

# Ending institutionalisation of children

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



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15 June 2015

# Institutionalisation of children

## a global problem



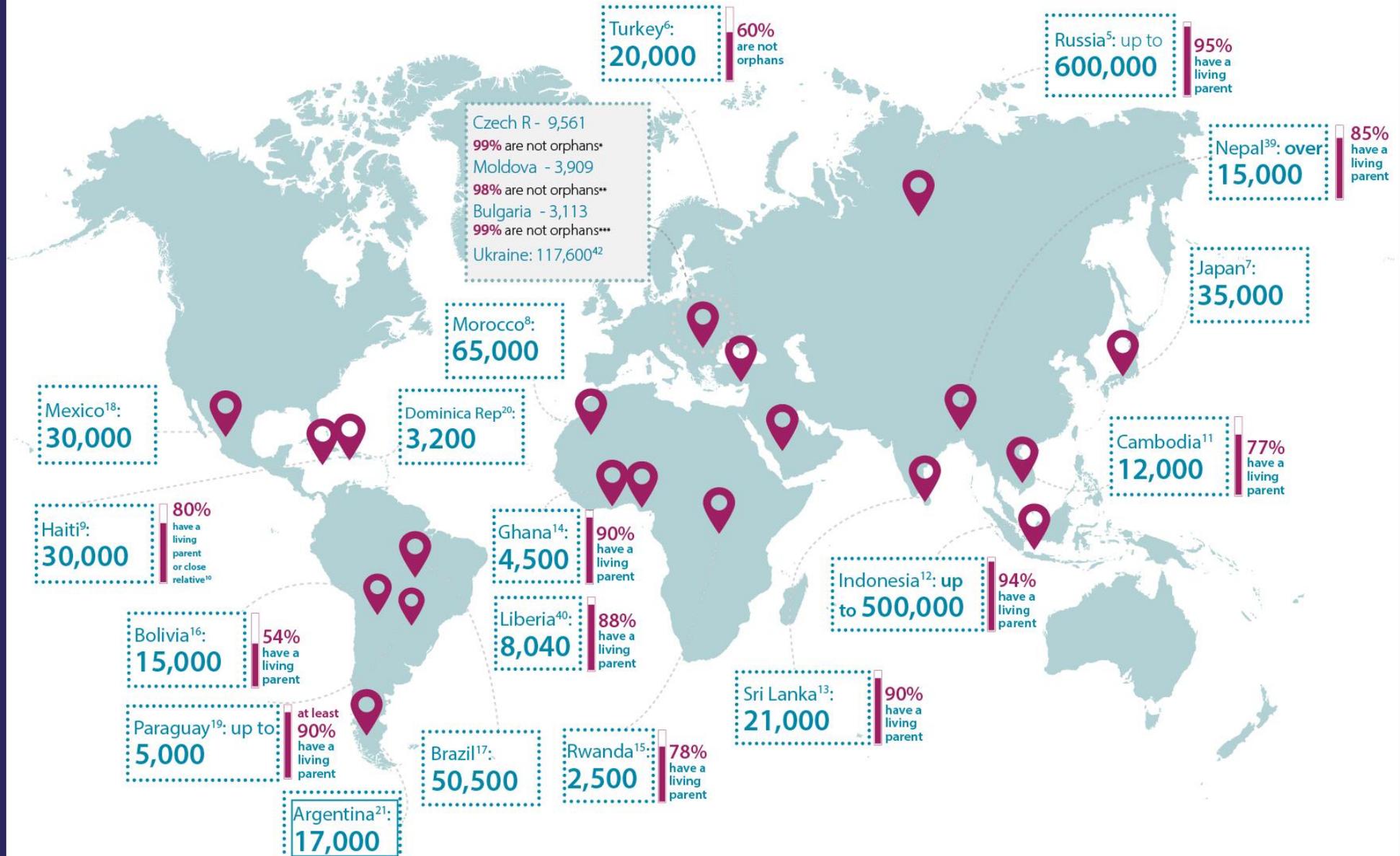
# The scale of the problem

There are eight million children in institutions around the world

More than **90%** in Europe are not orphans  
(overall **80%** globally)



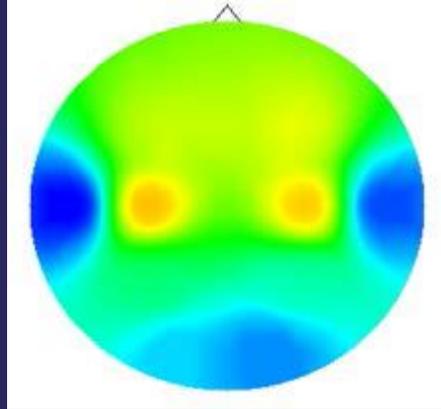
# Global picture in numbers



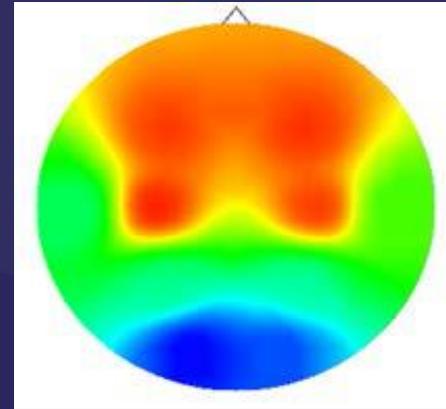
- Science proves the harm caused by institutions
- Dramatic impact on Early Brain Development
- Increased risk of all forms of abuse
- Increased mortality risk, especially disabled children
- Extremely poor outcomes for children

# 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.

# Types of Fostering 3

## 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

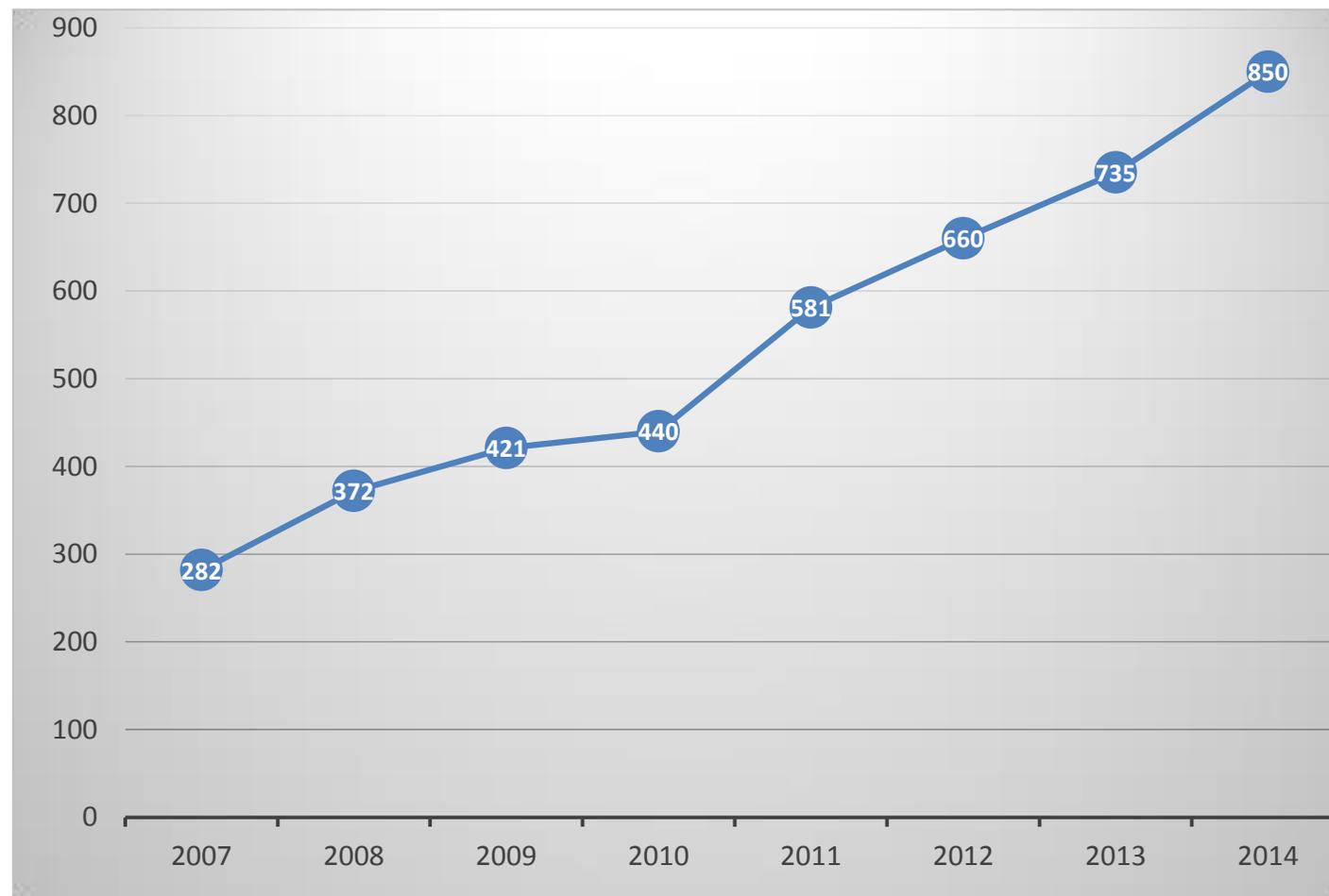
- This is specialist foster care to meet the needs of children and young people with emotional difficulties and displaying challenging behaviour.
- Different models used including Multi-Dimensional Treatment Foster Care and Keep
- Both children and foster carers are provided with high levels of support 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**

