Deinstitutionalisation of Europe’s Children

QUESTIONS AND ANSWERS
Introduction

Across Europe, hundreds of thousands of children languish in institutional care – a type of residential care which is characterised by depersonalisation, rigid routines, closed doors and a lack of any warmth, love or affection. The consequences are devastating: for children, families and society.

Legally – There is a range of provisions under international law which determine that children should not be separated from their parents against their will, unless such separation is necessary for the best interests. Furthermore, States should ensure special protection and suitable care for those children deprived of their family environment. The guiding legal framework consists of the United Nations Convention on the Rights of the Child (UNCRC); the United Nations Guidelines for the Alternative Care of Children, and, for children with disabilities, the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

Morally – It is wrong for children and people with disabilities to be segregated from the rest of society; inclusion benefits them as well as our communities.

This guide has been prepared for policymakers and those who need to learn more about deinstitutionalisation for children.
It is clear that deinstitutionalisation is an issue that affects not only children, and it must be a vital consideration for European policy.

To accompany this guide, the Opening Doors for Europe’s Children campaign has prepared a working paper, which treats the issues in this guide in more detail. We encourage you to refer to the working paper to understand the human rights framework relating to institutions for children.

We need to stop taking children out of mainstream society and putting them into institutions for children. When we put children in institutions, we are failing them and ultimately creating a generation of neglected children.

The Opening Doors for Europe’s Children campaign is a pan-European campaign of five international partners and national civil society organisations from 16 European countries.

The Opening Doors for Europe’s Children campaign builds partnerships at international and national levels to advocate for change in national policies and public spending. It builds the capacity of national organisations to leverage existing EU policy recommendations and co-ordination tools, as well as EU funding programmes to support progress and exert pressure at a national level.

In the context of the current refugee and migrant crisis, we call upon States to end immigration detention of children and to develop a range of quality care solutions for unaccompanied children.
What are institutions for children?

The United Nations Convention on the Rights of the Child (UNCRC) and the United Nations Guidelines for the Alternative Care of Children, which set out orientation to turn the UNCRC into reality for children without or at risk of losing parental care, clarify that families should be kept together or, if this is not in the child’s best interest, that suitable care should be provided, based on the individual needs of the child.

Importantly, the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) emphasizes that a child should not be separated from his or her parents on the basis of a disability of either the child or one or both parents. The UN Guidelines for the Alternative Care of Children encourage governments to move away from institutions for children in a progressive manner towards family- and community-based care.
Based on the UN guidelines’ categorisation of alternative care for children, institutions for children are defined as ‘large residential care facilities’\(^1\), while residential care is defined as ‘care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes’\(^2\).

An institution for children is understood to be any residential setting where ‘institutional culture’ prevails. Institutional culture in terms of children can be defined as follows:

- Children are isolated from the wider community and obliged to live together;
- Children and their parents do not have sufficient control over their lives and over decisions that affect them;
- The institution’s requirements take precedence over a child’s individual needs.

This means that children placed in institutions cannot form the kind of attachments crucial to healthy physical and emotional development.

**Size**

In some cases, institutions are large facilities hosting up to hundreds of children. While size is sometimes seen as the main attribute of an institution, it is not the defining factor.

Smaller settings are more likely to ensure individualised and needs-led services, but their small size does not mean they do not have an institutional culture\(^3\). There are other factors to consider, such as the type of environment and the nature and quality of the care provided, which contribute to the institutional character of the setting.

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1. UN Guidelines for the Alternative Care of Children, p.5, 23.
2. UN Guidelines for the Alternative Care of Children, p.6, IV.
3. The European Expert Group on the Transition from Institutional to Community-based Care, Common European Guidelines on the Transition from Institutional to Community-based Care, p.25, November 2012.
To help understand what institutions for children are, it may be easier to consider the cultural characteristics that many such institutions have in common.

**Segregation**

In institutions, children are separated from their families and familiar surroundings, which leads to a loss of their sense of identity. Long distances between children’s placements and their immediate families, as well as unaffordable transport costs compound the issue of segregation. Institutions for children do not encourage parents to visit, nor do they support the maintenance and strengthening of these relationships.

The institutional environment itself is not a stimulating one for building or strengthening the child-parent relations. There is no space dedicated to visiting parents, such as a family room or overnight accommodation; there are no planned activities, and access is usually limited to visiting hours. Children living in institutions, especially children with disabilities, are often socially isolated from peers and wider local communities, since many institutions for children have their own schools and health centres on site.

