
EU support for care reform for children in Ukraine in the 2021–2027 period

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1. Introduction

Millions of children around the world live in institutions – including so-called “orphanages”, residential special schools and reception centres. Global research shows that these institutions expose children to a catalogue of human rights abuses, enhance the risk of violence and cannot meet their needs¹.

With around 1.5% of the overall child population in Ukraine confined to over 700 institutions across the country², institutional care is a serious human rights issue that should be addressed as a matter of priority.

Institutionalisation of children

There are numerous definitions of what the term ‘institution’³ means when referring to children. Research consistently demonstrates that the majority of children in institutions are not ‘orphans’⁴ but are placed there due to reasons such as poverty, disability, marginalisation, migration, a lack of family support services in the community and as a result of trafficking.

The Common European Guidelines on the Transition from Institutional to Community-based Care refer to a definition of institutions for children “as residential settings that are not built around the needs of the child nor close to a family situation, and display the characteristics typical of institutional culture (depersonalisation, rigidity of routine, block treatment, social distance, dependence, lack of accountability, etc.)”⁵.

Over 80 years of research from across the world has demonstrated the significant harm caused to children in institutions who are deprived of loving parental care and who may consequently suffer life-long physical and psychological harm⁶. Children who grow up in institutions can experience attachment disorders, cognitive and developmental delays, and a lack of social and life skills leading to multiple disadvantages during adulthood⁷. Long-term effects of living in institutions can include severe developmental delays, disability, irreversible psychological damage, increased rates of mental health difficulties, involvement in criminal behaviour,

Over the last decade, Ukraine showcased growing momentum and political commitment towards child protection system reform, a strategic policy framework for reforming the system of institutional care and an action plan for its implementation. However, the strategy was met with a significant level of resistance and the action plan was not matched by adequate financial resources.

Recent initiatives in the past year are also jeopardizing the overall deinstitutionalisation reform. For instance, on 16 January 2020 a law was approved which allows the creation of *pensions for residence*, instead of internats, within special boarding schools. Furthermore, **on 21 August 2020, the Prime Minister of Ukraine issued an order (№35645/0/1-20) to exclude special boarding schools, education and rehabilitation centres and sanatorium boarding schools for children from its National Strategy for Deinstitutionalisation.**



If translated into an amendment to the national law, this decision would affect more than 51 000 children, who are currently warehoused across 353 institutions⁹, many of whom are placed in institutional care due to some form of disability, development disorder and/or illness. There are also plans to pass a new piece of legislation to preserve the sanatoriums and special boarding schools system. It is critical that the most vulnerable and discriminated children are not left behind as the country embarks in the process of care reform.

Meanwhile, the **COVID-19 pandemic** is having and will continue to have a dramatic impact on the most vulnerable children and families in Ukraine, compounding structural weaknesses in child protection and welfare systems. Existing child protection risks are exacerbated, and new ones emerge, as a result of the crisis. **In March 2020, around 42,000 children were sent back home from institutions in a sudden and unprepared move, which entailed significant risks for the children affected¹⁰.**

This was further worsened by the lack of timely directives from the Ministry of Social Policy, which failed to instruct social work specialists to provide services and monitoring to vulnerable families during the lockdown. The situation was already dire because of the existing lack of resources within the sector, the absence of a range of specialist services and the very small number of social workers available across the country.

As the pandemic unfolds, the economic shocks to children and families globally will be felt for years to come. **It is expected that the number of children at risk of separation or in need of alternative care will increase** – both during the crisis, where containment measures may lead to separation, as well as a result from the long-term socioeconomic impact on caregivers, families and communities¹¹.

Research carried out by UNICEF and the Institute of Demography and Social Research in May 2020 **demonstrated that more than 6 million people in Ukraine may be living below the poverty line due to the socio-economic crisis caused by COVID-19, including 1.4 million children¹².**

A significant obstacle to the implementation of the National Strategy for Deinstitutionalisation is the absence of sufficient funding to support the transition from the current system, based on institutions, towards a modern child protection system where children are cared for within families and communities. To this end, Ukraine has actively looked for external technical assistance and financial investments to support the reform, including by raising this as a priority in the 2019 and 2020 EU-Ukraine Human Rights Dialogues.

The 2021-2027 Multi-Annual Financial Framework constitutes an important opportunity to strengthen social and child protection systems in the EU Neighbourhood. This paper calls on the Directorate-General for Neighbourhood and Enlargement Negotiations (DG NEAR), the European External Action Service and the EU delegation to ensure that the Neighbourhood, Development and International Cooperation Instrument (NDICI)¹³ supports a comprehensive childcare system reform in Ukraine that prioritises family- and community-based care.

Furthermore, the EU should ensure that orphanages and other institutions are not used as a response to the crisis, in line with the UN Resolution on the Rights of the Child (2019), and given the additional risks to congregate care settings in infectious disease outbreaks.¹⁴

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Credit: HHC

Care reform – progressing towards the 2030 Agenda, leaving no one behind

Some of the most vulnerable children around the world continue to be left behind. Among them are children deprived of family care or institutionalised. Globally, poverty in all its forms continues to drive family separation. As former European Commissioner for International Cooperation and Development Neven Mimica stated “the implementation of the 2030 Agenda and global care reform are therefore intrinsically connected”¹⁵. In particular, global care reform and ending the institutionalisation of children supports the implementation of the following Sustainable Development Goals (SDGs):

■ SDG 1 – End poverty in all its forms everywhere:

Poverty is one of the main underlying reasons for children being placed in institutions. Care reforms play a key role in ensuring that the most vulnerable families get access to basic services in the community and social protection/anti-poverty measures.

■ SDG 3 – Good health and wellbeing: Institutionalisation has a devastating impact on children’s health and wellbeing. In certain cases, institutions have failed to provide sufficient nutrition to children leading to malnourishment and under-development. The congregated environment in care facilities exposes children and workers to a high risk of virus transmission, including in the context of the COVID-19 pandemic. Children with disabilities and underlying health conditions are especially vulnerable. They are more

likely to be in institutions and other residential care facilities, and in some cases at higher risk of developing complications after contracting the virus.