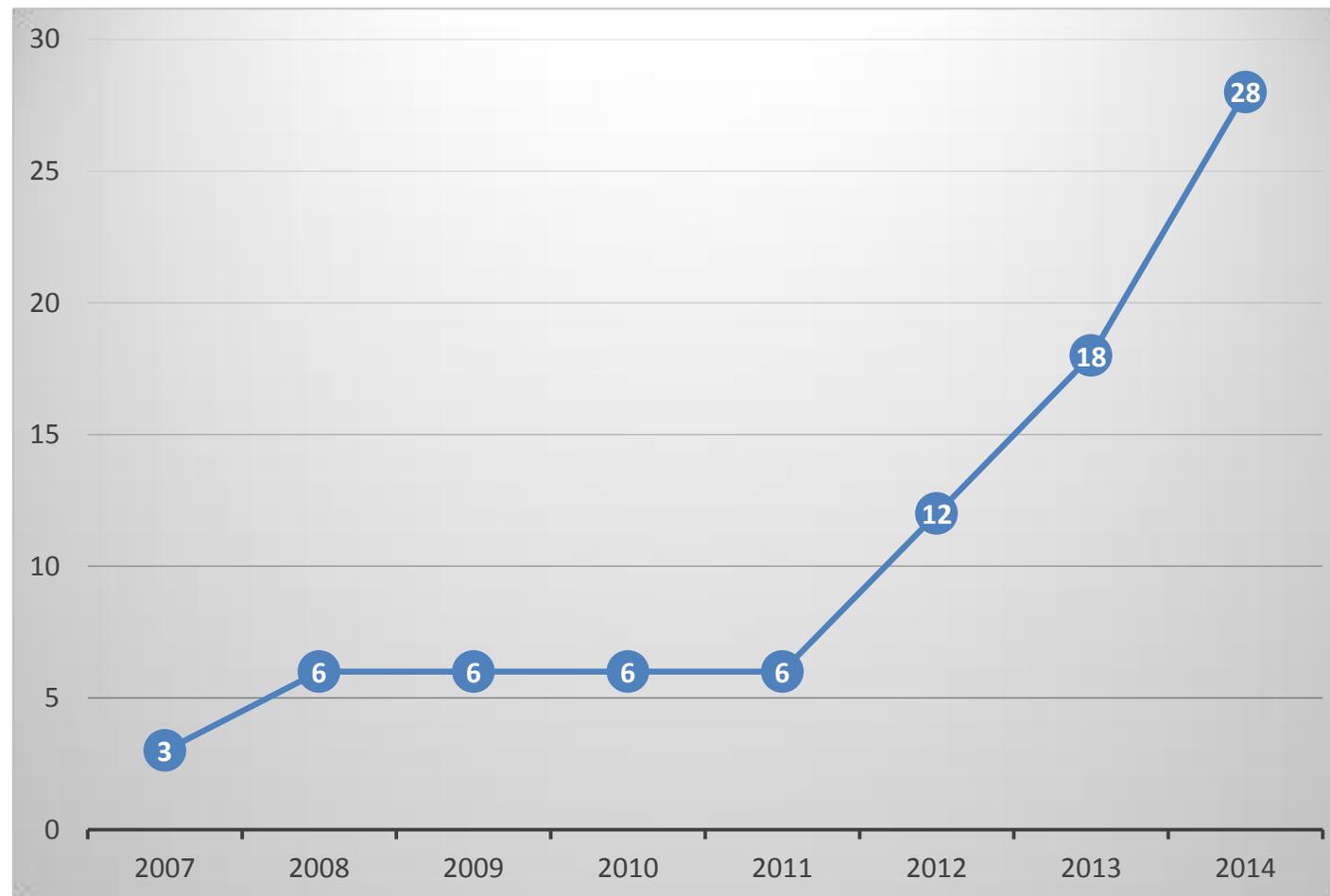
# Number of children in institutions in Moldova 2007-2014



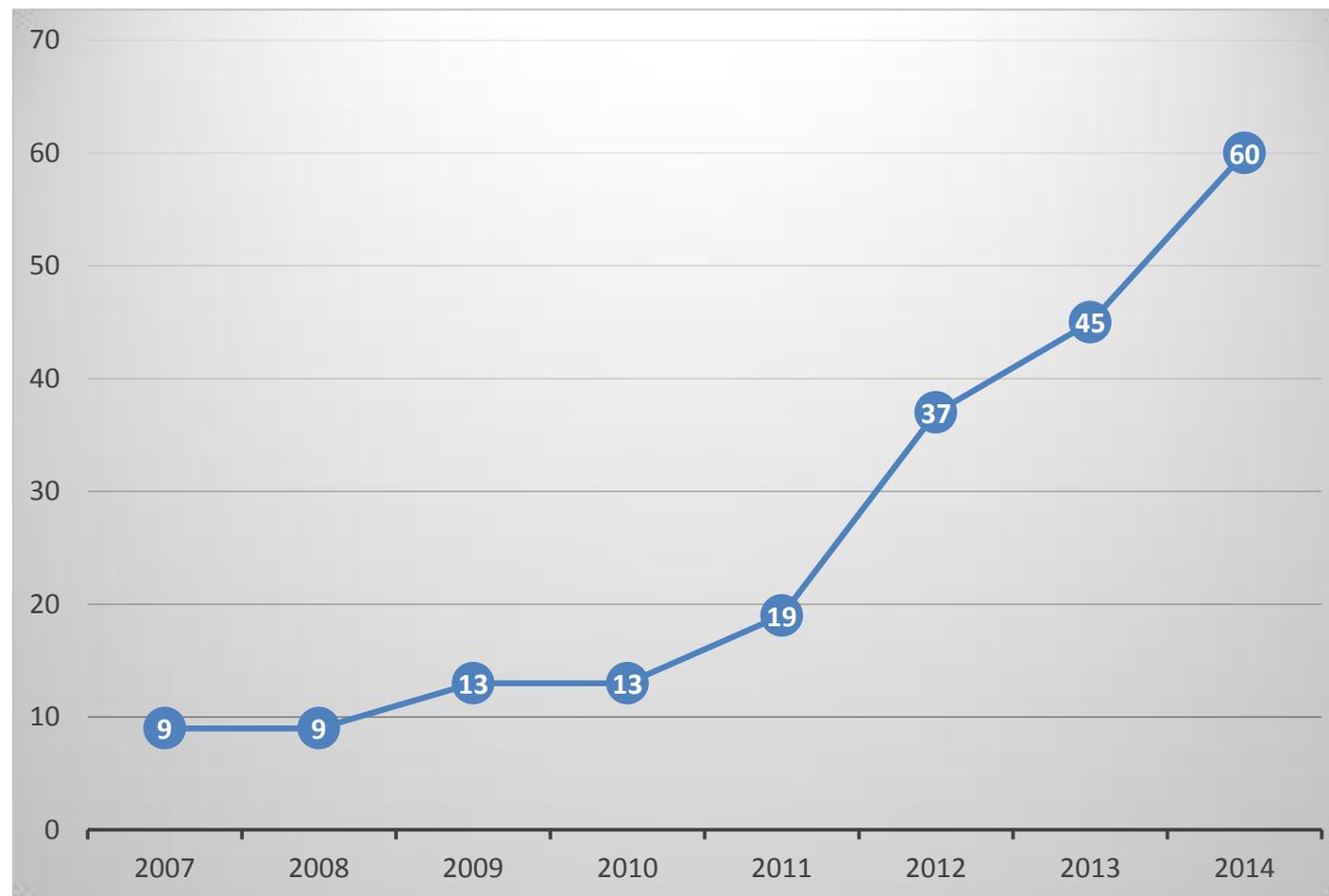
# Number of children in foster care in Moldova



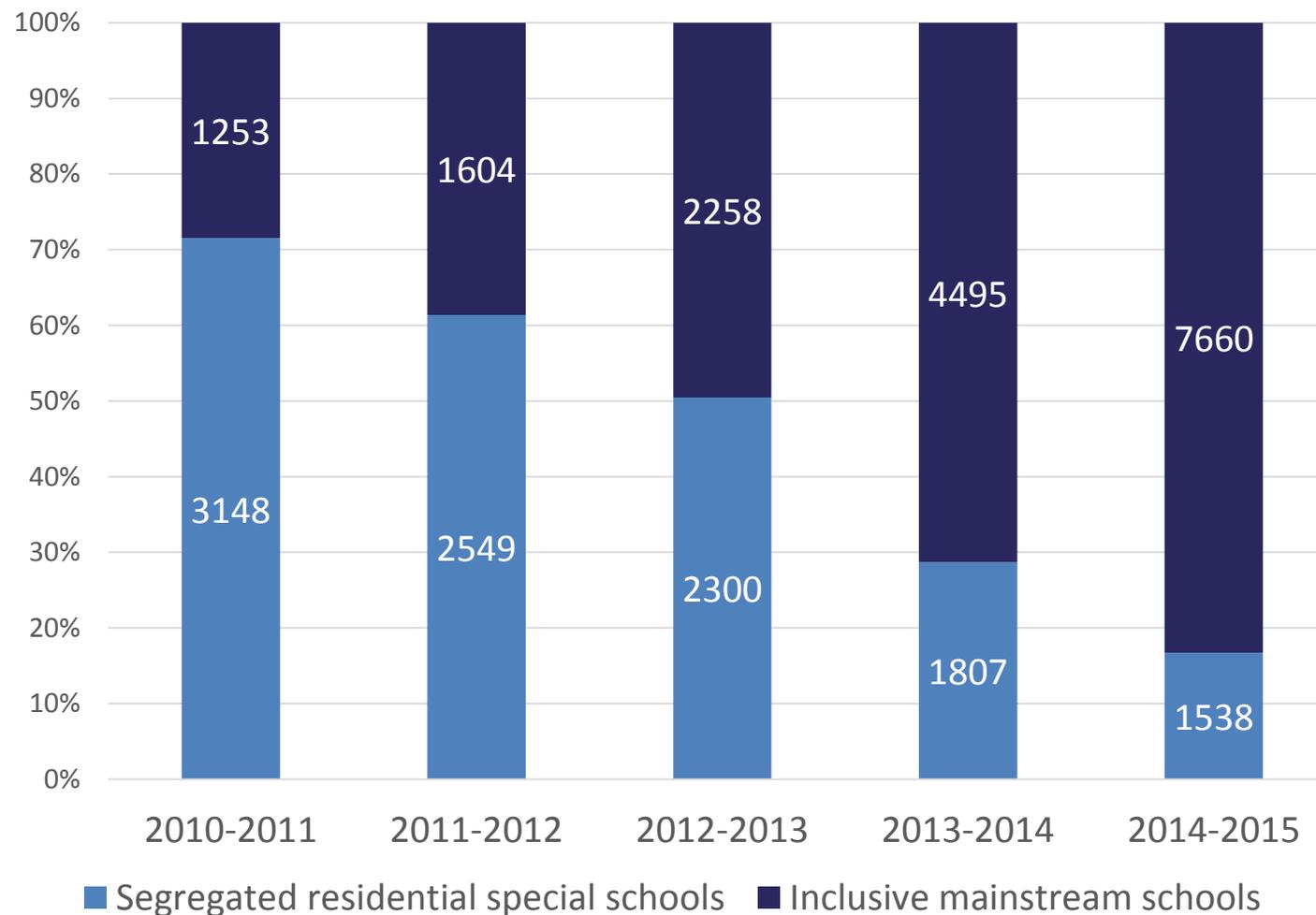
## Number of children in foster care in Ialoveni region



