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## Supporting the transition to family and community-based care in the next MFF 2021-2027

### *Guidance note for the implementation of enabling conditions 4.3/4.3.1 in draft Cohesion Policy Regulations*

#### Transitioning to community-based care under the enabling conditions: Executive summary

The objective of this paper is to offer EU Member States a helpful guiding document for implementing the enabling conditions 4.3/4.3.1 in a way which results in quality care reform for children. The document also highlights some of the potential pitfalls so that Member States are aware of them and can try to avoid them.

The enabling conditions consolidate and further streamline the positive incentives for the transition to community-based care (also known as deinstitutionalisation or DI) already set in place by the ex-ante conditionalities in the 2014-2020 funding period. Transforming care for vulnerable children from a system that relies on institutions to family and community-based services is a complex process, which involves ten indispensable elements, including the development of a range of services.

The key stages of the transition, and the services which need to be developed for quality implementation of enabling conditions 4.3/4.3.1 and, therefore, compliance with the Cohesion Policy Regulations, are:

- Developing community-based services and approaches that provide children and families with sufficient support to ensure that children grow up in families and within their communities and prevent admissions of children to institutions. These include ensuring that universal services are accessible and targeted services for families are available, such as emergency intervention services, services for vulnerable children, foster care, specialised residential care and care leavers services. **They are outlined in detail below.**
- Preparing and transferring all children currently in institutions to families or family-like care in line with their best interest and individual needs. No child should be left behind.
- Ring-fencing and protecting the resources (financial, human and material) from institutions and transferring them to the newly developed community-based services, providing long-term sustainability. As illustrated by the two examples of Bulgaria and the Czech Republic, the purpose of reform is not to cut costs, but to take funds which would be spent on institutions and reinvest them in family and community-based services, to support more children and produce better outcomes.
- Developing and deploying sufficient professional capacity and expertise to manage this complex process of change.

#### Key Recommendations for successful care reform:

- **Develop a vision** for a care system without institutions.
- Change **attitudes, policies and practices**.
- Create a **transition strategy**, accompanied with an action plan.
- Focus on **what is needed**, not only on the resources available.
- Focus on **prevention and family reunification** before looking at another form of residential care.
- **Empower children and families to take a lead role** in the process of change.
- Offer **training and capacity building** to the staff carrying out the transition (institution employees, experts in the municipalities and all the ministries involved).

## The harm caused by institutionalisation

Over 80 years of research from across the world has generated a vast body of evidence on the harm caused by institutionalisation to children. When children are deprived of loving parental care they can suffer life-long physical and psychological harm.<sup>1</sup> Babies in particular fail to develop as they should without one-to-one parental interaction and children who remain in institutions after the age of six months often face severe developmental impairment, including intellectual and physical delays.<sup>2</sup> Institutions can also severely limit the life chances of the children who grow up in them and young people leaving institutions often continue to face significant challenges.<sup>3</sup> A number of studies have shown that care leavers are more likely to be involved in criminal activity, that institutions are ineffective in preventing criminality,<sup>4</sup> and that young people leaving institutions are at increased risk of prostitution and suicide.<sup>5</sup>

There is no universally accepted definition of an 'institution'. Some agencies use the size of a facility to identify an institution – for example, classifying any residential care for more than 10 children as an 'institution'. The size of the institution matters, but is not the only defining feature, the nature of the care provided is essential. Lumos defines an institution as any residential setting where an 'institutional culture' prevails. Children living in an 'institutional culture' are isolated from the broader community and are compelled to live with children to whom they are not related. These children, and their families, do not have control over their lives, or decisions that affect them. Crucially, the requirements of the organisation tend to take precedence over the children's individual needs.<sup>6</sup>