■ SDG 4 – Ensure inclusive and equitable quality education:

Lack of access to education is a key driver of institutionalisation, especially for children with disabilities. Institutions are not a solution: growing up in so-called ‘residential schools’ and ‘special schools’ while being separated from their peers can significantly affect children’s health, learning and psychosocial wellbeing.

■ SDG 10 – Reduce inequalities within and among countries:

Children from poor and vulnerable families, children with disabilities and children belonging to ethnic minorities are the most affected by institutionalisation – showing a clear pattern of systemic discrimination.

■ SDG 16.2 – End abuse, exploitation, trafficking and all forms of violence against and torture of children, and SDG 8.7 – Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour.

Institutions put children at increased risk of violence, abuse and neglect from peers and adults and expose them to various forms of structural violence. Children in institutions are also at increased risk of being trafficked or subject to other forms of modern slavery.



Credit: HHC

2. The EU's leadership in securing child welfare and protection

The EU is already a global leader in this area, recognising the harm that institutionalisation causes to children and ensuring that no further investment goes to harmful institutional settings within its borders¹⁶.

The EU has introduced an ex-ante conditionality on social inclusion 9.1. in the European Structural and Investment Funds Regulations for the 2014-2020 programming period, with a dedicated investment priority on the transition from institutional to community-based care¹⁷. By doing this, it has played a leading role in supporting vulnerable children and driving care reform across a number of EU countries. This commitment has been further reaffirmed with the introduction of enabling conditions in the draft Cohesion Policy Regulations for the 2021-2027 programming period¹⁸. In the past, the EU has also made child protection reform and de-institutionalisation conditional in the enlargement processes (e.g. Bulgaria and Romania).

The issue of children in institutions has also been put on the EU's global agenda¹⁹. In particular, the European Commission showed high political commitment towards promoting deinstitutionalisation globally by introducing for the first time ever a **reference to the transition from institutional to community-based care for children in its proposal for the NDICI**²⁰. This proposal is supported by the European Parliament and the Council²¹.

The EU also supported the development of the Global Study on Children Deprived of Liberty, which recognises that *'institutions, by their very nature, are unable to operate without depriving children of their liberty'*. Institutions in some cases may lead to trafficking of children and their exploitation through commodification of care and linking it to tourism²².

The **UN Resolution on the Rights of the Child**, adopted in December 2019 and co-drafted by the EU, expresses a concern that millions of children continue to grow up deprived of parental care, states that family- and community-based care should be promoted over placement in institutions and urges States to *'take effective action to provide support to families and to prevent the unnecessary separation of children from their parents, including through investment in social protection services and social services'*²³.

More recently, the **EU Action Plan on Human Rights and Democracy 2020-2024**²⁴ also prioritised the development of quality alternative care and the transition from institution-based to quality family- and community-based care for children without parental care.

The coming years and in particular the 2021-2027 Multi-Annual Financial Framework present a unique opportunity for the European Commission to **renew its commitment and global leadership to ensure that children grow up in loving and supported families**, in line with President Ursula von der Leyen's prioritisation of children's rights.

Example: Promoting children's rights in Romania in the EU pre-accession phase

Since the fall of the Ceausescu regime in 1989, the care of institutionalised children in Romania has been a subject of great political and public (media) attention. Due to the high numbers of children in the institutions, in the 90s priority was given to international adoption instead of reforming the child protection system in Romania²⁵. Eventually, the EU made accession conditional on the reform of the child protection system, and supported Romania through its pre-accession funding ("Phare Programme"). From 2000 to 2006, the multi-annual Phare programme 'Children First', with a total value of 59.5 million EUR, was implemented to support the efforts of the Romanian government to reform child protection and finance the closure of large old-style childcare institutions by replacing them with alternative child protection services. Some 90 large institutions were closed and replaced by over 300 alternative child protection services. Over the years, Romania has continued to benefit from EU funds, including during the 2014-2020 period. This has resulted in significant progress in care reform. In 2000 there were 100,000 children in care, predominantly in large-scale institutions. By 2019, 4427 children were residing in institutions²⁶.

How can the EU support third countries to transform their care systems?

The EU should help Governments and promote partnership with civil society organisations to strengthen families and communities and provide/oversee quality family- and community-based alternative care in line with the UN CRC, the UN CRPD and the UN Guidelines for the Alternative Care of Children.

Supported actions may include²⁷:

- ✓ Supporting governments in responding to the needs of the most vulnerable children (including children in institutions), families and communities in their **response plans to the COVID-19 pandemic**, integrating care reform and child protection systems strengthening in the medium- and long-term strategies for recovery;
- ✓ Developing a general data collection system to ensure comparable, quality, accessible, timely and reliable disaggregated data related to children needing care or support;
- ✓ Analysing and addressing the **push factors leading to the separation of children from their families**, with a focus on helping to make vulnerable families more resilient (e.g. family planning, pre-natal care, mother and baby units, universal birth registration, parenting programmes focusing on creating safe and protective home environments, social protection, conditional cash transfer, income-generating activities, etc.), while also combating stigma and discrimination;
- ✓ Ensuring that all children and families have **inclusive access to social programmes and quality services and programmes in the community** (e.g. water and sanitation, housing, energy, garbage collection, safe environment, early childhood education and care, inclusive education and health services, etc.), including in rural areas – whenever possible, transferring resources from institutions to the new services in order to ensure long-term sustainability;
- ✓ Measuring whether existing EU programming focusing on parenting, children rights, and livelihoods is not only making families more resilient to shocks, but also less likely to separate;
- ✓ Researching and addressing the **‘pull’ factors leading to the institutionalisation of children**, including financial incentives, orphanage tourism/volunteering, and institutions’ recruitment practices (e.g. parents being coerced or deceived into giving up their children under the false pretence of access to better education and healthcare). Exploring and addressing the **relationship between institutionalisation of children, exploitation and trafficking**;
- ✓ Ensuring that **policy, legislation and regulations** are revised, developed and adopted to support vulnerable families, alternative family-based care and the transition/closure of residential institutions;
- ✓ Strengthening **inclusive local and national child protection systems** to address children’s needs, establishing effective ‘gatekeeping’ mechanisms, preventing family separation and promoting effective monitoring;
- ✓ Identifying and implementing long-term integrated strategies for the holistic and systemic transformation of care systems;
- ✓ **Raising awareness** among families and communities on the rights of the child and the importance of providing them with a stable nurturing environment; countering perceptions that institutional placement is necessary and raising awareness of the harm caused to children by institutionalisation; **reducing communities’ stigmatisation of, and discrimination against, children** on the grounds of disability or ethnic or minority background;