## Number of children in foster care in Floresti region



## Number of children with disabilities in Moldova educated in inclusive vs segregated 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**

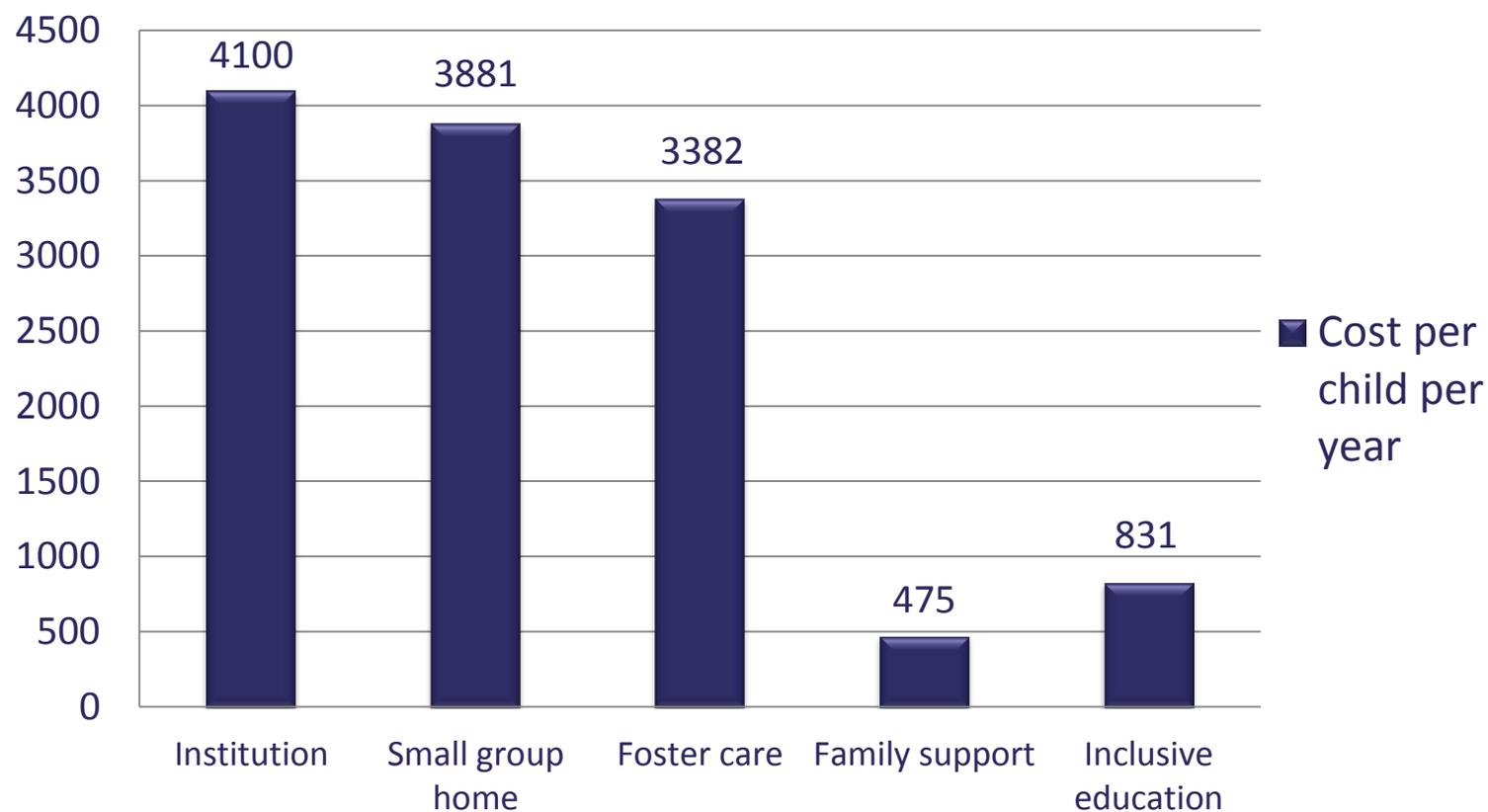
# 511%

**The number of children with disabilities educated in inclusive mainstream schools has increased by 511% in five years**

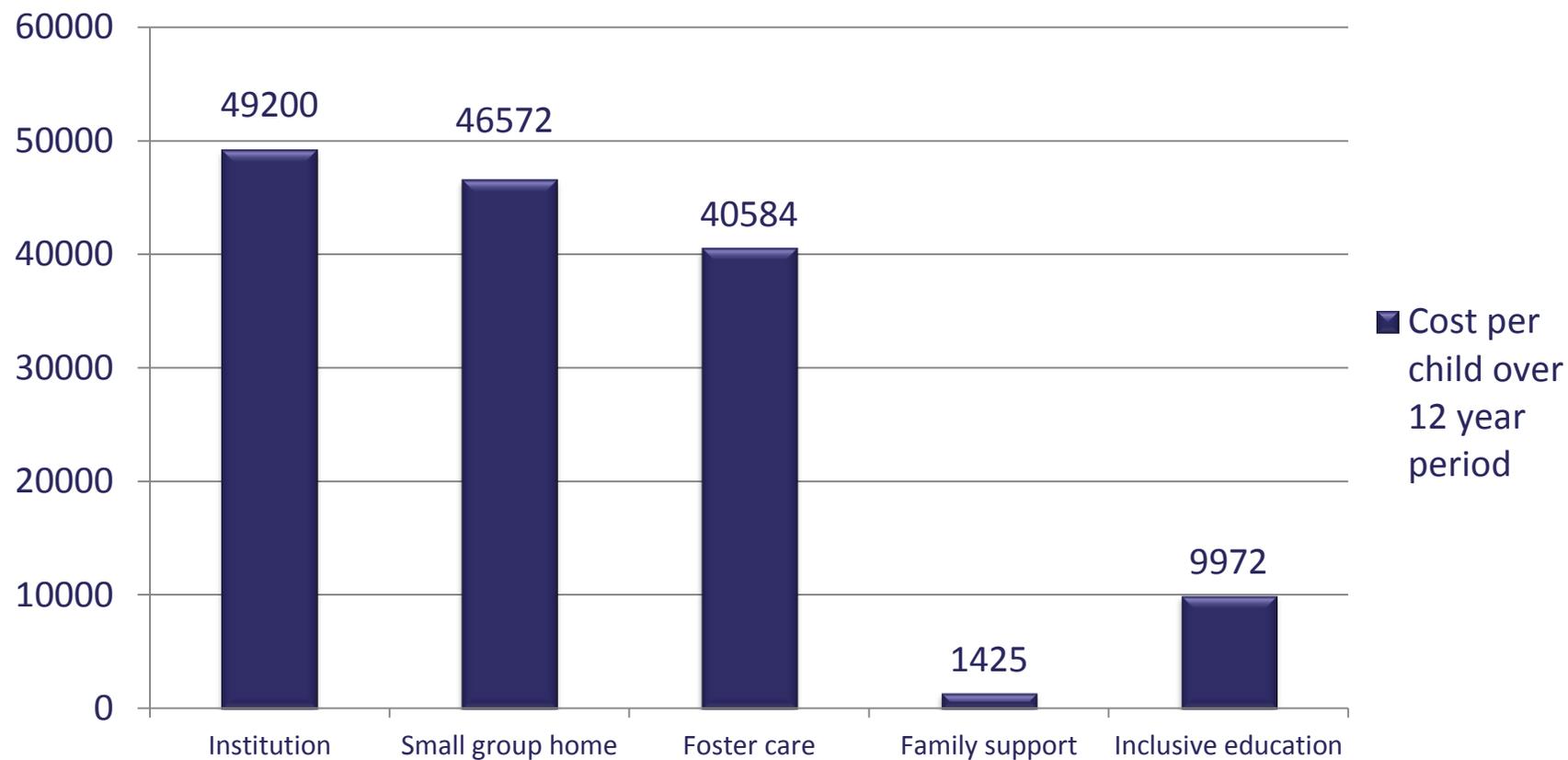


**Cost savings over time**  
**-example from Moldova**

## Cost/child/year in different placements (in Euros)



# Cost/child over 12 years (in Euros)



## 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**

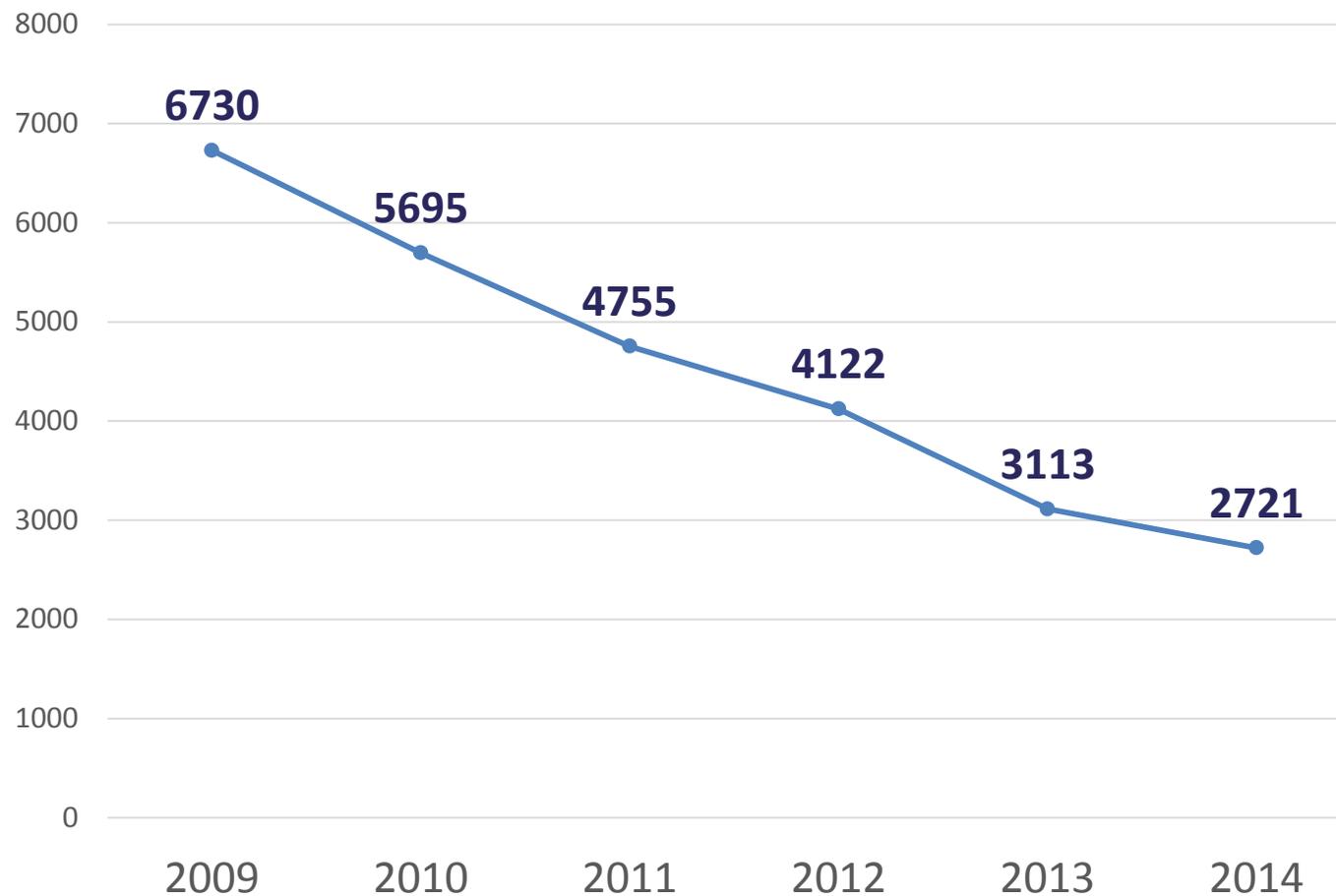
### Savings invested have:

- ✦ introduced **inclusive education** in **40%** of schools in the country
- ✦ Reduced **infant mortality** from **14/1000** to **9/1000**

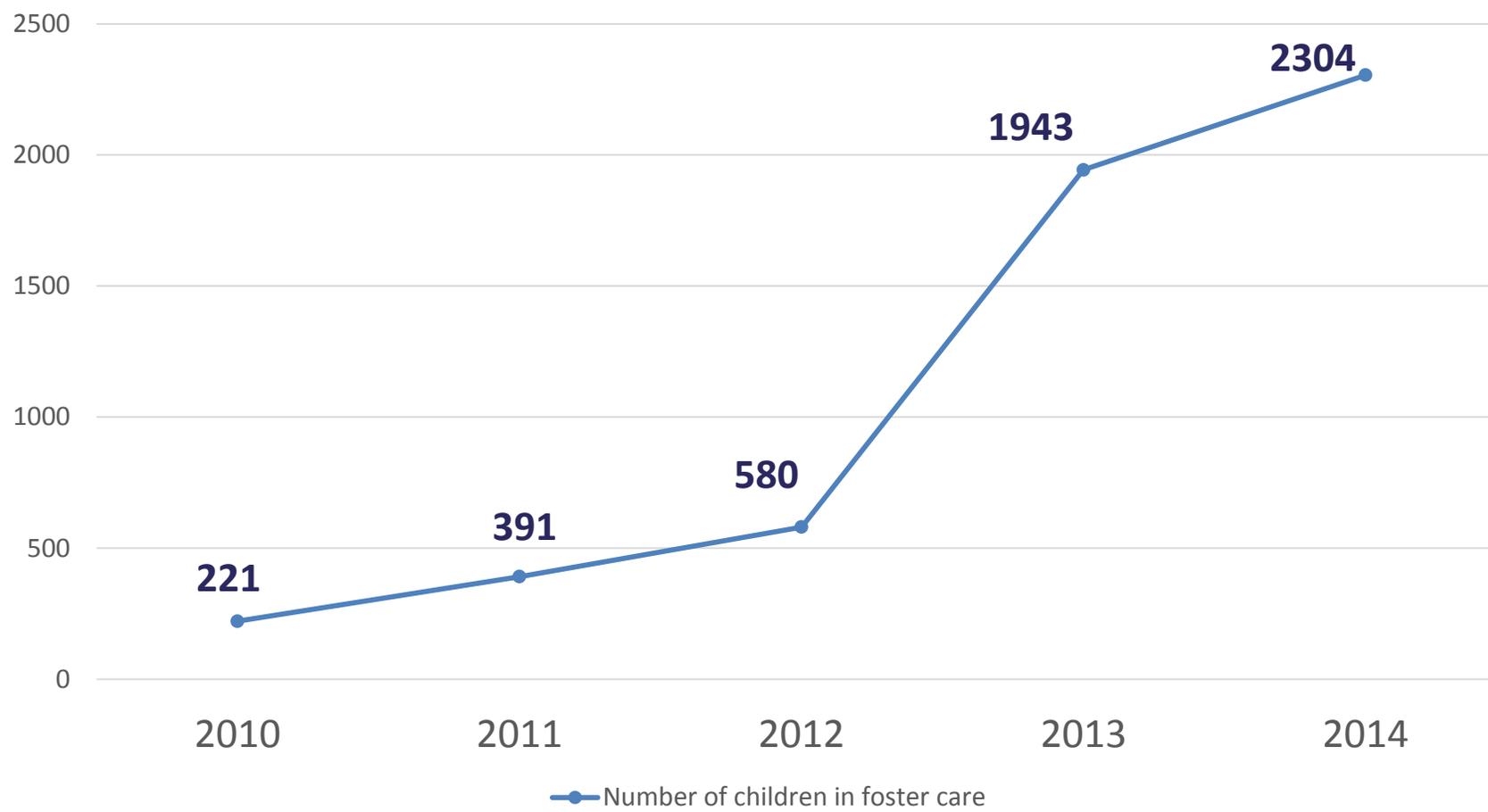


**An example from  
Bulgaria**

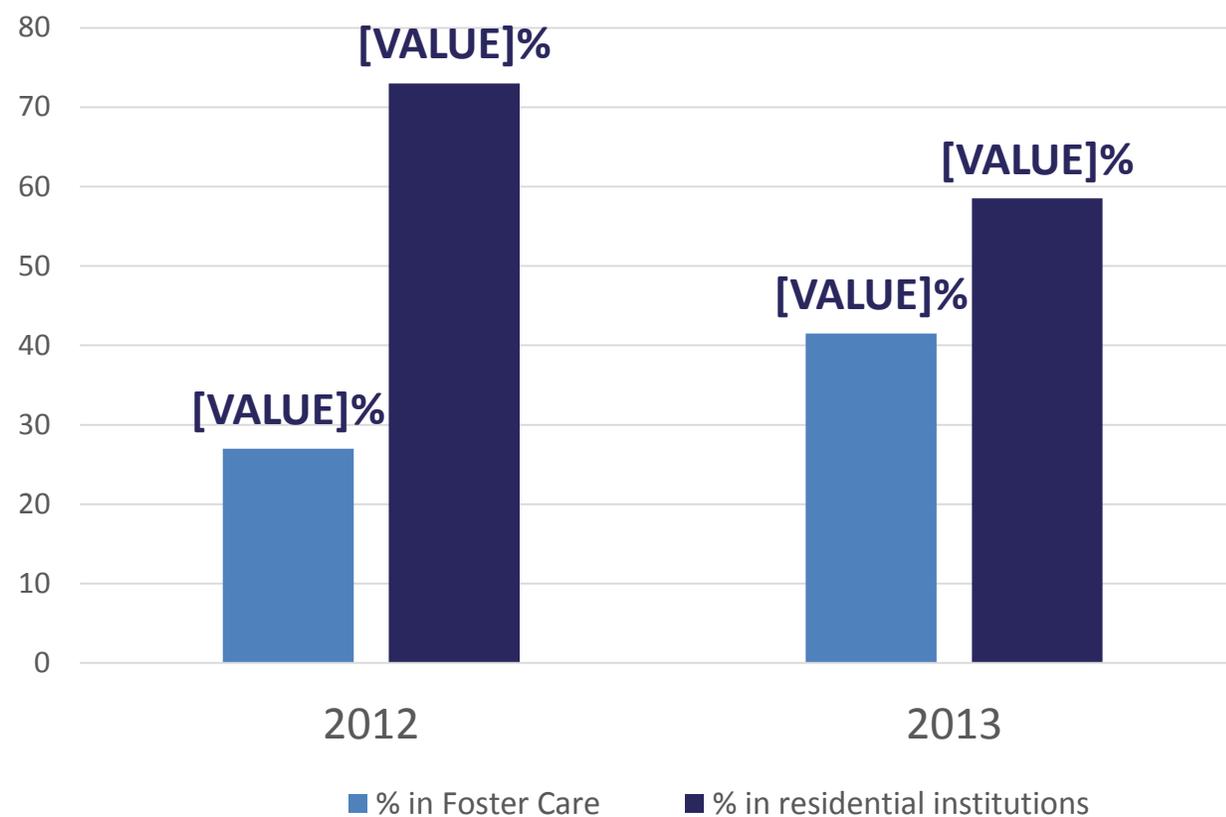
# Number of children in institutions in Bulgaria