### Implementing enabling conditions 4.3/4.3.1

The EU's landmark decision to introduce ex-ante conditionality 9.1 on social inclusion requiring the transition to community-based care across Europe has resulted in hundreds of millions of euros being directed towards reforming systems, shifting away from institutions to community-based care, making a positive impact on some of Europe's most socially excluded citizens.<sup>7</sup> While this has been a huge step towards ending a harmful practice, there have been a number of challenges around the implementation of ex-ante conditionality 9.1 linked to different interpretations of the essence of the transition process in the Member States.<sup>8</sup> The new proposals for the Cohesion Policy Regulations<sup>9</sup>

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<sup>1</sup> Berens, A.E. & Nelson, C.A. (2015). The science of early adversity: is there a role for large institutions in the care of vulnerable children? *The Lancet*. 386(9991):388-98. [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)61131-4/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61131-4/abstract) [accessed 6 Oct 2015]. See also Lumos (2015) *Children in institutions: the risks*. <https://wearelumos.org/content/children-institutions-risks> [accessed 01 Nov 2016].

<sup>2</sup> Michael Rutter (1998), Development catch-up, and Deficit, Following Adoption after Severe Global Early Privation, *Journal of Child Psychology and Psychiatry*, 39 (4).

<sup>3</sup> Csaky, C. (2014). *Why Care Matters: The impact of care on children and on society*. Family for Every Child: London

<sup>4</sup> Greenwood, P.W. & Rand, S.T. (1993). Evaluation of the paint creek youth center: a residential program for serious delinquents. *Criminology*, 31.2: 263-279. Slot, N.W., Jagers, H.D., et al. (1992). Cross-cultural replication and evaluation of the Teaching Family Model of community-based residential treatment. *Behavioral Residential Treatment*, 7.5: 341-354.

Sunseri, P.A. (2004). Family functioning and residential treatment outcomes. *Residential Treatment for Children & Youth*, 22.1: 33-53. Lindquist, M.J., & Santavirta, T. (2012). Does Placing Children in Out-of-Home Care Increase their Adult Criminality? Swedish Institute for Social Research. Stockholm, Sweden.

<sup>5</sup> Cusick, L., Martin, A. & May, T. (2003). *Vulnerability and Involvement in Drug Use and Sex Work*. Home Office, 2003.

Coy, M. (2008). Young women, local authority care and selling sex: findings from research. *British Journal of Social Work*, 38.7: 1408-1424. Pashkina, N. (2001). *Sotsial'noe obespechenie*, 11:42-45. Cited in: Holm-Hansen J, Kristofersen LB, Myrvold, T.M. eds. *Orphans in Russia*. Oslo, Norwegian Institute for Urban and Regional Research (NIBR-rapport 2003:1).

Cusick, L. (2002). Youth prostitution: A literature review. *Child Abuse Review*, 11.4: 230-251.

<sup>6</sup> Based on the definition from the European Expert Group on the Transition from Institutional to Community-based Care. See: European Commission. (2009). Report of the Ad Hoc Expert Group on the Transition from Institutional to Community-based Care.

<sup>7</sup> Community Living For Europe: Structural Funds Watch Report 2018:

<https://lumos.contentfiles.net/media/documents/document/2018/11/SFW-Digital - 2018.pdf>

<sup>8</sup> *Ibid.*

<sup>9</sup> Proposal for a REGULATION OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL laying down common provisions on the European Regional Development Fund, the European Social Fund Plus, the Cohesion Fund, and the European Maritime and Fisheries Fund and financial rules for those and for the Asylum and Migration Fund, the Internal Security Fund and the Border Management and Visa Instrument COM/2018/375 final - 2018/0196 (COD)

2021-2027 consolidate and further expand the principle behind ex-ante conditionality 9.1, through the introduction of enabling conditions 4.3/4.3.1, which prioritise “the measures for the shift from institutional to community-based care.”