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- ✓ Preparing and implementing **family- and community-based solutions** for the reintegration of children taken out of institutions, providing access to essential services to support children within their families and communities, with special attention to deprived and remote areas and to children facing discrimination (on grounds of disability, ethnic or minority background, etc.);
 - ✓ **Promoting children's and young people's meaningful participation** in care decisions, service delivery reviews and national debates on care reform, making sure their voices are heard and acted on;
 - ✓ **Building the workforce** (direct informal carers, care professionals and those in related social services) at national and subnational levels, in terms of training (conducting child and family assessments, case management systems, follow-up monitoring after reintegration, forms of alternative care, training of trainers, special care for children with disabilities), status and working.
 - ✓ Assessing individual children's needs **and providing comprehensive quality care to children until they can be reunited with their families and communities**, prioritising the development and/or strengthening of kinship and foster care, supporting foster parents' networks, etc. In very specific cases where it may be necessary to provide care in a small group setting, provide quality, temporary, specialised care organized around the rights and needs of the child in a setting as close as possible to a family, and for the shortest possible period of time;
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The EU's financial assistance could be delivered via different aid modalities. This includes budget support to governments – in the form of Sustainable Development Contracts or Sector Reform Performance contracts – as well as direct/indirect management of grants.

Experience shows that achieving comprehensive care reform requires complex and multi-sectorial transformations that are often best delivered in partnership between governments, non-governmental organisations and/or UN agencies. This is particularly evident in countries where private actors (NGOs, faith-based organisations, etc.) are engaged in providing a significant portion of child protection and care services and are therefore essential stakeholders for the transition. Therefore, the EU should promote partnership with civil society organisations and support CSOs' programmatic interventions and advocacy initiatives to promote child protection and care reform through EU thematic and geographical programming.

3. Structural conditions for advancing care reform

Replacing institutions with a sustainable system focused on providing care for children within families and communities is a complex process, which requires a number of structural conditions to be in place.

Political will is key to initiate the transition. The strategic vision owned by key champions in government needs to be complemented by a strong legislative and policy framework, accompanied by measurable and timebound action plans. This should be based on a set of **reliable data** on children in alternative care. Another critical factor is the availability of **local know-how and capacity** within the social workforce to actually deliver the reform and, once it is complete, to sustain prevention and alternative family- and community-based care services. In this process, the existence of **an active and organised civil society** – including groups of self-advocates – has proven to be essential to ensure that the strategies are adequately implemented and continue to promote the highest human rights standards. Last but not least, without **funding for the transition care reform** cannot progress. Additional resources are needed during the phase of transformation, when the old and the reformed systems are still running in parallel and until the resources locked in institutions can be transferred to support children in their families and communities.

To varying degrees, all of these elements are present today in Ukraine and/or could be strengthened with the support of the international community. The last decade has seen growing momentum for child protection system reform, with remarkable progress across the critical areas outlined above. However, more recently the increasing pressure of the COVID-19 pandemic, combined with changes in the political landscape and increasing internal resistance by institutions managers, risk putting the process of care reform in jeopardy. The following sections illustrate the steps taken by Ukraine in its journey towards establishing a modern and rights-based child protection system, while also highlighting the pivotal role that the EU could play to sustain and strengthen the care reform efforts within the country.

Structural conditions for care reform

POLITICAL WILL TO TRANSFORM CHILD PROTECTION AND CARE SYSTEMS

AVAILABLE EVIDENCE ON CHILDREN IN ALTERNATIVE CARE

CAPACITY TO IMPLEMENT

KNOW-HOW AND PILOT PROJECTS

CIVIL SOCIETY AND USERS INVOLVEMENT

FUNDING FOR DEINSTITUTIONALISATION

3.1. Political will to transform child protection and care systems in Ukraine

Strong national leadership and long-term vision are indispensable to move away from institutions and develop child protection and child welfare systems that protect children and families within their homes and communities. Political commitment at the highest level will help tackle vested interests and resistance and sustain the process beyond the life span of political and electoral cycles.

The Government of Ukraine has embarked in a process of structural transformation of its national care system. After several years of negotiation, the 2017 National Strategy of Reforming the System of Institutional Care and Upbringing of Children (2017-2026; National DI strategy) and the Action Plan for the implementation of its first stage²⁸ was approved by the Cabinet of Ministers of Ukraine. In June 2020, the Cabinet of Ministers approved the Action Plan for the second stage of the reform²⁹.

The National Strategy and the Action Plans set out the principles of supporting families with children and providing community-based services tailored to their needs; introduced a moratorium on the placement of children under the age of three into institutional care establishments; and set the target to decrease of the number of children in institutions as well as the overall number of institutions. The Action plan for the second stage of the reform stipulates that by 2024 the number of institutions and the number of children residing there should be reduced by 75%. Thus, instead of 718 operating institutions - no more than 180 ones should operate by 2024, with no more than 16,000 children instead of 63,000.

However, on 21 August 2020, the Prime Minister of Ukraine has taken a significant U-turn on these commitments by issuing the order (№35645/0/1-20)³⁰, which requests to exclude special boarding schools, education and rehabilitation centres and sanatorium boarding schools for children from the National Strategy for Deinstitutionalisation. If translated into an amendment to the national law, this decision would affect more than 51,000 children who are currently warehoused across 353 institutions³¹, many of whom have disabilities, developmental disorders and/or an illness.

Furthermore, there is still no singular statutory entity responsible for all institutions for children. The various types of institutions are managed by three different ministries: Ministry of Education and Science (77%), Ministry of Health (5%) and Ministry of Social Policy (18%). This means that data is collected by the various ministries based on their own definitions of institutions for children.

