s home - £125,000+ per year placement costs
- Child looked after in foster care - £25,000 per year placement costs (plus additional services)
- Family Intervention Services - £8-20,000 per family per year
- Multi-Systematic Therapy - £3-10,000 per intervention
- Parenting programme (e.g. Triple P) - £900-1,000 per
- Child Looked after in secure accommodation - £134,000+ per year placement costs
- Multi-dimensional Treatment Foster Care - £70,000 per year for total package
- Family Nurse Partnerships, Family Functional Therapy & KEEP - £3000 per family a year
- PEIP - £1200-3000 per

Costs increase as children get older, increasing related costs such as healthcare and the criminal justice system make it clear joined up working is a core part of cost effectiveness.

- Universal: Children’s Centres – around £600 per user
- Universal: Schools - £5400 per pupil
- Severity of assessed need
Outcomes
Improved development following move from institution to foster care
Changes in behaviour on moving from institution to foster care

- Self-harm
- Aggression
- Stealing
- Lying
- Nightmares
- Food issues
- Enuresis

- Very frequent now
- Very frequent when placement began
A final point to consider
Common mistakes in developing FC

- Inappropriate recruitment
- Inadequate preparation, training and supervision
- Inadequate matching processes
- Seeing foster care as a solution for all children
- Overly rigid regulations can make it difficult to provide different forms of foster care
Common mistakes in developing FC cont’d

• Restricting foster care only to children whose parents have been deprived of parental rights

• Giving parents the right to choose the type of placement for their child

• Excluding children with disabilities from foster care

• Insufficient remuneration
Considerable progress in the European Union

Structural Fund Regulations — From 1 Jan 2014, EU Member States cannot spend money on renovating or building institutions, and must spend money on the transition to community-based services.

A number of countries across the EU are treating this as a priority.
Beyond the European Union

- Logic of pre-accession funding

- Standards for Europe’s children = standards for all children

- All European Commission investment should ensure deinstitutionalisation (2015 European Year of Development is an opportunity)

- Need to coordinate EC investments with other donors (e.g. World Bank, US Government).