**Impersonal and routine**

Institutions for children are often impersonal, where all children are treated exactly the same, regardless of their individual needs and backgrounds. Staff may impose a rigid routine with little or no time for the individual attention that a child needs to thrive. Children are often placed in institutions for indefinite periods of time, and there is no effort to maintain on-going relations with their biological parents or, where this is in the best interest of the child, to reintegrate the child into his or her family of origin. This means that the child has no opportunity to develop any attachment to a primary caregiver, or to experience the kind of stable relationships that are essential for the development of every child’s emotional security and social conscience. Children’s cognitive, social, and emotional development can be severely damaged by growing up in an institution. It is especially crucial for children under the age of three to develop and grow in a family environment.

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**Staff**
Children usually experience a number of carers during the course of one day. In some cases, staff may be poorly trained or supervised and do not have enough time to provide the one-to-one time needed for high-quality, individualised care. Staff must maintain a professional distance, which can manifest as an unequal power relationship; this is very different from the relationship between parent and child.

**Disempowerment**
Growing up should be about learning and becoming independent, but this is predominantly not the case in institutions for children. Children do not learn basic life skills or how to manage their own lives while living in institutions, which means they are completely unprepared for life in the outside world. Children placed in institutions have little or no control over their own lives or over the decisions that affect their care or day-to-day existence. According to internationally adopted requirements\(^5\), children without parental care should be cared for in settings that emulate family environments as closely as possible. The very existence of institutions for children encourages families to place children into care, and so draws funding away from services that could support children living within families and communities. Yet, despite all the evidence to show that this should not happen, children across Europe – including children under three – continue to be placed in institutions for children\(^6\).

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\(^5\) Resolution adopted by the UN General Assembly 64/142, Guidelines for the Alternative Care of Children, June 2009.

\(^6\) UNICEF, At Home or in a Home? Formal Care and Adoption of Children in Eastern Europe and Central Asia, 2010.
What is deinstitutionalisation?

Deinstitutionalisation should not be understood as simply the closure institutions for children. Deinstitutionalisation is the process of comprehensively transforming national structures for the protection of children. It includes the introduction of preventive and protective measures to ensure necessary and suitable alternative care solutions are in place for children unable to stay with their biological families.

First and foremost, deinstitutionalisation requires a shift in society’s attitudes so that more emphasis is placed on children’s rights and quality of care. The deinstitutionalisation process entails systematically transforming the entire child protection system. This starts with providing services to assist and support families and parents, and ultimately, to ensure that separating a child from his/her family really is a last resort. This includes providing access to various services such as education, health, and other components of the social safety net.

The process of deinstitutionalisation is not a one-size-fits-all approach; it must be tailored to each country and each institution as it is closed. Deinstitutionalisation must be seen as a systematic effort that embraces development of the wide range of services needed for children, families, and society to flourish. It may require making changes to the existing social welfare, health, and education systems, to name but a few of the other entry points within the reform.

If placement in alternative care is clearly in the best interests of the child, different options should be available depending on the child’s situation, needs, and wishes, in line with the child’s ability to participate in the decision-making process. These may include kinship care (family-based care within the child’s extended family); foster care; family-like placements; small group homes; supervised independent living; adoption, etc.

Before closing institutions, an array of high-quality services and alternative care solutions need to be in place. Where it in the best interests of the child, efforts should be made to reunite the child with his or her biological family, and the family should be able to access the relevant services to help the child readjust to family life.

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What are the alternatives to institutions for children?

To bring an end to institutions for children, States must address the root causes that lead to children entering care, prevent the separation of children from their parents, and develop good alternatives to institutions.

There are a few key strategies to support the development of family-based and community-based services for children and parents and at curbing the damaging effects of institutions for children.

Prevention
To prevent children being unnecessarily placed into alternative care or institutionalisation requires a range of support services to be developed in the local community, which support children staying with their families.

Good alternative care
Good alternative care means offering a range of care options to suit the needs of each child, with the focus on ensuring a safe, loving, and nurturing environment. Alternatives to institutions for children are built on the provision of good family-based or family-like care according to a child’s specific needs. Family-based care, either formal or informal, is built on an existing family structure and can be a non-related family (foster care) or a child’s extended family (kinship care). Family-like care is provided in a residential setting that focuses on the individualised needs of the child.