Significantly, in June 2019 the Cabinet of Ministries of Ukraine established the Coordination Council on reforming the institutional care and upbringing of children³², which was mandated to coordinate the implementation of the National Deinstitutionalisation Strategy as a temporary advisory body of the Government. In December 2019, its first meeting was held, with Civil Society Organisation (CSOs) involved in the process and more organisations joining the initiative regularly. Unfortunately, this body is temporary and never had the ministerial authority nor the resources to drive the reform.

Legislation for child protection system reform is forth coming but as **yet does not meet international standards of best practice**. All institutions for children must be registered by law and operate based on the guidance from the respective ministry. An effective gatekeeping mechanism does not yet exist.

In 2016, the Poverty Reduction Strategy was adopted, to be implemented by 2020. However, the strategies and action plans to address the needs of children are not sufficiently funded³³.

In 2019, the new Government of Ukraine adopted the [Action Programme of the Cabinet of Ministries](#), which stipulates that each child should grow up in a family or a family-friendly environment, taking into account the needs and interests of the child. The Poverty Reduction Strategy and the Action Plan are complemented by a number of earlier legislative instruments regarding institutions for children, children with disabilities, inclusive education, measures for preventing family separation, gate keeping and broader social protection programmes. However, there are some gaps in the legislative framework, and significant challenges in access to services for vulnerable families and inclusive education for children with disabilities.

3.2. Available evidence on children in alternative care

A key element of a State's ability to protect and promote children's rights is the availability of reliable data to develop strategies corresponding to the needs and characteristics of the population. National data as of 1 January 2020 shows that around 1.5%³⁴ of all children in Ukraine were confined to a network of around 700 institutions across the country. Table 1 below provides an overview of the data on children in alternative care. Unless indicated otherwise, this data is from 1 January 2020 based on the deinstitutionalisation statistical platform³⁵.

Table 1 Children in institutional care

Children in residential institutions				96.577
Of which children with disabilities	39.298 ³⁶	22% mental disabilities	14% speech disorders	
		11% delayed development	0.9% Down's syndrome ³⁷	
Number of institutions for children				697
Of which	12 baby homes	26 specialised baby homes		2742 infants
Of which	200 special boarding schools of general education			24.653 children
	86 education and rehabilitation centres			10.294 children
	67 sanatorium boarding schools			16.142 children
% of children who have parents				92% ³⁸
% children with stays of 3 or more years in in institutions for children				Almost 50% ³⁹
% of children leave institutions after graduation or upon reaching the age limit				52% ⁴⁰
% are transferred to another type of facility on leaving care				11.5% ⁴¹
Children in foster care (and family-type children's homes FTCH) ⁴²	14.056 (of which children in foster families were 6.187 and in FTCH – 7.869)	Of which children with disabilities (in foster care and FTCH)		520 children ⁴³
	Number of foster families (2020) ⁴⁴			3.347
Children were under guardianship (2020)				49.670

One indicator of the National DI Strategy stipulates the implementation of a ban on the placement of children under 3 in institutional care, starting from 2020. Yet, as of 1 January 2020, 2,742 children continued to be residing across 38 baby homes. A recent study⁴⁵ on the situation in Baby Homes conducted by Hope and Homes for Children, released in June 2020, found that on average, **children had lived in institutions from 12 to 15 months, and every fourth child had spent more than two years of his/her life within the walls of an institution.**

Early childhood Development

Early childhood, and in particular the period from pregnancy to age 3, is when children are most susceptible to environmental influences.⁴⁶ That period lays the foundation for health, well-being, learning and productivity throughout a person's whole life, and has an impact on the health and well-being of the next generation.⁴⁷ In these earliest years, the health sector is uniquely positioned to provide support for nurturing care, such as community-based health services that keep children in families⁴⁸. Early childhood development is threatened by extreme poverty, insecurity, gender inequities, violence, environmental toxins, and poor mental health. An enabling environment is needed: policies, programmes and services that give families, parents and caregivers the knowledge and resources to provide nurturing care for young children⁴⁹.

The in-depth assessment of children's health and development found that:

- Children in baby homes do not receive adequate services or care, including adequate nutrition, health and development screening, medical supervision, and timely corrective measures.
- Depending on the baby home, between **77% and 96% of the children analysed had developmental disorders, and more than 60% of children (in one baby home - more than 80%), suffered of protein-energy malnutrition. Moreover, many children suffered of growth retardation (between 32% and 84%).**
- **Staff in the baby homes have been found to conceal the effects of institutional care by attributing inadequate or incorrect diagnoses to the children.**
- Existing policies on the nutrition of children in baby homes do not meet the needs of children, specifically if there are diseases that increase those needs.
- Baby homes depend on outdated standards and/or lack of regulatory and legal mechanisms for organizing medical and mental support for children.
- Over 80% of the total funding for institutions goes to staff remuneration and only around 10% to child nutrition, clothing and treatment.

A stay in a baby home is completely unnecessary. In other words, babies and very young children should be in families, receiving the necessary care at their place of residence or within hospitals, where they could receive treatment and rehabilitation services on an outpatient basis.

Baby homes: the devastating and irreversible impact of institutions on children aged 0 to 3

Children under the age of three are particularly vulnerable to the effects of institutional care⁵⁰. Infants are predisposed to respond to a caregiver who will respond to, talk to, and handle him or her in a sensitive way and introduce new stimuli in a manner that is safe, predictable, repetitive, gradual, and appropriate to the infant's stage of development⁵¹. **This environment is absent from institutions.** As a result, infants in institutions suffer from brain impairment and long-term developmental delay⁵². By living in institutions, they have higher chances of poor health, physical underdevelopment, motor skill delays, hearing and vision problems, reduced cognitive and social ability, and are exposed to the risk of bullying and abuse⁵³.

The effects of institutionalisation on infants – particularly in the early stages of life – are largely irreversible. The ability of infants to recover is impacted by the length of the stay. Studies have demonstrated that those who remained longer are likely to recover only partially and suffer developmental and emotional difficulties throughout the rest of their childhood and adolescence⁵⁴. Some children develop disabilities during their stay in institutions⁵⁵. Ultimately, any stay in an institution will have a profound and lasting effect on children.