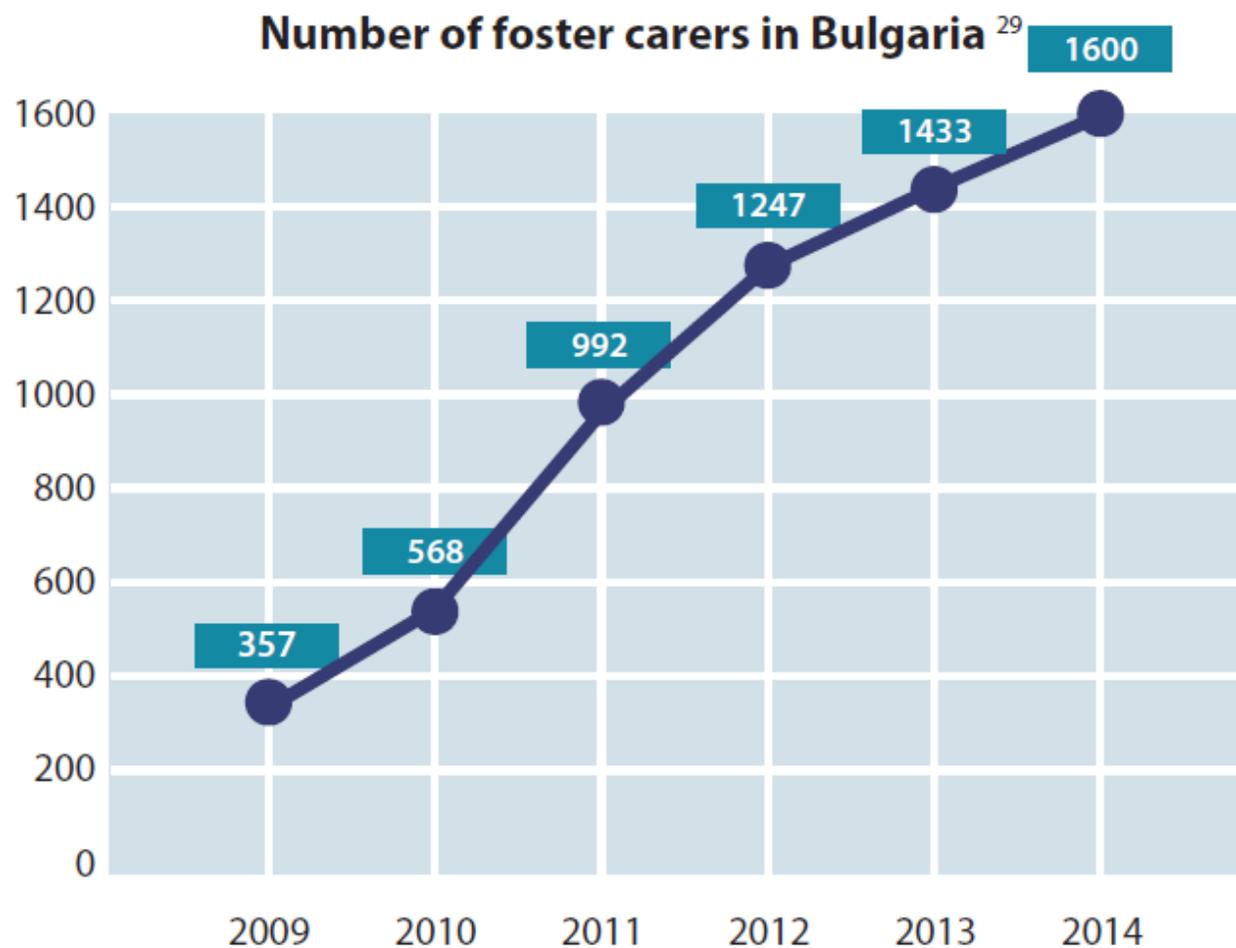
# Number of children in foster care in Bulgaria