### Funding the transition to family and community-based care

The financial arrangements to support the implementation of a DI strategy need to be specified and planned from the start. Funding is needed to build up and develop the new system, and then to fund it, and additional funds need to be provided during the transition period, when the old system is still running whilst the new one is being developed. However, there are already significant resources in the system, including human and financial resources and capital assets. One of the key principles of successful deinstitutionalisation is that of ‘ring-fencing’, which means protecting and reserving the resources currently in the system before transferring them across to support the community-based services that are developed to replace institutions. Institutions are expensive to run and the outcomes for children are poor. However, the resources used for institutions provide an opportunity to reform the system. **Note that the aim of a reform programme is not to cut costs, but rather to reinvest funds saved from institutions in better services that can support more children and result in better outcomes.**

#### Bulgaria’s ambitious DI programme

With the support of the European Commission and civil society, the Bulgarian government embarked on an ambitious programme to transform the system of caring for vulnerable children in 2009, with the launch of the Bulgarian government’s *Vision for Deinstitutionalisation of Children in Bulgaria*. In recent years, large-scale homes for children with disabilities have been replaced by family support services, foster care and small group **homes**, which prioritise keeping children at home where possible.

The Bulgarian government has demonstrated that when a system shifts away from a reliance on institutions towards community-based services, many more children and families can be supported – with better outcomes – using a similar budget:

- In 2010, proportionally institutions received the highest share of the budget, while alternative services were also receiving funding. 15,278 children were supported with a budget of €52 million.
- However, by 2017, the emphasis had shifted towards providing community-based support, and the number of children living in institutions had reduced. 27,550 children were being supported with a budget of €55 million.

#### Czech Republic’s successful use of ESIF for DI

The Czech Republic has used the ESIF funds to support the deinstitutionalisation of residents from institutional care homes. This led to the development of alternative services with a total capacity of 996 beds, to day care centres with a total capacity of 143 places.<sup>10</sup>

Furthermore, the Czech Ministry of Labour and Social Affairs is implementing the ‘Life as any other’ programme, which focuses on providing methodological support for deinstitutionalisation (budget €1.57 million). Both the Ministry and civil society report that it has helped create a complex range of methodological materials which can be used to support the deinstitutionalisation of social care.<sup>11</sup>

<sup>10</sup> Community Living For Europe: Structural Funds Watch Report 2018:

<https://lumos.contentfiles.net/media/documents/document/2018/11/SFW-Digital - 2018.pdf>

<sup>11</sup> Ibid

## Developing a replacement system of family and community-based services

When an adequate system of family and community-based services is available and accessible to everyone, most cases of family separation and institutionalisation can be prevented, as children and their families can access the support they need within their own communities. This means most children living in institutions could be successfully reunited with their birth families, and most children will not need to be removed from their families in the first place.

The term 'community-based care' or 'community-based services' refers to the spectrum of services that enable individuals to live in the community and, in the case of children, to grow up in a family environment as opposed to an institution. The transition to community-based care cannot happen before these services are put in place. The following section provides an overview of the services required for a successful and quality transition from institutional to community-based care.

### Types of community-based services

There are two types of community-based services: universal and targeted. Please find below Lumos' suggestions on how to strengthen the existing ones and what services you need to have in place for a successful reform.

#### A) Universal services

Universal services are services which should be available and accessible to everyone, regardless of race, gender, disability, sexual orientation, religion, ethnicity or nationality. They include schools and health services. They can prevent family separation and institutionalisation by helping children and their families get the support they need within their own communities. They can help to identify social need and disabilities at an early stage, so that children can be supported to fulfil their potential, and challenging situations within families can be addressed before they become more difficult to manage.

- When schools are inclusive and accessible to all children, those with disabilities do not have to be separated from their families to receive education in residential institutions which may be far away from home.
- When staff in community healthcare services are trained to support children with disabilities or chronic illnesses, and buildings are accessible to those with disabilities, children can be included within their own communities.
- When health and social care staff are trained to support all families, they can identify families finding it difficult to meet their child's needs. This means that support can be offered to the family at an early stage, which can reduce the risks to the child and help prevent the child's separation from their family.