Leaving care
When children reach maturity and capability, they should be well supported in their transition to independent living. The transition should be planned well in advance with trained professionals, and support and supervision should be offered continuously to young people for as long as it is needed.

Children should always be consulted and encouraged to share their views and wishes; they should be actively involved in decisions that affect their lives.
What about orphans?

Contrary to popular belief, most children placed in institutions are not orphans, but have parents and relatives who could be supported to avoid the child being separated from their family. A safe and loving family is the best place for a child to thrive. For some children, a family-like setting that caters to his or her individual needs is the best care solution.

The majority of children placed in alternative care have at least one surviving parent. Often, children are not formally abandoned, but are placed into temporary care by parents who are experiencing difficulties. In several countries across Europe, parents are occasionally encouraged to abandon their children straight after birth due to prejudices that exist in their communities, for example, against single mothers; teenage parents; parents of Roma origin, or parents of children with disabilities.

What about children with disabilities and complex special needs?

Separating children with special needs or children with disabilities from the community is both legally and morally wrong. Society needs all its children to grow up within its communities and children need communities to grow, develop, and flourish.

For many years, children with disabilities or complex needs were viewed as recipients of care and protection, rather than individual rights holders. This is called the ‘medical model’ of disability. Increasingly, research shows that this approach is no longer valid and that children in inclusive settings who learn from each other do as well as, and sometimes better than, children in specialist institutions. Not only are institutions unable to provide adequate basic services individualised to children – special diets, adequate medical care, occupational therapy, and other specialist support, for example – but they fail in terms of education as well.

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8 The UN Convention on the Rights of the Child (UNCRC) guarantees the rights of all children to grow up in their family, to access education and health care, have an adequate standard of living, be protected from harm and be included in the life of their communities.

The UN Convention on the Rights of Persons with Disabilities (UNCRPD) requires States to ensure that people with disabilities have access to services, ‘necessary to support living and inclusion in the community; and to prevent isolation or segregation from the community’ (Article 19).
Most children with special needs who have been placed in institutions don’t even attend school and a significant proportion of children with special learning needs fail to reach literacy and numeracy.

Experience shows that, with appropriate support, children with disabilities can fully enjoy their rights with respect to family life. Disabled children are often placed in social care against parents’s wishes9 or due to a lack of awareness of support options in the community. This means we need to prevent abandonment or forced institutionalisation of children with disabilities by providing education, psychological, and financial support to parents. There need to be awareness-raising campaigns so that families are kept informed of all the assistance and services available within the community; for instance, care assistance at home, respite services for children and carers, and community day-care facilities. This included access to family-based and community-based alternatives, including kinship care and foster care, in cases when the immediate family is unable to care for the child.

Far from ‘disturbing’ other children in the class, children with special needs enrich education and provide the dimension of tolerance, acceptance, and diversity to formal education. Research10 has proven that children with special needs in mainstream schools do better or as well as they would in specialist institutions.

These principles are laid down in international law in both the UNCRC and the UNCRPD. The EU is a signatory to the latter and it is incumbent on all EU Member States to ratify and implement all the articles of the convention to ensure that people with disabilities enjoy equal rights to all other citizens.

9 The case in Slovakia concerning parents’ four-year state-of-the-law dispute to have their daughter returned to their care: http://www.koaliciapredeti.sk/press/stanovisko-koalicie-pre-detí-slovensko-pripad-maloletej-vanessky-k/, assessed on 23 November 2017.

What if foster parents are motivated by money?

Financial rewards received through fostering do not undermine genuine motivation from prospective foster carers. Many families require a double income to make ends meet\(^{11}\). Hosting a foster child can be costly and this has to be compensated. On-going quality control and monitoring can ensure that a child placed into a foster home is safe from the risk of neglect or abuse.

Research shows that family and community-based care is a better solution for children than institutions\(^{12}\), but no system is safe from the risk of neglect or abuse. Comprehensive assessments must be carried out on the suitability of family-based carers prior to the placement of children into a foster home. On-going quality control and monitoring are also essential.

It is important to note that payment of foster parents does not undermine their genuine motivation to host a child who needs to be placed in alternative care.

Many families require a double income to make ends meet and hosting a foster child can be costly and needs to be compensated. Foster parents may be specially trained professionals – especially those who are caring for children who may be juvenile offenders or have particularly challenging behaviours. To ensure the best interest of children placed in foster care, training, support, and monitoring must be ongoing, and include a careful evaluation of the situation, also in case of assignment to kinship care or later reintegration into the biological family\(^{13}\).