## % of admissions into Foster Care vs. Residential care in Bulgaria

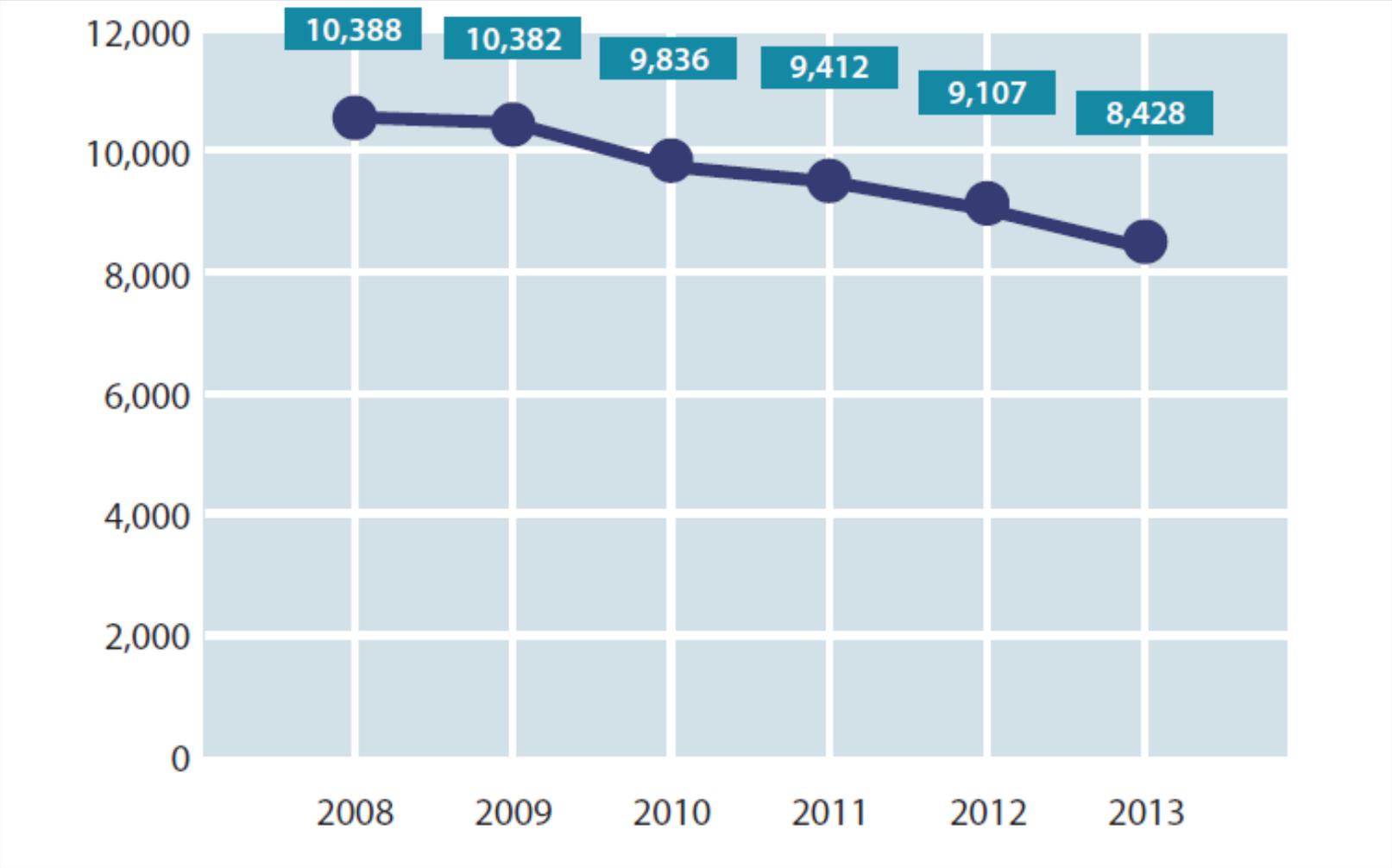


## Number of foster carers in Bulgaria

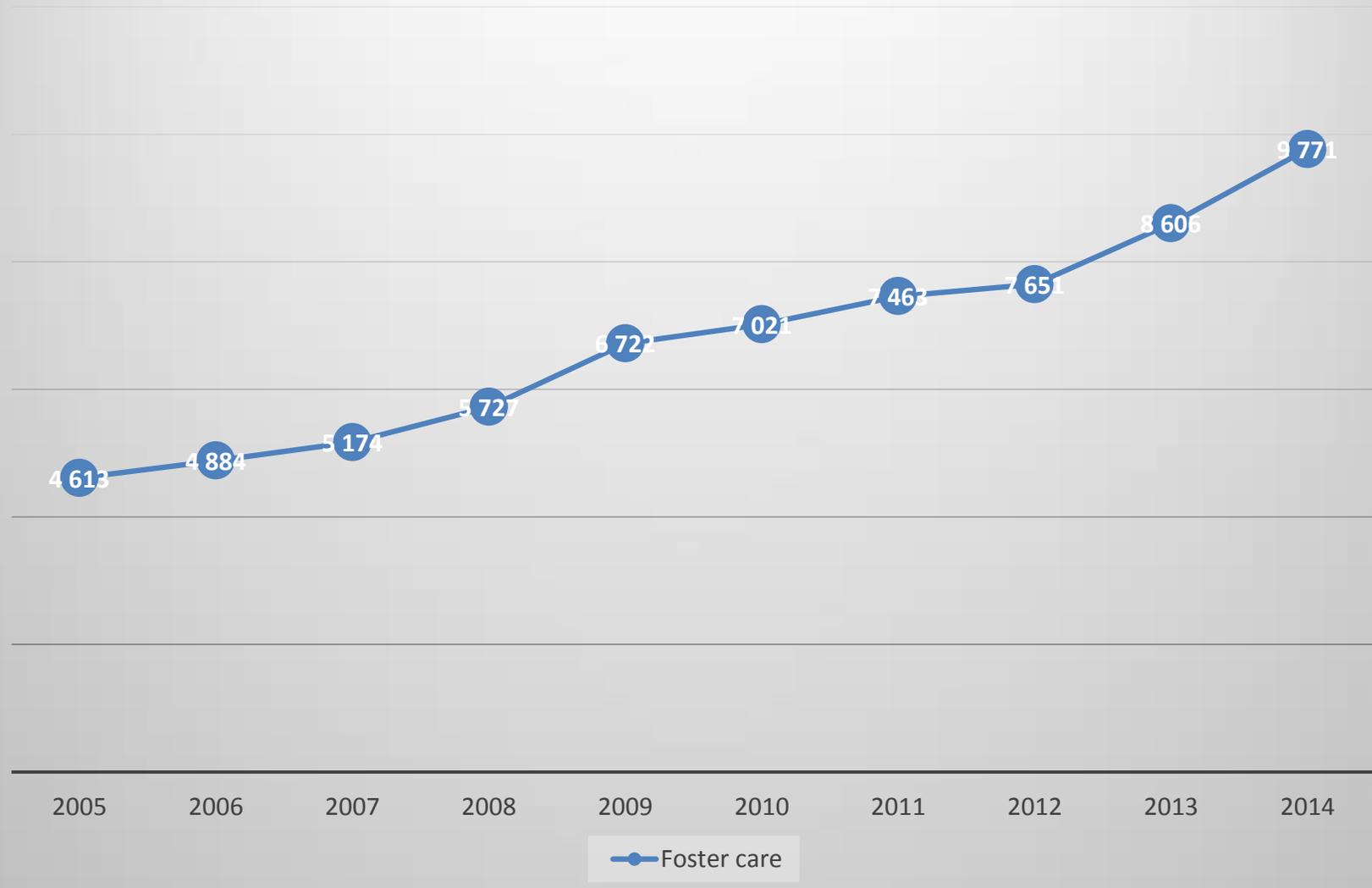


**An example from the  
Czech Republic**

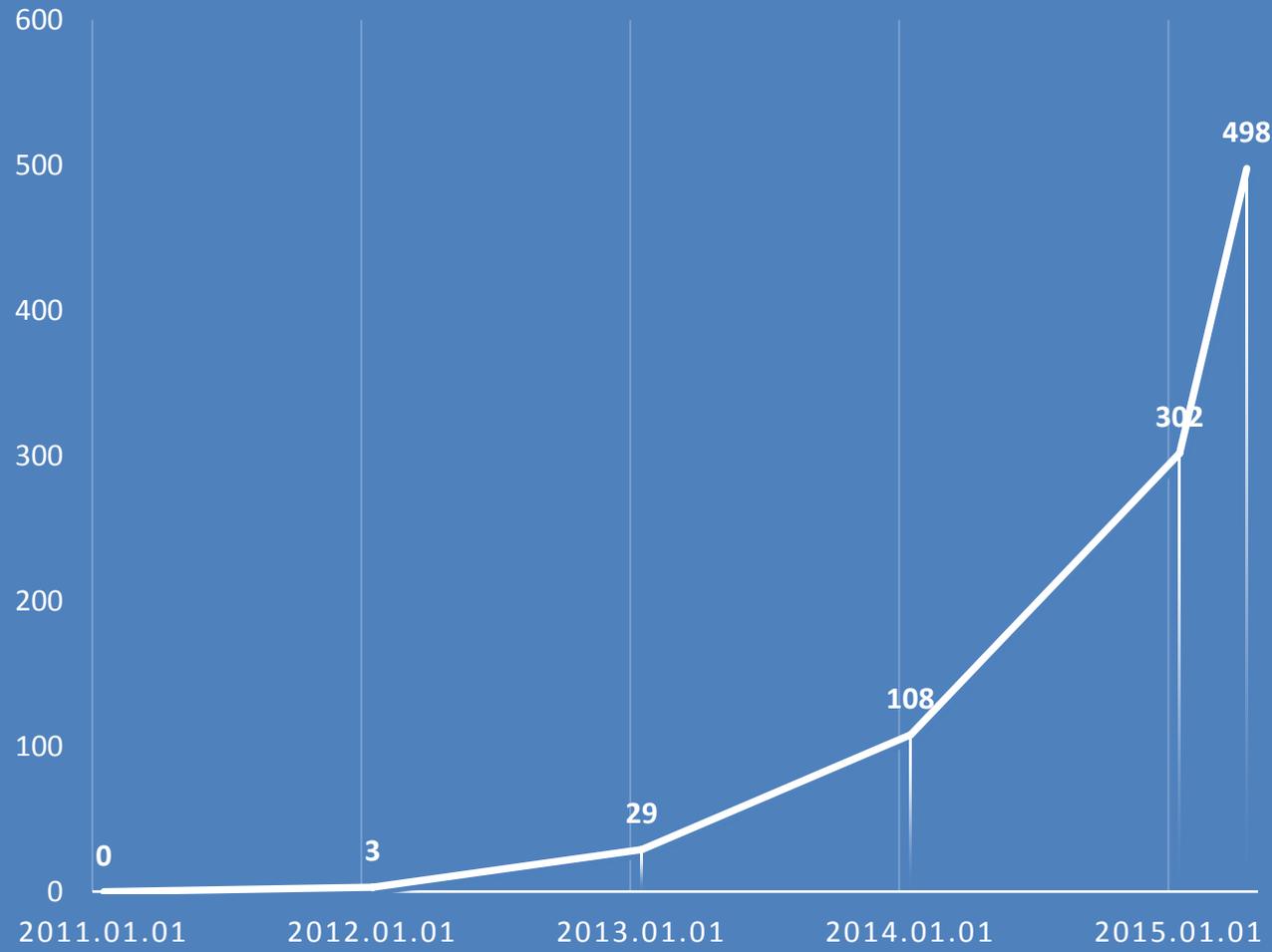
# Number of children in institutions in the Czech Republic



## Number of children in foster care and guardianship in the Czech Republic

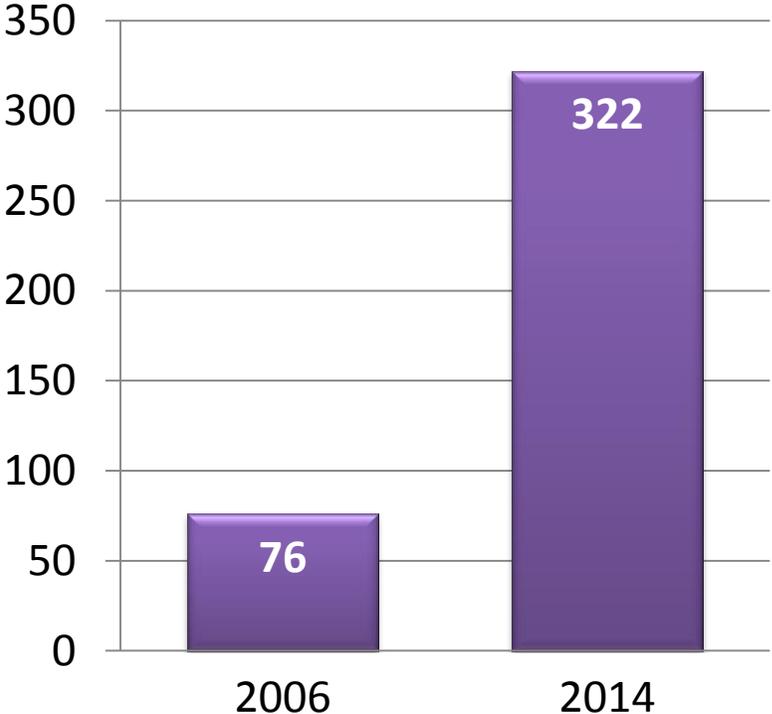


## NUMBER OF CHILDREN IN SHORT-TERM FOSTER CARE IN THE CZECH REPUBLIC

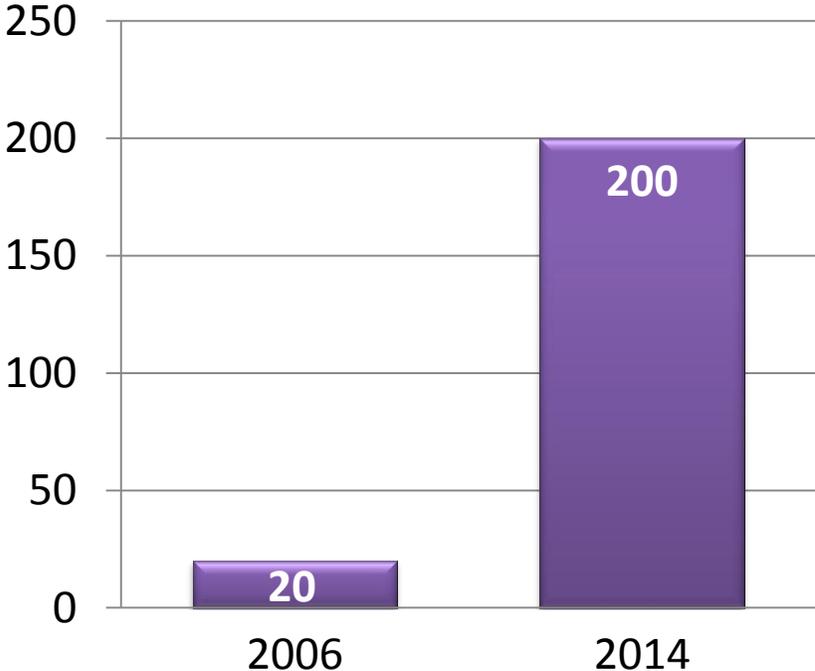


# Capacity of community-based family support services has grown significantly in recent years

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

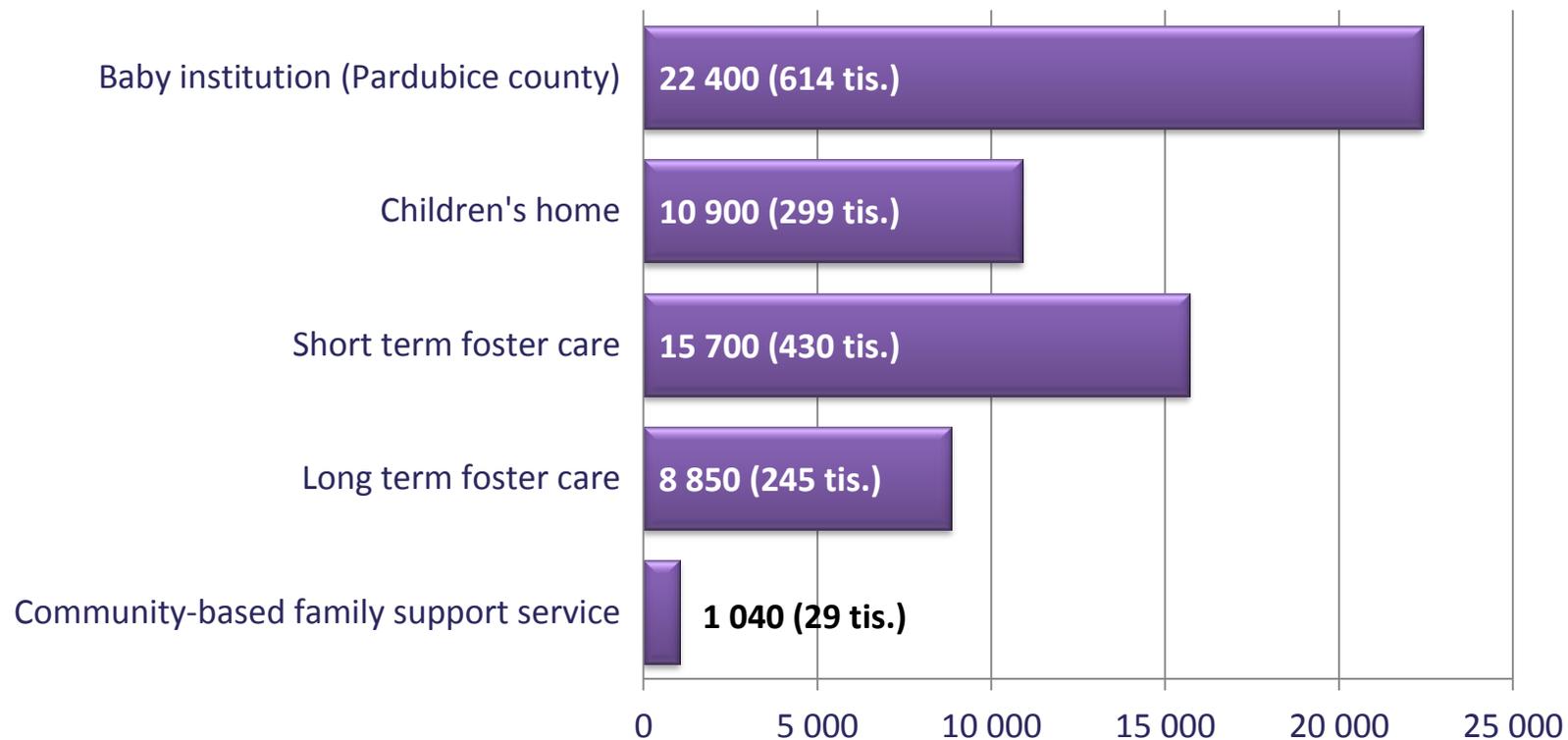


Estimated number of families that can be supported by social-activation services for families with children in Pardubice country



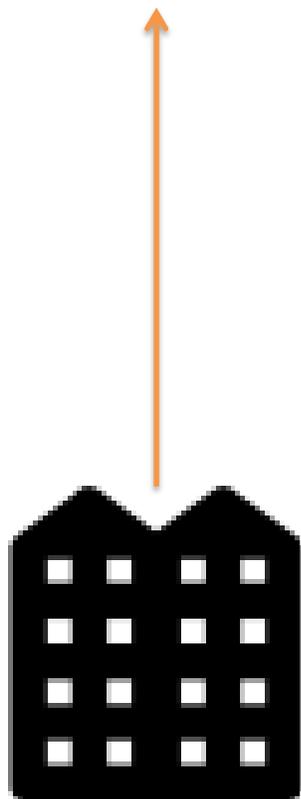
# Costs of different types of service/placement in the Czech Republic

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



## Cost of the 'average' case:

7 467 (204 tis.)