3.3. Capacity to implement care reform

The lack of local know-how and professional capacity for the provision of social services to children and families can pose significant challenges for the implementation of care reform, and therefore is a key area to be strengthened.

Ukraine is currently experiencing a **shortage of social workers compared to the numbers of children at risk and children in institutions**. Since 2014, cuts in public spending led to a decrease of over 10,000 social work specialists. Social workers are also very underpaid as a profession. Similarly, training, qualifications and continuous professional development remain largely underdeveloped areas. The issue of understaffed and under-trained social work specialists is of particular importance. Their dwindling numbers may lead to an increase in social disadvantage, especially for internally displaced persons and those living in the occupied territories. The situation of vulnerable families is also dramatically worsening due to the combined impact of the pandemic and the lockdown.

The Ministry of Social Policy does not provide a clear vision for the functioning of the social protection system at a local level. The decentralization reform does not contain clear provisions regarding the division of powers, functions and budgets

between central and local authorities for the development of services for children and families in the communities. The new Ukrainian Law on “Social Services”, which entered into force in 2020, foresees the introduction of targeted community-based services. However, **it stipulates that the establishment of social services is the responsibility of local authorities**. In practice, there are almost no social services active at the local level due to a lack of financial resources, approved legislation, service standards and availability of trained specialists. There is also a lack of options for the emergency placement for children separated from their parents, which leads to the placement in hospitals of children without any medical needs.

As a positive development, the Ministry of Social Policy has recently committed to increase the number of social work specialists. The Director of the Department of Children Rights Protection of the Ministry of Social Policy announced during a webinar in May 2020 that the Ministry was planning to recruit around 8,000 social specialists in addition to the current number of specialists in the regions (around 3,000).⁵⁶ This was confirmed in the Action Plan for the implementation of the second stage, and offers a promising outlook for further investment and capacity building in the social workforce.

3.4. Know-how and pilot projects

Over the last few decades, many innovative projects were implemented across Ukraine to replace institutions with a range of prevention and quality alternative care services in the community. The experience from these pilots can be instrumental to build the capacity, know-how, skills and expertise of the professional workforce and implement reform at regional or national scale.

A number of pilot projects are currently underway in the framework of the child protection system reform:

- HHC Ukraine successfully assisted local authorities to close two institutions respectively in the Dnipropetrovsk oblast, create a centre of social support for children and families and build a small group home. The institutions were under the management of the Ministry of Education. The aim of HHC’s activities was the development and implementation of family-orientated services including for children with disabilities and their families in the community that would prevent family breakdown, stop the flow of children in the streets and into institutions, and ensure the provision of effective family support.
- The Lumos Foundation provides technical assistance to national authorities for the implementation of the care reform. This includes: developing policies; supporting the National DI Office; organising advocacy events, training and study visits (about 1,400 people trained); delivering training for 125 stakeholders from all 25 oblasts to conduct strategic reviews and develop Regional Deinstitutionalisation Action Plans; supporting child participation processes, etc.
- The Lviv Education Foundation⁵⁷ successfully implements a number of programmes related to the DI reform in the Lviv oblast (5 communities are supported for the creation of social services and one of them also for the closure of an institution).
- The Training and Rehabilitation Centre⁵⁸ “Dzherelo” is a training and rehabilitation centre that provides rehabilitation, educational, psychological and other family-centred services to children and young people with special needs in the Lviv oblast, amongst several other oblasts.

3.5. Civil society and users' involvement

The presence of an active and organised civil society – including a network of self-advocates with lived experience of the care system – is fundamental to ensure that care reform strategies are adequately implemented and continue to promote the highest human rights standards. In Ukraine, in addition to the National Association “Ukrainian Child Rights Network” – a network of 21 leading national and regional NGOs in the field of children's rights protection – many other CSOs are involved in reforming the system of institutions and strengthening family care.

The National Children's and Youth Council (NCYC, which includes 56 representatives of the school self-governance, young people who aged out of institutional care and foster

families from all 25 regions of Ukraine), was created under the President's Commissioner for Children's Rights. The Council works on 4 main priorities: deinstitutionalisation, inclusive education, countering bullying and violence, and promoting volunteering, and is a great example of involvement of users and families.

In some cases, care leavers have also set up NGOs. Importantly, young people with disabilities are represented in the National Council for Children and Youth (2 members). Finally, from a disability-specific perspective, “The National Assembly of People with Disabilities of Ukraine”⁵⁹ coordinates actions to improve the situation of people with disabilities.

3.6. Funding for the transition

In addition to being harmful for children, institutional care is not a cheap system. Evidence proves that family- and community-based systems of care are more cost-effective and deliver better outcomes in the long run. However, additional resources are needed during the phase of transition, when the old and the reformed systems are still running in parallel and until resources locked in running institutional care can be used to support children in their families and communities.

One of the main weaknesses of the care reform process in Ukraine is that neither the current National Strategy on the Reform of the Institutional Care System 2017-2026, nor the Action Plans for the Realisation of its first and second stage include a clear outline of how the process will be financed. The 2020 state budget currently allocates 795,000,000 UAH (or 27,500,000 EUR) to orphaned children, children deprived of parental care and family child-care forms. Assistance for persons with special educational needs was allocated 500,000,000 UAH (or 17,500,000 EUR).⁶⁰ This is insufficient to address the needs of children and families.

Donors can bring a tremendous added value by investing additional funds into the phase of transition. A number of multilateral donors have already contributed to pilot projects and more sustained investments in the care reform process. Below is a list of key existing projects financed through ODA and multilateral funds:

1. The World Bank (International Bank for Reconstruction and Development) has provided support to the implementation of [the Project of the Ministry of Social Policy on](#)

[“Modernisation of the System of Social Support for the People of Ukraine”](#) since 2014. The Project is aimed to improve the system of social assistance and social services for families with children in difficult life circumstances (low-income families).