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\(^{11}\) For example, in Belgium, poverty affects not only biological families but also foster care families. The reports claim that poverty which causes children’s placements should be nuanced with figures and realities. According to the study of the Foundation Roi Baudouin, even selected for study foster care families were under the poverty threshold (0-900 EUR): [http://www.faoh.be/textes/PUB2011_2057_ParentsDAccueil.pdf](http://www.faoh.be/textes/PUB2011_2057_ParentsDAccueil.pdf), assessed on 23 November 2017.


\(^{13}\) Research among foster parents conducted in countries available here: [http://fdir.pl/images/wyszegrad/Pl_final.pdf](http://fdir.pl/images/wyszegrad/Pl_final.pdf)
Why close institutions if their conditions have improved in recent years?

Simple material and physical changes to the facilities in institutions for children and improved training for staff will never deliver the individualised care needed for each child to reach their full potential.

It may be true that most children living in institutions in Europe are not deprived in any material sense. Across the EU, many countries’ institutions are housed in comfortable, modernised buildings with professional care services. However, even institutions with the best facilities cannot provide the individualised care that responds to the needs and situation of every child.

Children need long-term, secure relationships with their primary care givers, as well as an understanding of family life such as the give and take, and the sharing of responsibilities; learning it from their own experience means that they are better equipped to pass this on to their own family when the time comes.
Even in the best-run institutions, staff cannot give children the one-to-one care and attention they need to develop as well as the ongoing support needed after leaving an institution.

It is important that funds are not used for cosmetic improvements to existing infrastructure, but for a complete systematic reform incorporating prevention measures and the enhancement of family and community-based alternatives.

Why close institutions if they are cheaper than family-based and community-based care?

Poor-quality institutions for children cause more harm and are more expensive for society in the long-term. Simple material and physical changes to an institution’s facilities and improved training for staff will never deliver the individualised care needed for each child to reach their full potential.

First and foremost, institutions for children can severely damage children’s cognitive, social, and emotional development. Children who grow up in orphanages do not develop at the same rate as children in foster care or other community-based alternatives for children without parental care.

Secondly, children’s quality of life should be a primary concern and never become subsidiary to economic considerations. However, even besides the human rights argument, it is evident that the cost-effectiveness of institutions is a myth.

Institutions can seem cheaper in the short term because they provide poor quality of care, but in

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14 For a comprehensive overview of the risk of harm to children in institutions for children see for example https://wearelumos.org/sites/default/files/Risks_Factsheets_Lumos_0.pdf

15 Mulheir, G., Browne, K., et al., De-institutionalising and transforming children’s services: A guide to good practice, WHO collaborating Centre for Child Care and Protection, University of Birmingham.
countries with well-equipped institutional and residential care services, the costs are likely to be higher or comparable to family and community-based alternatives. 

Furthermore, institutions are more costly to public authorities in the long-term due to social welfare, health and public security costs. Children that have grown up in an institution often carry a heavy stigma and face enormous challenges integrating in society as adults. Early intervention, family support, reintegration and high-quality alternative care can help to prevent poor outcomes such as early school leaving, unemployment, homelessness, addiction, anti-social behaviour or criminality. These kinds of structural reforms can therefore have a positive long-term impact on children, the public purse, and society as a whole.

**Demonstrating value for children and society**

Childonomics is a research project aimed at developing a tool to determine the long-term social and economic return of investing in children, by comparing the costs of different services and approaches to supporting children and families in vulnerable situations with expected outcomes for children, families, communities, and wider society. Projects such as Childonomics can help investigate if, and to what extent, economic and financial resources make a difference in the lives of children and their families.

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17 For more information please see: http://www.eurochild.org/projects/childonomics/

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**Why close institutions if people will lose their jobs?**

Wherever possible, staff currently employed in institutions for children should be retrained and redeployed into new forms of family-based and community-based care. Sometimes, those people who lose their jobs in the closure of institutions become the best champions of children’s rights in the future.

Institutions can play an important role in the local economy, especially in remote locations. It is important to work with the employees of institutions prior to closure so they fully understand the rationale behind the changes. Wherever possible, staff should be retrained and redeployed into new forms of family-based and community-based care and services. Sometimes, those people who lose their jobs in the closure of institutions become the best champions of children’s rights in the future.
Why spend on deinstitutionalisation from national budgets if the EU is already financing the process?