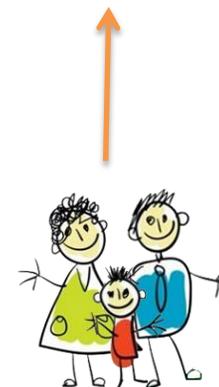
Placement in baby home for 4 months

5 233 (144 tis.)



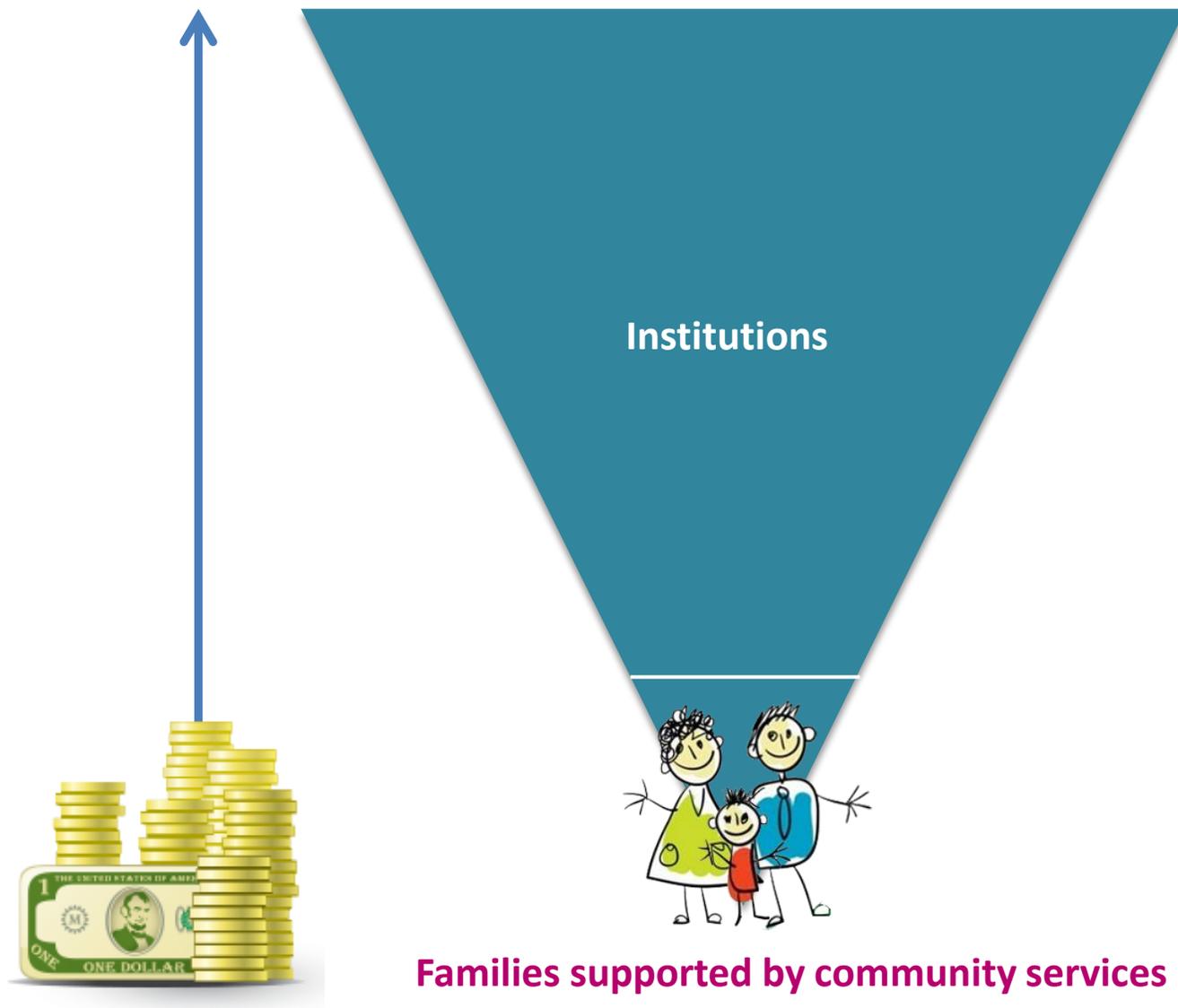
Placement in short-term foster care for 4 months

2 080 (57 tis.)

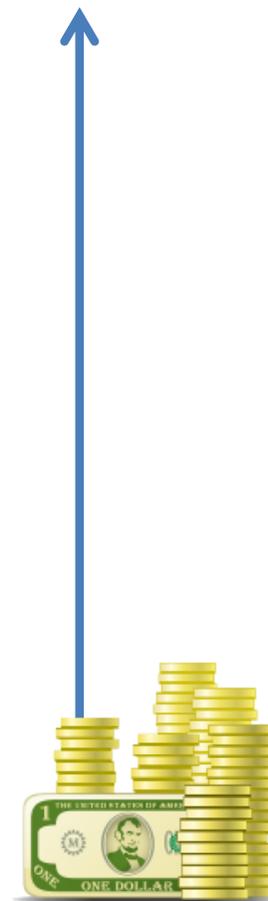
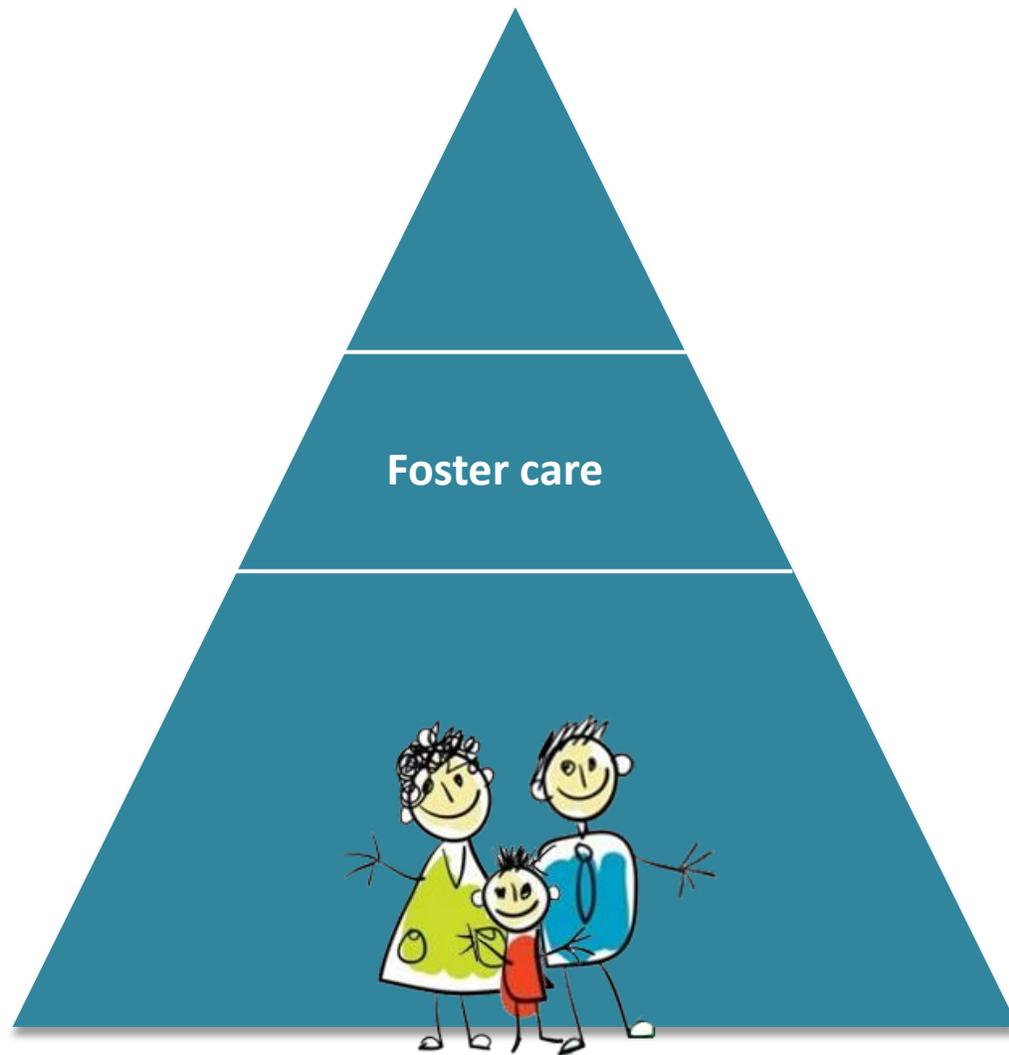