2. UNICEF supports the Project on [“Social infrastructure for internally displaced families”](#), implemented by the consortium of NGOs in 12 communities of the Donetsk and Luhansk oblasts. The total budget is around 5,000,000 EUR (2019-2020).
3. USAID provides support to a Project which is related to DI (as a part of the Programme on “Healthcare Reform Support”): [“Behind the Mask of Care. A report based on the results of the situation analysis of baby homes in Ukraine”](#), implemented by HHC Ukraine. The budget is around 100K EUR (2019-2020).
4. A donor coordination mechanism for the decentralisation reform has been established nationally⁶¹. The Common results framework⁶² includes a chapter on the Deinstitutionalisation of Orphanages, however no working group has been created to operationalise it.

However, despite these important contributions, considerable additional investments are needed to complete the reform. Ukraine has actively looked for external technical assistance and financial investments to this end, including by raising this as a priority on the occasion of the 2019 and the 2020 EU-Ukraine Human Rights Dialogues.

4. Specific recommendations for NDICI support in Ukraine

The EU is strategically positioned to strengthen and advance the process of care reform in Ukraine in the 2021–2027 period, ensuring it does not exclude the most vulnerable groups of children, through a targeted investment of the NDICI. This will be a key step to progress towards realisation of the Sustainable Development Goals and ensure that the 2030 agenda meets its promise to leave no one behind. In light of the challenges and opportunities detailed above, we recommend the following to the EU Delegation in Ukraine, DG NEAR and the EEAS:

1. Provide budget/sector support to the government of Ukraine to promote the implementation of the National Strategy of Ukraine on Reform of the System of Institutional Care.

This should include:

- ✓ Ensuring enforcement of the **moratorium** that will put an end to the placement of babies and very young children (0–3 years) in any type of institution. This should include a fixed date to stop the placement of children into institutions tied to a list of actions, measures and indicators for implementation;
- ✓ **Develop integrated networks of community-based services, to prevent child abandonment and ensure children receive care within families and communities.** This should include: support services for mothers with newborn babies; specialised alternative care for newborn babies and young children without parental care; early intervention services; services of the prevention of family separation, including for children with disabilities or health disorders; regular health status monitoring; school transport, school meals, support in homework preparation, support services for care leavers, and other support services for children and families in the community;
- ✓ **Building the capacity of national, regional and local authorities,** geared towards a new high quality **independent gatekeeping mechanism**, with skilled and mandated staff to review the situation of each child and his/ her family and their care and protection needs, and to make recommendations for how their interests can best be met in each case through a coordinated and regulated process;
- ✓ **Investing in social service workforce development,** with a particular focus on community and family support workers. This should be accompanied by the development of competency standards for social work educators, and programs to send professionals and student on regional and international exchanges or field placement. It should also include the development of lifelong learning and professional development, and the establishment of a nationwide credential service;⁶³
- ✓ **Enhancing the existing system and concept of foster care** (laws, regulations, procedures). This should include recruitment, training, continuous professional development of, and support services to, foster parents, specialised foster carers (e.g. young children and infants, children with disabilities), respite foster care, emergency foster care;
- ✓ **Improve data collection mechanisms** by creating a unified and clear database on children living outside households and/or without family care, as well as at risk of entering the care system. This should be based on unified modern methods of data collection and comprehensive covering of the different categories of children, to conduct regular appropriate monitoring and control.

2. Provide and coordinate technical assistance (international experts, research, exchange of experience and best practices, etc.) to all the key areas listed above.

In addition to the above, this should include:

- ✓ Developing a **legal framework for social services for children and families** (including standards, regulations, financial norms/mechanisms);
 - ✓ Developing a legal framework (law, regulations, procedures, etc.) for the evaluation of quality of social services, and accreditation of social services and service providers;
 - ✓ Supporting the **interlinkages between deinstitutionalisation, decentralisation, education and health reforms**, and ensuring that the powers and responsibilities of central and local authorities are distinguished in order to create effective child protection structures and social services at the community level. It should include dedicated funding for local authorities;
 - ✓ Support the government of Ukraine to adapt the Budget Code in a way that redirects the financing locked in institutions and allocates it to the development of community services at local level⁶⁴.
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3. Promote partnership with civil society to implement the National Strategy of Ukraine on the Reform of the System of Institutional Care as well all the key areas listed above.

This may include:

- ✓ Programmatic interventions to **assist the government of Ukraine in the implementation of the reform** by a) preventing family separation, b) developing family-based alternative care services, and c) dismantling institutional systems and redirecting resources;
 - ✓ **Advocacy** to influence laws, strategies and action plans for the implementation of the reform, identifying gaps in policies and implementation and redirecting financial resources;
 - ✓ Programmatic interventions and/or advocacy to **establish a baseline and develop a solid information system** to record disaggregated data and monitor the wellbeing of children across the alternative care/child protection spectrum;
 - ✓ Actions to support, empower and nurture **children and young care leavers to become self-advocates** and set their own agendas; connecting them with their peers at home and in other countries to make their voices heard in local, regional national, and global conversations on care reform for children.
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In all of the investments listed above, it is essential to ensure that EU funds' investments in institutions, regardless of the size, – including investments for the refurbishing, building, renovating, extending of institutions or improving energy efficiency of the care settings, etc – are explicitly declared ineligible⁶⁵.