#### B) Targeted services

Some children and families have additional needs and require extra support. This can be provided through targeted health, education and social services based within the community. These services can help to address difficulties within families, so that children's needs are met, and the risk of separation is reduced. These types of services include:

### 1) *Services for families*

- Family support services, offering a range of types of practical and material support for families who need it, including specifically designed support for children with disabilities and their families.
- Services based in hospitals to offer support and advice to new parents, to listen to their concerns and help them to cope, as well as giving information about other support services they could benefit from. These services help identify parents who are particularly vulnerable and at risk of giving up their babies or having them removed and put in place the additional support they need to look after their child.
- Health visitors for all families with babies and young children, to help new parents adjust and cope, and to identify vulnerable families and children with additional needs at an early stage
- Parenting classes to help parents develop skills to better care for their children, and support groups for vulnerable parents.
- Early childhood services such as day care centres and children's centres, which support children's development and give parents the opportunity to work while their children are looked after.
- Financial assistance and social housing to prevent or address poverty.

### 2) *Emergency intervention services*

- Specialised services to address cases of child abuse and neglect by finding solutions which are in the best interests of the child.
- Emergency housing and support for women and children fleeing domestic violence.
- Crisis intervention services to support children and their families to address difficult situations which affect their wellbeing. They might include individual and family counselling, and short-term emergency foster care for children at risk of abuse and neglect.

### 3) *Support services for vulnerable children and those with specific needs*

- 'Early intervention' services for children with disabilities, which offer support at an early age
- Housing adaptations so that homes are accessible and safe for children with disabilities.
- Technical aids and assistive technologies such as wheelchairs and communication aids for children with disabilities, to help them participate in activities and access services within their communities on an equal basis with others.
- Short breaks (respite care) to give children with disabilities and their families a break from their usual routines and caring roles.
- After-school and holiday clubs to support vulnerable children outside of school.
- Support in schools to help children address behavioural issues.
- Therapy and rehabilitation services such as physiotherapy, occupational therapy and speech and language therapy.

- Child and adolescent mental health services (CAMHS) to provide assessment and treatment when children and young people have emotional, behavioural or mental health difficulties.

#### 4) *Foster care*

- Foster care is aimed at children who cannot be raised in their birth family or within the wider family. The state is responsible for recruiting, assessing, training and monitoring the foster carers and to ensure the foster care is the best solution for the child for all the time the child is placed there.

#### 5) *Specialised residential care:*

- Small group homes for a minority of children with multiple, complex needs – these homes look after small groups of children (ideally no more than six) and have highly qualified and trained personnel. The condition however is that these group homes do not adopt an ‘institutional culture’, as mentioned above.

#### 6) *Care leavers’ services*

- Services offering support to those preparing to leave care and live independently, with support workers to help young people make the transition to independent living and to provide advice, advocacy, and support in finding employment, training or continuing education
- Suitable accommodation, and support to access it.

### Possible pitfalls to avoid when designing a reform

#### 1. Lack of vision

The decision makers and managers involved in reforming the system of care do not believe it is possible to run a care system without institutions. They cannot envisage what they do not know. As a result, the focus of reform tends to be on ‘improving’ institutions rather than replacing them with community-based services.

#### Consequences:

- ‘Improved’ institutions do not result in significantly improved outcomes for children.
- The institutions continue to be expensive to run – no money is freed up to reinvest in community-based services aimed at keeping children in their families.
- Therefore, there is no real reform.
- Once investment has been made in buildings, those managing investments are reluctant to close the institutions down in the future.

#### How to prevent this?

- Study visits for managers and decision makers to see what a system of community-based services looks like and how much better it is for children.

- Demonstrate that the system of community-based services is not more expensive than institutions.
- Evidence of the harm caused by ‘improved’ institutions and of the better outcomes of family-based care.