EU funds can only ever account for some of the necessary finances required for the transition from institutional to family-based and community-based care.

Countries that commit to deinstitutionalisation often require additional resources as they make the transition from a system dependent on institutions for children to a high-quality family and community-based care system. The EU can support countries during the transition through a targeted deployment of EU funds, primarily European structural and investment funds.

Child protection reform is a long, complex process that requires a paradigm shift and a change in attitudes. The EU can play an important role by removing financial barriers during the transition process, but it is crucial that the investment of EU funds is consistent with a comprehensive national deinstitutionalisation strategy.

It is not an efficient use of EU funds to allocate them to one project at a time without links to national policy guidance. National strategies and action plans need to be financially backed in national budgets, otherwise authorities will not have the credibility and ownership to lead the way. National governments are responsible for ensuring that newly developed care solutions and services are sustainable, which means they should continue to finance the care services from the national budget once EU funds stop. In that respect, it is vital that national funds saved by closing institutions are earmarked for reinvestment in long-term reforms, such as high-quality family- and community-based care for children. In this context, EU funds should be seen purely as leverage for growth and policy reform.
Why are institutions for children a pan-European problem?

The problems associated with institutions for children are not confined to Central and Eastern Europe; they exist in other European countries. The negative impacts of institutions for children are not always well known across Southern, Western or Northern Europe and residential institutions are still widely considered by many to provide an adequate and safe environment for children deprived of parental care.

On the surface, these institutions seem to meet children’s basic needs; the buildings are clean, warm, and appear to be homely, yet many institutional features remain. Facilities often accommodate a high number of children; they are isolated from the community, and fail to offer individualised care. Children with disabilities often end up in institutions for children due to a lack of community-based services, specialised support, and access to inclusive education. Austerity measures and budgetary cuts have further compounded the situation. Community-based services are under-resourced and unable to respond to the real needs of families. This has led to more children being admitted or re-admitted to institutions for children.

Institutions provide an important source of employment, especially when they are in remote locations and this can mean there is resistance to reform the child protection system. In addition, the negative impacts of institutions on children are not always well known across the whole of Europe.

The reality of institutions for children is that their staff often work shifts, which does not allow them to form the bonds necessary for the children’s social, emotional, and cognitive development.

It is particularly worrying that children under the age of three continue to be placed in institutions for children, despite evidence that institutionalisation can have irreparable damage on infants’ brain development. In Southern, Western, and Northern Europe, institutions are still widely perceived as a permanent and safe solution for children.

18 The Rights of Vulnerable children under the age of three; Ending their placement in institutional care. OHCHR, Europe Regional Office.
Why are institutions for children unsuitable for unaccompanied and separated migrant children arriving in Europe?

Institutions for children should never be an option for any of Europe’s children. Placing unaccompanied and separated migrant children in institutional care creates a two-tier child protection system, which opposes European values and standards.

Europe must improve conditions for migrant, unaccompanied, and separated children who have travelled to Europe to seek a better life. Children, regardless of how they end up on European soil, must be afforded the same care and protection as children of the European country where they arrive. States have to provide as much assistance as possible in tracing, reuniting, and keeping children with their parents or extended families.

It is clear that institutional care has a lasting, harmful effect on the emotional, physical, and cognitive development of children and it cannot provide the individualised care needed to ensure children’s recovery and meaningful integration into society.

The Opening Doors campaign partners and civil society organisations call upon all EU Member States to ban the use of institutions for children as a means to meet the basic needs of migrant, unaccompanied, and separated children. A range of options should be available to provide the kind of individualised care that all children need, regardless of their migration status. Furthermore, States should end the practice of immigration detention of children as it discriminates and criminalises children on the basis of their migration status.

The EU should guarantee that all EU funds allocated to the care of children are used to support family- and community-based care alternatives, for all children.
How can we achieve deinstitutionalisation?

Deinstitutionalisation requires a complete structural transformation of the social-care and child-protection systems. To ensure that children and their families have access to good mainstream services, healthcare, education, and welfare systems will need to undergo comprehensive change.

Measures need to be implemented simultaneously in a number of policy areas to ensure reforms are sustainable. A wealth of knowledge and experience regarding the process of deinstitutionalisation already exists at a national level – this needs to be harnessed and shared across the whole of the EU.