Endnotes

- 1 International Save the Children Alliance (2003). *A Last Resort: The Growing Concern About Children in Residential Care*. London, Save the Children UK. Cited in: Pinheiro, P. (2006). *World Report on Violence Against Children*. New York: UNICEF, p. 183. ; Csaky, C. (2009) Keeping children out of harmful institutions: why we should be investing in family-based care, Save the Children
- 2 The statistics data is taken from the DI Platform (the DI resource base in Ukraine): <http://dashboard.diplatform.org.ua/#Indicators>
- 3 See for example Eurochild's definition extracted from the UN Guidelines for the Alternative Care of Children: "a residential setting that is not built around the needs of the child nor close to a family situation and display the characteristics typical of institutional culture (depersonalisation, rigidity of routine, block treatment, social distance, dependence, lack of accountability, etc.). Cited in the [Common European Guidelines on the Transition from Institutional to Community-based Care](#) (2012) by the European Expert Group on the Transition from Institutional to Community-based Care. In addition, UNICEF when defining an institution considers "whether the children have regular contact and enjoy the protection of their parents or other family or primary caregivers, and whether the majority of children in such facilities are likely to remain there for an indefinite period of time". Cited in the UNICEF Consultation on Definitions of Formal Care for Children, pp.12–13
- 4 Csáky, C. (2009) Keeping children out of harmful institutions: why we should be investing in family-based care, Save the Children, p. vii
- 5 European Expert Group on the Transition from Institutional to Community-based Care. (2012) [Common European Guidelines on the Transition from Institutional to Community-based Care](#)
- 6 Berens & Nelson (2015) [The science of early adversity: is there a role for large institutions in the care of vulnerable children?](#) The Lancet
- 7 Nelson, C., Zeanah, C., et al. (2007) "Cognitive recovery in socially deprived young children: The Bucharest early intervention project". *Science* 318 (no.5858): 1937–1940 (21st December 2007)
- 8 Mulheir, G. et al. (2012). *Deinstitutionalisation – A Human Rights Priority for Children with Disabilities*.
- 9 Berens & Nelson (2015) [The science of early adversity: is there a role for large institutions in the care of vulnerable children?](#) The Lancet
- 10 [UNICEF Ukraine and Ukrainian Child Rights NGO Network are concerned about the protection of children returned back to their families from boarding schools and other childcare institutions](#) (April 2020)
- 11 Better Care Network, The Alliance for Child Protection in Humanitarian Action and UNICEF (2020) [Protection of Children during the COVID-19 Pandemic: Children and Alternative Care](#)
- 12 UNICEF (May 2020) [Fighting COVID-19 in Ukraine: Initial estimates of the impact on poverty](#)
- 13 [Com/2020/456 final](#)
- 14 United Nations Resolution adopted by the General Assembly on 18 December 2019, A/RES/74/133
- 15 Lumos (2019) [A goal within reach: ending the institutionalization of children to ensure no one is left behind](#)
- 16 For instance, the European Commission [Draft thematic Guidance Fiche for Desk Officers](#) for the 2014-2020 period states that "building or renovating long-stay residential institutions is excluded, regardless of their size". The Commission reiterated this commitment in its 2015 [reply](#) to the list of issues of the UN Committee on the Rights of Persons with Disabilities (para 81)
- 17 [Common Provisions Regulation, Regulation \(EU\) No 1303/2013](#)
- 18 [Proposal for a Common Provisions Regulation, COM/2018/375 final, Article 11](#)
- 19 At the end of 2015, DG DEVCO released the tender 'Study on the institutionalisation of children and possible alternatives care solutions in Asia, Africa, Central and South American countries', which aimed to 'strengthen the knowledge of the European Commission on the nature, the extent and scope of institutionalisation and feasibility for deinstitutionalisation (alternative care for children)' (ARES(2015)5590444). The EU also published in 2018 a call for proposal 'Quality Alternative Care for Children and De-Institutionalisation' with a total budget of 13 000 000 euro ([EuropeAid/158557/DH/ACT/Multi](#)). This call resulted in grants to five agencies for projects in Myanmar, Cambodia, Georgia, Burundi and Armenia.
- 20 [Proposal for a regulation on the Neighbourhood, Development and International Cooperation Instrument, COM\(2018\) 460 final](#), Annex II and III
- 21 [European Parliament Resolution on the proposal for a regulation on the Neighbourhood, Development and International Cooperation Instrument, T8-0298/2019](#), Amendment 337 and 481; [Council Partial mandate for negotiations 10305/19](#), Annex II and III
- 22 United Nations (2019) [Global Study on Children Deprived of Liberty](#), A/74/136, pp. 505-506
- 23 United Nations Resolution adopted by the General Assembly on 18 December 2019, A/RES/74/133, para 34
- 24 Annex to the joint communication to the European Parliament and the Council. EU Action Plan on Human Rights and Democracy 2020-2024. JOIN (2020) 5 final, p. 3.
- 25 [Ref. Ares\(2013\)3769525 - 19/12/2013](#)
- 26 http://www.mmuncii.ro/j33/images/buletin_statistic/copil_I_2020.pdf
- 27 For an overview of potential measures, see also: European Expert Group on the Transition from institutional to Community Based Care and Hope and Homes for Children (2019) [Checklist to ensure EU-funded measures contribute to independent living by developing and ensuring access to family-based and community-based services](#)
- 28 <https://zakon.rada.gov.ua/laws/show/526-2017-%D1%80/stru>
- 29 <https://www.kmu.gov.ua/npas/pro-zatverdzhennya-planu-zahodiv-z-realizaciyi-ii-etapu-nacionalnoyi-strategiyi-reformuvannya-sistemi-institucijnogo-doglyadu-ta-vihovannya-ditei-na-20172026-roki-i010620-703>
- 30 Prime Minister Order: <https://www.prostir.ua/?news=petytsiya-ukrajinska-merezha-za-prava-dytny-zaklykaje-prezydenta-ukrajiny-premjer-ministra-ta-holovu-vr-zabezpechuvaty-prava-dytny-na-vihovannya-u-rodyni>
- 31 The statistics are as of 01.01.2020, and are taken from the DI Platform (the DI resource base in Ukraine: <http://dashboard.diplatform.org.ua/#Indicators>)
- 32 August 9, 2017 № 526-r, <https://zakon.rada.gov.ua/laws/show/596-2019-%D0%BF>
- 33 <https://zakon.rada.gov.ua/laws/show/161-2016-%D1%80>
- 34 From 6.386.756 children of 0-14 years, as of 01.01.2020, based on the national statistics (<http://database.ukrcensus.gov.ua>): <https://cutt.ly/5gek1RG>
- 35 Available here: <http://dashboard.diplatform.org.ua/#Indicators>
- 36 <http://dashboard.diplatform.org.ua/#Indicators>: (incl. children in the baby homes, children's care homes, special boarding schools and education and rehabilitation centres)
- 37 Hope and Homes for Children (2017) [The Illusion of Protection: An Analytical Report Based on the Findings of a Comprehensive Study of the Child Protection System in Ukraine](#)
- 38 Hope and Homes for Children (2017) [The Illusion of Protection: An Analytical Report Based on the Findings of a Comprehensive Study of the Child Protection System in Ukraine](#), p.1; <http://dashboard.diplatform.org.ua/#Indicators>