## **2. A focus only on the resources available, not what is needed**

Often those responsible for DI believe they cannot afford the types of services needed to replace institutions, so they focus on the resources they have – the buildings and personnel. They often therefore set up ‘community-based services’ inside the buildings using the same personnel.

### Consequences:

- Inappropriate reuse of the buildings, often a temptation to keep some children in the residential facility.
- Community services are often situated in inappropriate buildings at some distance from the community that needs them – making them inaccessible and impractical – and often they are not used.
- Often a large building continues to be maintained when a building of that size is not needed, resulting in unnecessary costs. This money could be spent on keeping children in families.

### How to prevent this?

- Map all the existing family- and community-based services and assess what services should be developed for a successful transition to family-based or family-like care.
- Base the service planning on what is needed.
- Compare the costs of the new range of services with the institutions. Demonstrate that for the same money, better services can be provided to many more children.
- Demonstrate that donors will prefer to finance well-planned reform processes that result in real change for children.
- Evidence of the harm caused by ‘improved’ institutions and of the better outcomes of family-based care.

## **3. A focus on alternative forms of care**

Foster care, adoption and small group homes are prioritised ahead of services to support prevention and family reunification. The terms ‘orphan’ and ‘orphanage’ often lead us to think of the children as parentless. At the same time, there is a tendency to blame the parents for their children being in institutions. The result is that the tendency is to focus on other forms of care first, rather than reunification. Even where children are parentless, there are usually other extended family members who can and should be considered.

### Consequences:

- Many children may have been able to return to their families with support. Denying them this takes away their fundamental right to know and be cared for by their birth or extended families.
- Even though outcomes for children are better in small group homes and foster care than in institutions, they are even better if a child is supported to live in their birth or extended family.

- Even though foster care is cheaper than institutionalisation (in most cases), it is still more expensive than family support. This means the reform costs more than necessary.

#### How to prevent this?

- Train all decision makers in the benefits of reunification. Take them to visit reunification programmes so they can see this for themselves.
- Develop assessment processes and train social workers to carry out proper assessments, so that they will plan appropriately for each child.
- Design services to support families, based on what children need. If the assessment says a child could go home with support to the family, that support must be developed as part of the DI process.

For more information, please see the Common European Guidelines on the Transition from Institutional to Community-Based Care<sup>12</sup> and the Toolkit on the Use of European Union Funds for the Transition from Institutional to Community-based Care.<sup>13</sup>

#### About Lumos

Lumos is an international NGO<sup>14</sup> founded by the author J.K. Rowling, working to end the institutionalisation of children around the world by transforming education, health and social care systems for children and their families; helping children move from institutions to family-based care. Lumos sits on the EU Civil Society Platform against trafficking in human beings and is a founding member of the European Expert Group on the Transition from Institutional to Community-based Care.

#### Contact

##### **Irina Papancheva**

EU Advocacy Manager

email: [irina.papancheva@wearelumos.org](mailto:irina.papancheva@wearelumos.org)

tel: +32 499 24 74 61

[www.wearelumos.org](http://www.wearelumos.org)

##### **Serghei Sadohin**

European Knowledge Coordinator

email: [serghei.sadohin@wearelumos.org](mailto:serghei.sadohin@wearelumos.org)

tel: +32 491 20 14 79

[www.wearelumos.org](http://www.wearelumos.org)

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<sup>12</sup> European Expert Group on the Transition from Institutional to Community-based Care, The Common European Guidelines on the Transition from Institutional to Community-Based Care <https://institutionalisationdotcom.files.wordpress.com/2017/07/guidelines-final-english.pdf>

<sup>13</sup> European Expert Group on the Transition from Institutional to Community-based Care, Toolkit on the Use of European Union Funds for the Transition from Institutional to Community-based Care <https://deinstitutionalisationdotcom.files.wordpress.com/2017/07/guidelines-final-english.pdf>

<sup>14</sup> Lumos Foundation (Lumos) is a company limited by guarantee registered in England and Wales number: 5611912 | Registered charity number: 1112575