Many national governments have made significant progress in deinstitutionalisation, but in a number of cases, progress has stalled at national level due to competing priorities, a lack of political will, know-how, or resources.
Austerity measures and the European economic outlook threaten to undermine the progress of deinstitutionalisation as it is drops down the list of priorities. Decisions to make short-term savings in welfare and social care budgets are likely to result in increasing the numbers of children at risk and separated from their parents. In the medium and long term, this will lead to an increase in the cost of child protection systems. Also, due to the current refugee and migrant crisis, a large number of migrant, unaccompanied, and separated children are being detained or institutionalised in entry, transit and destination countries across Europe. Children’s rights should not be undermined in times of crisis and EU funds should be used in the best interests of the children.

To speed up progress towards ending institutions for children in Europe, the experience from across the region shows that four key conditions must be met at a national level:

1. There needs to be political commitment at a local and national level in order to create lasting change.
2. Funding must be available to cover transition and development costs. Investment allows the budgets previously allocated to institutions to be channelled into child protection and high-quality alternative care.
3. Each country needs access to the knowledge and experience to implement reforms and ensure change is sustainable.
4. Civil society must play an important role in the planning and delivery of reform and services and ensure that children’s voices are heard in decision-making.

How can you help children without parental care in your community?

Although people who want to help children in need have good intentions, volunteering in institutions is not necessarily the best way to help. Institutions for children have long-term damaging effects on the children who reside in them; volunteering in institutions can propagate this harmful practice. Working with organisations and services that provide community support services is the best way to make a real difference in a child’s life.
When volunteering with children, safeguarding procedures must be followed for the protection of the children as well as the volunteers.

Due to financial constraints it is common for many institutions to rely on volunteers rather than allocate funds to paying qualified personnel. People often volunteer in institutions for an indefinite period, without having any contract or clear working relationships with the institution. They rarely receive training or have ongoing supervision, and when they do, it is not enough to fully understand a child’s background and his or her complex needs.

Children in care should be surrounded by permanent, trained caregivers that have the appropriate skills and capacity to meet the children’s needs and provide them with a safe, secure, and loving environment. Stable attachment to one or more caring figures enable children to develop a sense of security. Unstable relationships do more damage than good to children’s well-being and pose a threat to their development.

People interested in volunteering to work with children should opt to volunteer with organisations or services in the community that actually support vulnerable families so that they can stay together, to prevent children’s removal from the families and avoid unnecessary institutionalisation.

How can you support children in institutions through private donations?

Private donations to institutions do not help or support the children obliged to grow up in them. In fact, the practice promotes institutionalisation and has the opposite effect from the one originally intended.

Charitable donations to institutions are often not used to support children’s needs but to make cosmetic improvements to buildings and infrastructure. Food or supplies, such as clothes or toys donated to institutions do not help children, nor do they address their need for one-to-one care, love, and attention. Donating money in the belief that it supports children does not offer a sustainable solution for the detrimental effects that life inside an institution has on children’s physical and emotional development.

Private donations can be useful if made to support family-based and community-based care solutions and support services such as community centres, counselling, rehabilitation, legal aid, community-based education, etc. Money donated should be used to directly facilitate a child’s development, such as paying for speech therapists, psychologists, or contributing to academic scholarships to promote education. Private donations can only help children when they promote sustainable solutions that serve the best interests of a child and improve their future life chances.


The Opening Doors for Europe’s Children is a pan-European campaign that aims to support national efforts to develop child protection systems that strengthen families and ensure high-quality family- and community-based alternative care for children by leveraging EU funding and policy and building capacity in civil society. It is a partnership between five international organisations and civil society across 16 European countries. For further information please see www.openingdoors.eu

**International partners:**
- Eurochild
- FICE Europe
- Hope and Homes for Children
- International Foster Care Organisation
- SOS Childrens Villages International

**National coordinators:**
- FICE Croatia (Croatia)
- Estonian Union of Child Welfare (Estonia)
- Roots Research Center (Greece)
- Family Child Youth Association (Hungary)
- SOS Childrens Villages Latvia (Latvia)
- SOS Childrens Villages Lithuania (Lithuania)
- CCF Moldova (Moldova)
- Child and Family Foundation (Poland)
- Hope and Homes for Children Romania (Romania)
- The Network of Organizations for Children of Serbia – MODS (Serbia)
- FICE Spain (Spain)
- Hope and Homes for Children Ukraine (Ukraine)
Why not test your knowledge about deinstitutionalisation next? Take this short online quiz and find out your DI IQ.