- 39 Ibid.
- 40 Ibid.
- 41 Ibid, p. 3.3
- 42 Foster family is a family or unmarried single person, who on voluntarily and paid basis takes care for upbringing and cohabitation of 1 to 4 orphans and children deprived of parental care ([the Regulations on Foster Family, https://zakon.rada.gov.ua/laws/show/565-2002-%D0%BF](https://zakon.rada.gov.ua/laws/show/565-2002-%D0%BF)). Family-type children's home is a single family that created at the request of a spouse or unmarried single person, who takes care for upbringing and cohabitation of at least 5 orphans and children deprived of parental care and up to 10 children in total, including biological children, if any ([the Regulations on Family Type Children's Home, https://zakon.rada.gov.ua/laws/show/564-2002-%D0%BF](https://zakon.rada.gov.ua/laws/show/564-2002-%D0%BF)).
- 43 Children who in need of special attention of society. Statistical compilation 2018, page 42. Statistical Service <http://www.ukrstat.gov.ua/>
- 44 and 1.153 FTCH in 2020
- 45 The research "Behind the Mask of Care. A report based on the results of the situation analysis of baby homes in Ukraine" was made possible by the support of the Health Care Reform Support Project, funded by the United States Agency for International Development (USAID) and the UK Government's Good Governance Fund Programme. The research was conducted by undertaking an assessment of the health and development of children in five baby homes, in: Dnipropetrovsk, Poltava and Kherson oblasts, between 2019-2020.
- 46 World Health Organization, United Nations Children's Fund, World Bank Group (2018) Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO. Shonkoff JP, Garner AS, Committee on Psychosocial Aspects of Child Family, Health et al. The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*. 2012;129(1):e232–46. ; Lagercrantz H. (2016) Infant brain development: Formation of the mind and the emergence of consciousness. Switzerland: Springer International Publishing.
- 47 Black MM, Walker SP, Fernald LCH, et al. Early childhood development coming of age: science through the life course. *Lancet*. 2017;389(10064):77–90; Richter LM, Daelmans B, Lombardi J, et al. Investing in the foundation of sustainable development: pathways to scale up for early childhood development. *Lancet*. 2017;389(10064):103–18.
- 48 Ibid
- 49 The Nurturing Care Framework developed by the World Health Organization, United Nations Children's Fund, World Bank Group is mindful that optimal development results from interventions in many stages of life. It focuses on the period from pregnancy to age 3 in order to draw attention to the health sector's extensive reach, and to make use of it. See for more information: World Health Organization, United Nations Children's Fund, World Bank Group (2018) [Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential](https://www.who.int/publications/i/item/nurturing-care-for-early-childhood-development-a-framework-for-helping-children-survive-and-thrive-to-transform-health-and-human-potential). Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.
- 50 Browne, K. (2009). The Risk of Harm to Young Children in Institutional Care. London: Better Care Network and Save the Children, p.14.
- 51 Perry, B., Pollard, R. (1998). Homeostasis, stress, trauma and adaptation: A neurodevelopmental view of childhood trauma. *Child and Adolescent Clinics of North America*, 7, 33-51.
- 52 Rutter, M., English and Romanian Adoptees Study Team (1998). Developmental catch-up, and deficit, following adoption after severe global early privation. *Journal of Child Psychology and Psychiatry*, 39:465–476; Marcovitch, S., Goldberg, S., Gold, A., Washington, J., Wasson, C., Krekewich, K., Handley-Derry, M. (1997). Determinants of behavioural problems in Romanian children adopted in Ontario. *International Journal of Behavioral Development*, 20:17–31. ; Johnson, R. Browne, K. Hamilton-Giachritsis C. (2006). Young children in institutional care at risk of harm. *Trauma, Violence and Abuse* 7(1):1–26.
- 53 UNICEF. 2012. Children Under the Age of Three in Formal Care in Eastern Europe and Central Asia: A RightsBased Regional Situation Analysis. Retrieved from https://europe.ohchr.org/Documents/Publications/Children_under_3.pdf
- 54 Mulheir, G. 2012. "Deinstitutionalisation—A Human Rights Priority for Children with Disabilities." *The Equal Rights Review*, 9, 117–137. Retrieved from http://www.equalrightstrust.org/ertdocumentbank/err9_mulheir.pdf
- 55 UNICEF. 2010. At Home or in a Home? - Formal Care and Adoption of Children in Eastern Europe and Central Asia. Retrieved from <http://www.unicef.org/protection/Web-Unicef-rapport-home20110623v2.pdf>
- 56 Навчальний Вебінар №2 на тему: «Забезпечення безпеки дітей» (Educational Webinar №2 on the topic: Ensuring the safety of children) <https://www.youtube.com/watch?v=Jto8UHCxU04>
- 57 <http://www.lef.org.ua/ua/>
- 58 <https://dzherelocentre.org.ua/>
- 59 National Assembly of Persons with Disabilities of Ukraine (NAPD) <https://naiu.org.ua/about-naiu/>
- 60 Law of Ukraine About the State Budget of Ukraine for 2019 (Vedomosti Verkhovnoi Rady (VVR), 2018, № 50, p.400) <https://zakon.rada.gov.ua/laws/show/2629-19>
- 61 https://donors.decentralization.gov.ua/en/donor_board
- 62 Donor Board / Ministry of Regional Development, Construction and Municipal Services of Ukraine, [Implementation of Decentralization in Ukraine – Common Results Framework \(CRF\)](https://www.mrd.gov.ua/en/implementation-of-decentralization-in-ukraine-common-results-framework-crf)
- 63 Global Social Service Workforce Alliance, [Planning, Developing and Supporting the Workforce](https://www.gsswa.org/en/Planning_Developing_and_Supporting_the_Workforce)
- 64 The Budget Code of Ukraine is the basis for the financing of institutions from the state budget. By closing the institutions, financial resources will be released. This 'unlocked' budget should be directed towards the development of services for children and families in the community.
- 65 Interventions in existing institutions should only be financed in very exceptional cases, for instance when the immediate human rights of the children concerned are at risk, and always in the framework of a longer-term plan for the transition towards family- and community-based care.



Credit:HHC