2 years of community-based family support services

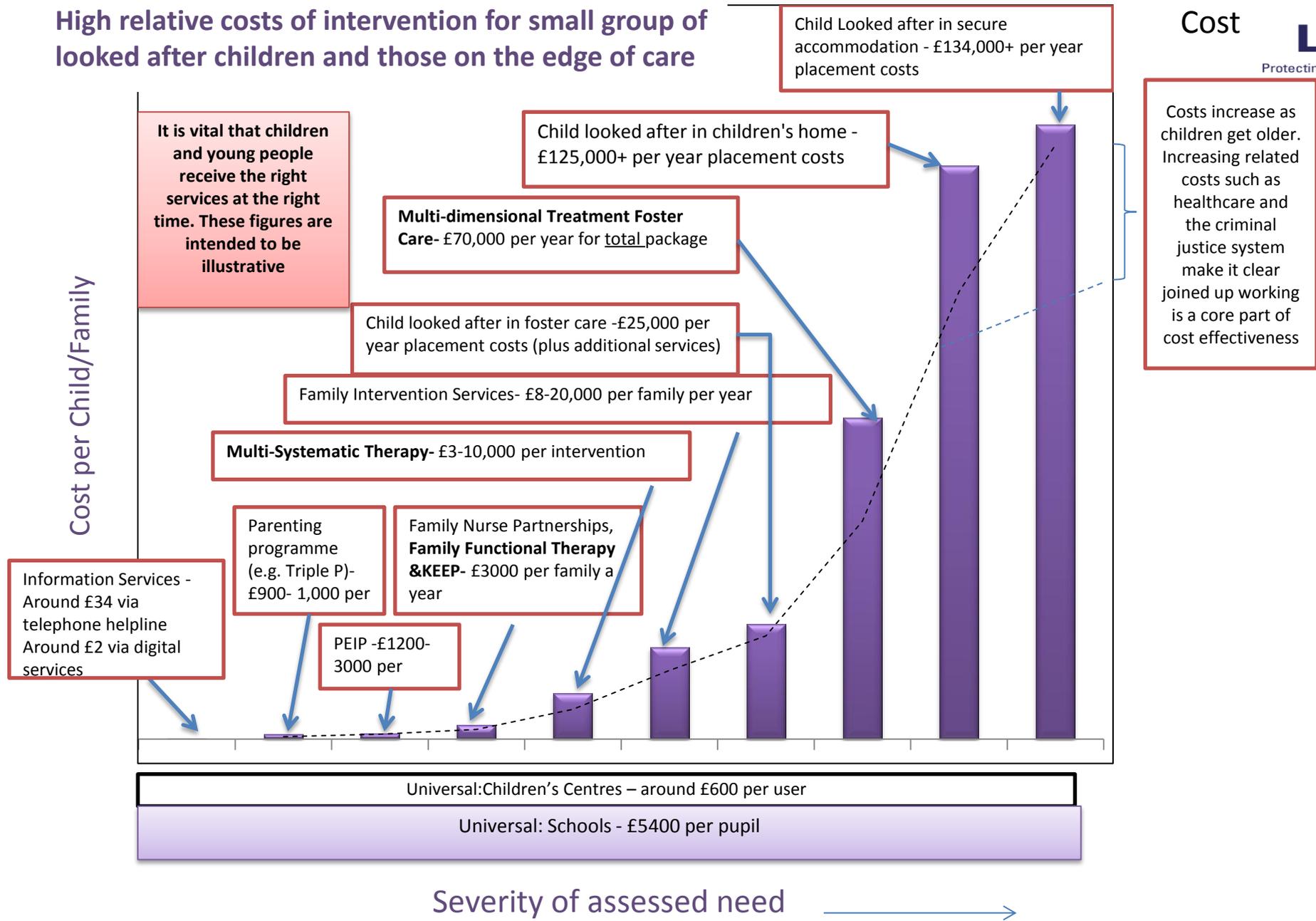




**Institutions**

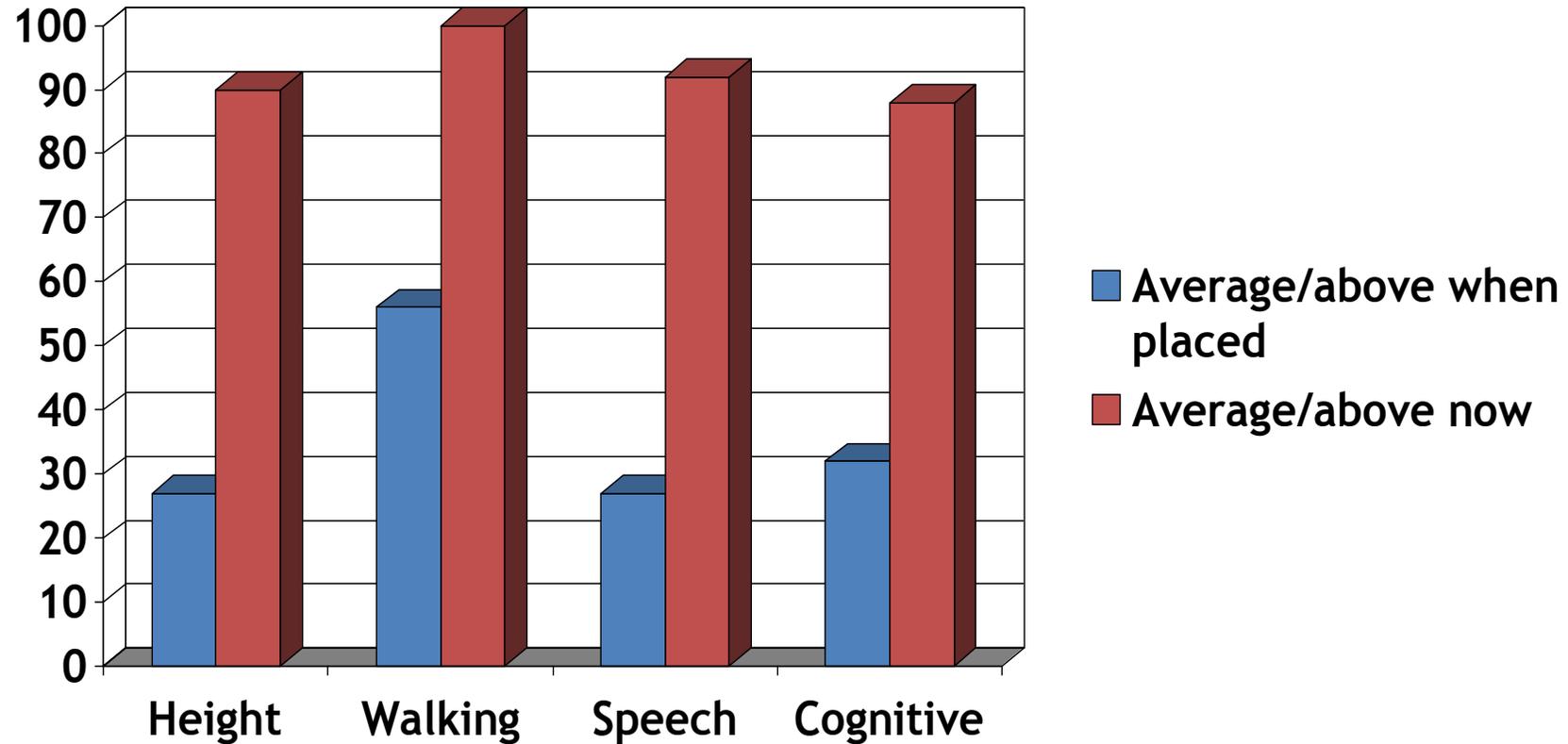


# High relative costs of intervention for small group of looked after children and those on the edge of care

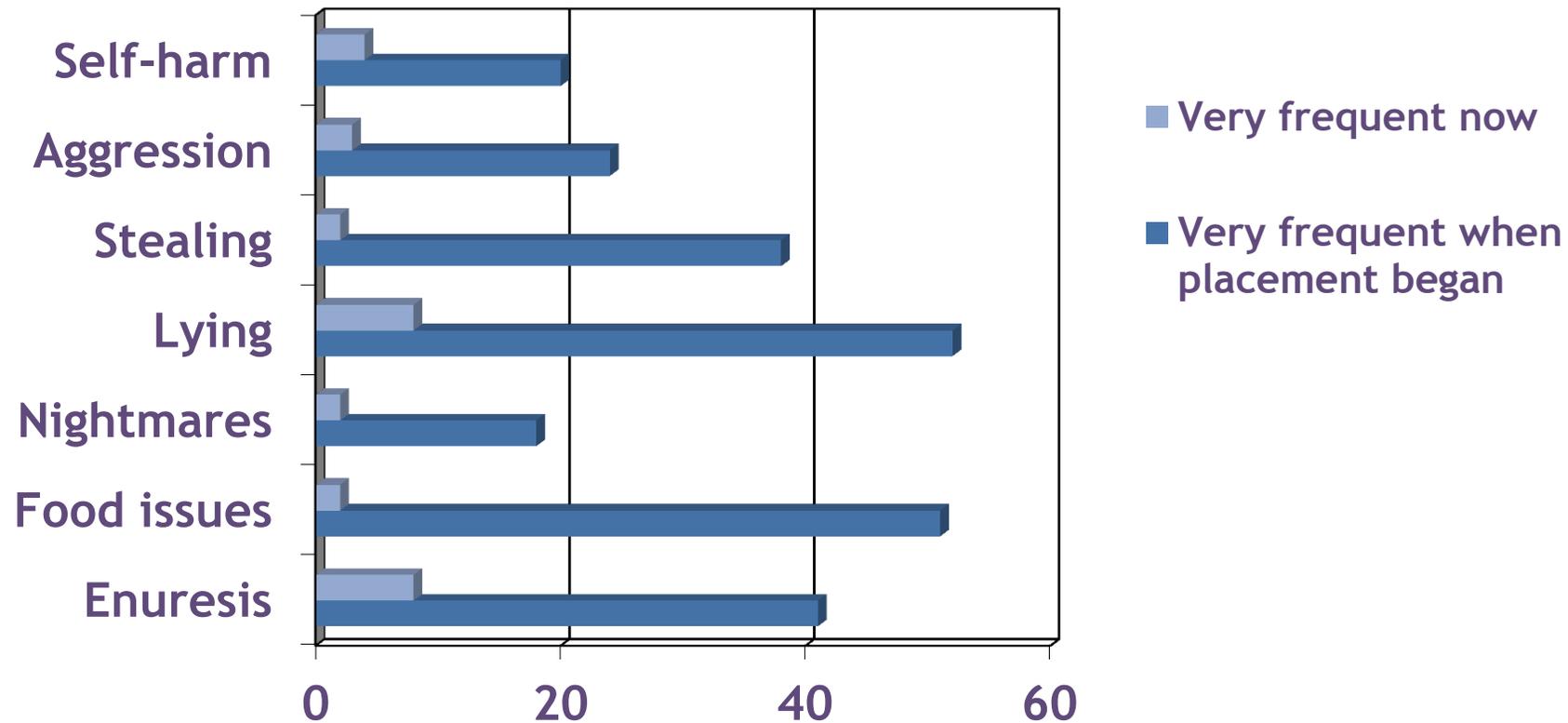


# Outcomes

## Improved development following move from institution to foster care



# Changes in behaviour on moving from institution to foster care



**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).

Thank you

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